



NEW!
Hold your Policy
up to age 85 to
receive **100%**
of the Life Cover
Benefit
Amount.

Life Cover

Product Disclosure Statement / Issue 5: 2 May 2016

FlexiSure Life Cover

FlexiSure Life Cover is distributed and promoted by FlexiSure which is a trading name of Select AFSL Pty Limited ABN 34 151 931 618, Australian Financial Services Licence 408647 (Select AFSL) of PO Box 1192, Chatswood NSW 2057.

FlexiSure Life Cover is issued by St Andrew's Life Insurance Pty Ltd ABN 98 105 176 243, AFSL 281731 (St Andrew's) of PO Box 7395, Cloisters Square WA 6850.

FlexiSure and St Andrew's

FlexiSure is an Australian-based life insurance specialist, dedicated to distributing high quality life insurance products which are ethically designed, affordably priced and easily available to singles, couples and families all around Australia.

St Andrew's is the insurer of FlexiSure Life Cover. Helping to protect Australians since 1998, St Andrew's is a leading provider of consumer credit insurance and life insurance products. Each FlexiSure Life Cover Policy is written out of St Andrew's statutory fund No.1.

St Andrew's utilises Munich Reinsurance Company of Australasia Limited as their reinsurance partner for FlexiSure Life Cover. Munich Reinsurance Company of Australasia Limited is part of the Munich Re Group which is one of the world's largest reinsurers.

Explaining this Product Disclosure Statement (PDS)

This PDS has been designed to help you decide if FlexiSure Life Cover is right for you. It contains important information, including a description of the cover, terms and conditions of the Policy, premium information and information on how to make a claim. All information given in this PDS is general information only and does not take into account your individual objectives, financial situation or needs. You should consider how appropriate this advice is with regard to your objectives, financial situation and needs, as well as this PDS, before making a decision whether to buy this product.

In this PDS, 'we', 'us' and 'our' refer to St Andrew's, the insurer of FlexiSure Life Cover and issuer of this PDS. 'You' refers to the Policy Owner of a FlexiSure Life Cover Policy. In addition, some words have defined meanings and these are explained in the definitions on pages 18-21.

FlexiSure Life Cover is distributed by FlexiSure. Please note, FlexiSure does not guarantee the performance of, nor has any liability for the assessment of payment of claims under a FlexiSure Life Cover Policy. This is the responsibility of St Andrew's as the Insurer.

FlexiSure has given its consent to being named in the PDS, and to the statements attributed to it, in the form and context in which they appear and has not withdrawn this consent before the date of this PDS.

If your application for FlexiSure Life Cover insurance is accepted, you will be issued a Policy Schedule which provides details of the cover provided. Your Policy Schedule, your application, the PDS current at the time of your application as well as any future applications accepted by us, form your insurance contract with us. These documents should be retained for future reference.

Contents

1. Life Cover	4
2. Accident Cover (Optional benefit)	8
3. Children's Cover (Optional benefit)	10
Other great features	12
30 day money back guarantee	12
Automatic Sum Insured Increases	12
Flexible payment options	12
General information	13
Premiums	13
Additional insurance benefits	13
Changing your cover	13
Cancelling your Policy	14
Insurance risks	14
Making a claim	14
Stamp duty and tax	15
Nomination of beneficiaries	15
Privacy	16
Questions or complaints	17
Governing Law	17
Other information you should know	17
Definitions	18
Direct Debit Service Agreement	22
Nomination of Beneficiaries Form	23

We've made FlexiSure Life Cover affordable and easy to apply for, providing you and your family with reliable protection within minutes - so it'll help protect you when you need it most.



Insurance worth living for.

- Affordable, easy to apply for insurance - no paperwork, medicals or blood tests!
- Up to **\$500,000** of Life Cover
- **100% CASH PAYOUT** of your Life Cover Benefit Amount on your 85th birthday!!

plus...

- Early payment on diagnosis of a Terminal Illness
- Optional Accident Cover up to \$500,000
- Optional Children's Cover up to \$50,000
- Automatic cost of living increases to help your Policy keep up with inflation
- Monthly, fortnightly or annual premium payment frequencies - you decide what day and frequency best suits you to pay your premium
- Guaranteed renewable for life
- Family cover available to protect your Partner and dependent children, for added peace of mind
- Worldwide cover, 24 hours a day, 7 days a week - you're always protected, even when travelling

With FlexiSure,
on your **85th birthday**
we will reward you by
paying out **100%** of
your Life Cover Benefit
Amount for you
to enjoy.

1. Life Cover

What is Life Cover?

Life Cover provides a lump sum payment in the event of your death or diagnosis of a Terminal Illness. It is designed to give you the peace of mind knowing that if the unexpected happens your family and loved ones' financial future can be protected.

Who can apply for Life Cover?

You can apply for cover on your own life (Primary Life Insured) as well as cover to include your Partner (Secondary Life Insured). You (and if applicable, the Secondary Life Insured) must be Australian Resident/s aged between 18 and 65 years of age. A maximum of two adult lives can be insured under one Policy.

What Benefit Amount can you apply for?

The Minimum Life Cover Benefit Amount you can apply for is \$15,000. The Maximum Life Cover Benefit Amount you can apply for at the Acceptance Date is \$500,000.

When will we pay the Life Cover Benefit Amount?

Subject to the terms of the policy, we will pay the Life Cover Benefit Amount as a lump sum on the earliest of:

- the death of a Life Insured; or
- if the Life Insured is diagnosed with a Terminal Illness; or
- the date the Life Insured attains age 85*.

*Partial payments of your Life Cover Benefit Amount apply from age 81 if your Policy is cancelled. Please see the defined percentages set out in the table on page 14.

Maximum Life Cover Benefit Amount

The total Life Cover Benefit Amount payable for a Life Insured under the Policy cannot exceed the Maximum Life Cover Benefit Amount at Policy Acceptance Date plus any Automatic Sum Insured Increases under the Policy. If the Life Insured is covered under more than one FlexiSure policy, we will apply this limit to the total of all Life Cover Benefit Amounts under all FlexiSure policies. Any reduction to the total Life Cover Benefit Amount will be applied to the policy or policies most recently commenced and any overpayment of premiums resulting from any reduction in the Life Cover Benefit Amount will be refunded.

When does my Life Cover start?

If your application for Life Cover is accepted by us, cover starts for a Life Insured on the Acceptance Date and your first premium is payable on the First Premium Payment Date – both of these dates are set out in the Policy Schedule that we will send to you.

Provided you pay all your premiums when due, we guarantee to renew your Life Cover until you turn 85.

When does my Life Cover end?

Life Cover for a Life Insured ends upon the first of the following events occurring:

- the date you cancel the Policy; or
- the date we cancel your Policy due to non-payment of premiums, or when entitled to do so under the Insurance Contracts Act 1984 (Cth); or
- the date the Life Insured attains age 85; or
- the date of payment of a death or Terminal Illness claim for that Life Insured.

If the Primary Life Insured dies while owning the Policy leaving a Secondary Life Insured, the Policy will continue in the name of the Secondary Life Insured as the new Policy Owner.

What is not covered under Life Cover?

In the first five years

We will not pay a Life Cover Benefit Amount in respect of a Life Insured, if the Life Insured dies, or has a Terminal Illness, directly or indirectly as a result of:

- suicide or intentional or deliberate self-inflicted injury; or
- a Pre-Existing Medical Condition,

within 5 years of:

- the Acceptance Date of the Policy; or
- the date of any increase of the Benefit Amount (but only in respect of the increase), which is not an Automatic Sum Insured Increase; or
- where we have agreed to reinstate the Policy after it was cancelled, the date on which we reinstate the Policy.



At any time

We will not pay a Life Cover Benefit Amount if the Life Insured dies, or has a Terminal Illness at any time directly or indirectly as a result of:

- engaging in criminal activities or illegal acts; or
- a Dangerous Occupation or Pastime; or
- any of the following conditions where the Life Insured had symptoms, was diagnosed or a reasonable person would have sought a diagnosis, advice, care or treatment from a Medical Practitioner prior to the Policy Acceptance Date:
HIV infection; Hepatitis C; Multiple Sclerosis; Polycystic Kidney Disease; Familial Adenomatous Polyposis; Huntington's Disease; Cystic Fibrosis; Muscular Dystrophy; or
- Any malignant Cancer diagnosed by a Medical Practitioner prior to the Policy Acceptance Date.

Examples of Pre-Existing Medical Conditions and claim eligibility

The following table provides examples of scenarios where Pre-Existing Medical Conditions are present before the Acceptance Date, and shows under which scenario these Pre-Existing Medical Conditions will be covered as eligible claims.



Example scenario	Occurrence of Pre-Existing Medical Condition		Occurrence of death		Reasoning
	5 or more years before Acceptance Date	less than 5 years before Acceptance Date	less than 5 years after Acceptance Date	5 or more years after Acceptance Date	
A Life Insured is diagnosed with emphysema 3 years before the Acceptance Date. After the Acceptance Date the Life Insured passes away as a result of emphysema.		★	✘	✔	As the Life Insured was first diagnosed with emphysema within 5 years prior to the Acceptance Date, it is considered a Pre-Existing Medical Condition, so is not covered in the first 5 years of cover. However a claim arising from emphysema 5 or more years after the Acceptance Date would be covered.
A Life Insured is diagnosed with malignant Cancer 10 years prior to the Acceptance Date. After the Acceptance Date the Life Insured suffers a recurrence of the Cancer and subsequently passes away.	★		✘	✘	Death as a result of Cancer is excluded from cover when a Cancer is first diagnosed at any time prior to the Acceptance Date.
★ = occurrence of Pre-Existing Medical Condition ✘ = not covered ✔ = covered					

2. Accident Cover

What is Accident Cover?

Accident Cover provides a lump sum payment, in addition to the Life Cover Benefit Amount, in the event of your Accidental Death or Accidental Serious Injury as defined on page 18.

This cover is optional and is only available with Life Cover. If you apply for Accident Cover and we accept your application, it will be shown on your Policy Schedule.

Who can apply for Accident Cover?

You can apply for cover on your own life (Primary Life Insured) as well as cover to include your Partner (Secondary Life Insured). You (and if applicable, the Secondary Life Insured) must be Australian Resident/s aged between 18 and 65 years of age. A maximum of two adult lives can be insured under one Policy.

What Benefit Amount can you apply for?

You can apply for an Accident Cover Benefit Amount between \$15,000 and \$500,000.

When will we pay the Accident Cover Benefit Amount?

We will pay the Accident Cover Benefit Amount as a lump sum if the Life Insured dies as a result of an Accident or suffers an Accidental Serious Injury while covered under this Policy for this benefit. Where we pay an Accidental Serious Injury benefit then we won't also pay an Accidental Death benefit and likewise if we have paid an Accidental Death benefit then we won't also pay an Accidental Serious Injury benefit.

The following are Accidental Serious Injuries which are covered under this benefit:

- Blindness
- Coma
- Loss of Hearing
- Loss of Speech
- Loss of Use of Limbs
- Major Burns
- Major Head Trauma
- Paralysis

The definitions for these conditions are set out on pages 18-21.

Maximum Accident Cover Benefit Amount

The Accident Cover Benefit Amount payable for a Life Insured under the Policy cannot exceed \$500,000 plus any Automatic Sum Insured Increases under the Policy. If the Life Insured is covered for Accident Cover under more than one FlexiSure policy, we will apply this limit to the total of all Accident Cover Benefit Amounts under all FlexiSure policies.

Any reduction to the Accident Cover Benefit Amount will be applied to the policy or policies most recently commenced and any overpayment of premiums resulting from any reduction in the Accident Cover Benefit Amount will be refunded.

When does my Accident Cover start?

If your application for Accident Cover is accepted by us, cover starts for a Life Insured on the Acceptance Date and your first premium is payable on the First Premium Payment Date – both these dates are set out in the Policy Schedule. If you apply to add this cover subsequent to your original Acceptance Date, and we accept your application, we will advise you of the date your Accident Cover starts.

Provided you pay all your premiums when due, we guarantee to renew your Accident Cover until the Policy Anniversary following the attainment of age 75.

When does my Accident Cover end?

Accident Cover for a Life Insured ends upon the first of the following events occurring:

- the date you cancel the Policy; or
- the date you cancel this cover; or
- the date we cancel your Policy due to non-payment of premiums, or when entitled to do so under the Insurance Contracts Act 1984 (Cth); or
- the date of payment of an Accidental Death or Accidental Serious Injury claim; or
- the date of payment of a death or Terminal Illness claim for that Life Insured; or
- the Policy Anniversary following the attainment of age 75.

What is not covered under Accident Cover?

We will not pay an Accident Cover Benefit Amount in respect of a Life Insured if the claim is directly or indirectly as a result of;

- natural causes, illness, an intentionally self-inflicted injury, suicide or attempted suicide; or
- war (whether declared or not), war-like activity or taking part in a riot or civil commotion; or
- engaging in criminal activity or illegal acts; or
- consumption of intoxicating liquor (including having a blood alcohol content over the prescribed legal limit whilst driving) or drugs (unless as directed by a Medical Practitioner but not in connection with treatment for substance abuse, drug addiction or dependence); or
- a Dangerous Occupation or Pastime; or
- being a pilot or crew member of any aircraft, or engaging in any aerial activity, except being a fare-paying passenger on a recognised airline which is not listed as an airline banned or restricted by the European Commission.



3. Children's Cover

What is Children's Cover?

Children's Cover provides a lump sum payment up to \$50,000 if an Insured Child suffers an Accidental Death or one of the Child Trauma events listed below.

This cover is optional and is only available with Life Cover. If you apply for Children's Cover and we accept your application, it will be shown on your Policy Schedule.

The following are Child Trauma events which are covered under this benefit:

- Bacterial Meningitis
- Cancer
- Encephalitis
- Loss of Hearing
- Loss of Sight
- Major Head Trauma
- Major Burns
- Paralysis

The definitions for these conditions are set out on pages 18-21.

Who can apply for Children's Cover?

You can apply for cover on your children and/or your Partner's children if they are Australian Resident/s aged between 2 and 18 years of age and you and/or your Partner are either the parent or legal guardian of the children.

What Benefit Amount can you apply for?

You can apply for a Children's Cover Benefit Amount of between \$10,000 and \$50,000 for each Insured Child on the Policy.

When will we pay the Children's Cover Benefit Amount?

We will pay the Children's Cover Benefit Amount shown in your Policy Schedule as a lump sum if the Insured Child dies as a result of an Accident or suffers one of the Child Trauma events listed above while covered under this Policy for this benefit. Where we pay a Child Trauma benefit then we won't also pay an Accidental Death benefit and likewise if we have paid an Accidental Death benefit then we won't also pay a Child Trauma benefit.

Maximum Children's Cover Benefit Amount

The Children's Cover Benefit Amount payable for an Insured Child under the Policy cannot exceed \$50,000 plus any Automatic Sum Insured Increases under the Policy. If the Insured Child is covered for Children's Cover under more than one FlexiSure Policy, we will apply this limit to the total of all Children's Cover Benefit Amounts under all FlexiSure Policies. Any reduction to the Children's Cover Benefit Amount will be applied to the Policy or Policies most recently commenced and any overpayment of premiums resulting from any reduction in the Children's Cover Benefit Amount will be refunded.

When does my Children's Cover start?

If your application for Children's Cover is accepted by us, cover starts for an Insured Child on the Acceptance Date and your first premium is payable on the First Premium Payment Date – both of these dates are set out in the Policy Schedule. If you apply, and we agree to accept your application to add Children's Cover to your Policy after the Acceptance Date, we will advise you of the date your Children's Cover starts.

Provided you pay all your premiums when due, we guarantee to renew your Children's Cover until the Policy Anniversary following the Insured Child's attainment of age 21.

When does my Children's Cover end?

Children's Cover for an Insured Child ends upon the first of the following events occurring:

- the date you cancel the Policy; or
- the date you cancel this cover; or
- the date we cancel your Policy due to non-payment of premiums, or when entitled to do so under the Insurance Contracts Act 1984 (Cth); or
- the date of payment of a Children's Cover Benefit Amount; or
- the date when there is no Life Insured on this Policy; or
- the Policy Anniversary following the attainment of age 21 for an Insured Child.

What is not covered under Children's Cover?

We will not pay the Children's Cover Benefit Amount in respect of an Insured Child if the claim is directly or indirectly as a result of;

- a congenital condition, being a condition which is present at birth as a result of either hereditary or environmental influences; or
- the intentional act of the Policy Owner or any person who will otherwise be entitled to all or part of the Benefit Amount; or
- an injury occurs or an illness becomes apparent within 90 days after:
 - the Acceptance Date of the Children's Cover; or
 - the date of any increase of the Benefit Amount (but only in respect of the increase), which is not an Automatic Sum Insured Increase; or
 - where we have agreed to reinstate the Policy after it was cancelled, the date on which we reinstate the Policy; or
- a pre-existing medical condition for which the Insured Child has been under the care of a Medical Practitioner or undergone a medical related investigation before the Acceptance Date of the cover; or
- consumption of intoxicating liquor (including having blood alcohol content over the prescribed legal limit whilst driving) or drugs (unless under the direction of a Medical Practitioner but not in connection with treatment for substance abuse, drug addiction or dependence).



Other great features

30 day money back guarantee

You have 30 days from the First Premium Payment Date of your Policy (your “cooling-off” period) to ensure the cover meets your insurance needs and to decide whether you want to keep your Policy. You can cancel your Policy during this time if you have not made, and are not intending to make, a claim under the Policy, and receive a full refund of premiums paid. To cancel your Policy during the cooling-off period, please notify FlexiSure in writing within the 30 day cooling-off period requesting your Policy to be cancelled. Write to FlexiSure at PO Box 1192, Chatswood NSW 2057.

Automatic Sum Insured Increases

To assist you in maintaining the real value of your insurance, your Benefit Amount will be automatically increased by 5% on each Policy Anniversary. A new Policy Schedule will be issued prior to your Policy Anniversary outlining your new Benefit Amounts and premium. You can choose not to accept an Automatic Sum Insured Increase by advising FlexiSure in writing at PO Box 1192, Chatswood NSW 2057. You will be sent a replacement Policy Schedule. If you choose not to accept an increase in any given year, you will not be entitled to an Automatic Sum Insured Increase in the future. The Automatic Sum Insured Increase will end on the Policy Anniversary after the Life Insured reaches age 66.

Flexible payment options

For your convenience and to make budgeting easy, you can select to pay your premiums fortnightly, monthly or yearly. You can also select which day in the month you would like your premiums to be deducted from your nominated credit card or bank or credit union account. You can change your nominated account or preferred billing frequency at any time by calling FlexiSure on 1300 279 279.



General information

Premiums

Premiums are the cost of your insurance and are shown in your Policy Schedule. The premiums you are required to pay are calculated at your First Premium Payment Date and on each Policy Anniversary based on:

- The benefits and Benefit Amounts chosen for each Life Insured and Insured Child;
- The age of each Life Insured – premiums are generally lower for younger lives; and
- The gender of each Life Insured – premiums are generally lower for females; and
- the smoker status of each Life Insured – premiums are lower if you do not smoke.

Your premium will be determined each year at your Policy Anniversary to reflect your age plus the 5% increase in your benefit level (Automatic Sum Insured Increases explained above), unless you decline the Automatic Sum Insured Increases. Generally, premiums increase each year as your age increases.

Premium rates are not guaranteed. We may change the amount we charge for your cover under this Policy at any time, but only if we change the premium rate applying to all FlexiSure Life Cover policy owners (or all FlexiSure Life Cover policy owners in the same group). If we make a change to your premium rate we will send you a written notice at least 30 days prior to the effective date of the change.

In the event that the Policy ends beyond the 30 day cooling off period, there is no return of premiums and no cash value to be paid. FlexiSure aims to keep your premiums as low as possible by excluding such benefits.

Premiums are payable in advance in Australian dollars. You can obtain a quote for FlexiSure Life Cover very quickly by calling 1300 279 279 or by visiting flexisure.com.au

Additional insurance benefits

From time to time we may give you the option to apply to add additional benefits to your Policy or to increase the amount of cover under your Policy. If your application for any additional benefits or increased cover is accepted by us, you will be sent a replacement Policy Schedule outlining the details of your new cover.

Changing your cover

We understand that your insurance needs or budget may change. You can decrease the Benefit Amount for a Life Insured at any time by calling FlexiSure on 1300 279 279 or by writing to PO Box 1192, Chatswood NSW 2057.

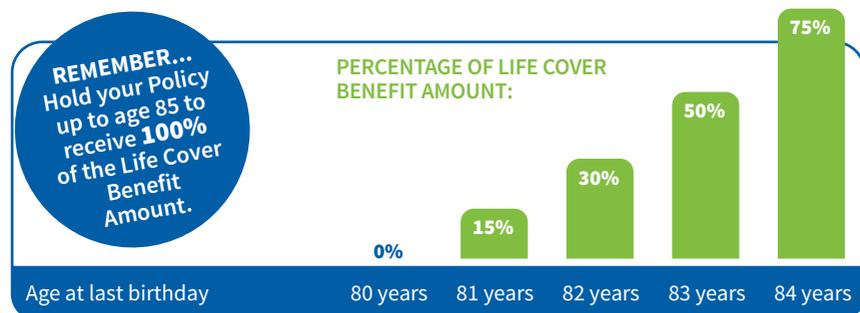
In the event that you want to increase a Benefit Amount (up to the maximum benefit level) or add additional benefits for a Life Insured, or add a Partner or Insured Child to your Policy, you can call FlexiSure on 1300 279 279 to apply. Any increased or new cover in the Life Cover Benefit Amounts are subject to the exclusions specified on pages 5 and 6.

You can also apply to change the status of a Life Insured from smoker to non-smoker to receive a reduction in your premium rating. You must advise us in writing in such instance and complete the relevant form.

Cancelling your Policy

You can cancel your Policy at any time by writing to FlexiSure and providing 30 days notice. Write to FlexiSure at PO Box 1192, Chatswood NSW 2057. It is important you consider your insurance needs before you do this, as you will need to reapply for cover if you change your mind at a later date. We can cancel your Policy if you don't pay your premium when it is due and it remains unpaid for more than one month, or when we are entitled to do so under the Insurance Contracts Act 1984 (Cth). In this event we will notify you in writing of our intention to cancel and give you the opportunity to rectify this situation.

If either you or we cancel your Policy prior to age 85 you will receive a percentage of your Life Cover Benefit Amount as set out in the table below:



Insurance risks

When you take out cover under this Policy, please be aware that:

- Your Policy may not suit your needs. You are responsible for ensuring you choose the appropriate type and amount of cover for your insurance needs;
- If you currently hold another insurance policy, you should carefully consider the terms and conditions of both policies before you replace it with this Policy;
- The type of cover or the Benefit Amount payable may be insufficient for your individual needs;
- A benefit may not be paid if, in the event of a claim, an exclusion applies;
- This Policy does not have any savings or investment value and is designed only as protection insurance. If you cancel your Policy (other than during the cooling-off period) you will not receive a refund of premium.

Making a claim

How to make a claim

Your Policy must be in force at the time the insured event occurs. If you, your nominated beneficiary, or your legal representative, need to make a claim under your Policy, you or they should contact FlexiSure by one of the following:

Phone: 1300 279 279 (Mon-Fri, 9am-5pm AEST)

Email: claims@flexisure.com.au

Mail: Claims Manager, FlexiSure, PO Box 1192, Chatswood NSW 2057

A claim form can be downloaded at flexisure.com.au or if requested, we will send one to the claimant. We may also require the following, at the claimant's expense, in support of the claim:

- the treating doctor or, if requested, specialist in relevant medical field to complete a form; and/or
- relevant medical information, including any tests or medical results that we request; and/or
- sufficient proof (to our satisfaction) of the claim, supported by appropriate certification eg. death certificate and/or a confirmed diagnosis of death/injury by a Medical Practitioner who is a specialist in the field and approved by us; and/or
- any other information such as occupational or financial details.

We reserve the right to require the Life Insured or Insured Child to undergo any medical tests or, be examined by a Medical Practitioner of our choice, or to request any additional information we may require. If we request any of the above information, it will need to be provided to us as part of the assessment of a claim.

Who do we make claims payments to?

If we pay a claim, the Benefit Amount will be paid in Australian dollars to you as follows:

- The Life Cover Benefit Amount and/or Accident Cover Benefit Amount for the Policy Owner (Primary Life Insured) will be paid on the death of the Primary Life Insured in the following order:
 - to any nominated beneficiaries (where there is a valid nomination of beneficiaries – see below);
 - to the Policy Owner's estate or personal legal representative or other person that we are permitted to pay under the Life Insurance Act 1995.
- The Accident Cover Benefit Amount for the Primary Life Insured will be paid to the Policy Owner in the event of an Accidental Serious Injury claim;
- The Life Cover Benefit Amount and/or Accident Cover Benefit Amount for the Secondary Life Insured will be paid to the Policy Owner;
- The Terminal Illness Benefit Amount will be paid to the Policy Owner;
- The Children's Cover Benefit Amount will be paid to the Policy Owner.

Stamp duty and tax

Your premium includes amounts for stamp duty and any other taxes that may be imposed by State, Territory or Federal Governments. GST is not charged on your premiums. In the event that any of these amounts are altered, we reserve the right to alter your premium amount to reflect this and will advise you of such in writing.

Generally no tax is payable on benefits paid under this Policy and your premiums will not be tax deductible. Any tax information given is of a general nature only and is based on current tax laws and our interpretation of them. We recommend you consult a professional taxation adviser for information on your own tax situation or if you are purchasing this cover for business purposes.

Nomination of beneficiaries

As the Policy Owner, you have the option to nominate a beneficiary or beneficiaries to receive benefits payable under your Policy on your death.

The following conditions apply to your nomination:

- Nominations can only be made in the initial application or by subsequently completing a Nomination of Beneficiaries Form; and
- You can nominate a maximum of 5 beneficiaries (who must be natural persons); and
- Payment of the benefits will be made on the basis that the latest valid nomination has been received and processed by FlexiSure; and
- If a nominated beneficiary is a minor when the payment is made, it will be made to the minor's legal guardian; and
- If a nominated beneficiary pre-deceases the Policy Owner, their share is payable to the Policy Owners legal representative, or such other person that we are permitted to pay under the Life Insurance Act 1995.

You can make a new nomination at any time by completing the Nomination of Beneficiaries Form, on page 23 of this PDS, or by downloading a form at flexisure.com.au or by calling 1300 279 279, then sending it to FlexiSure at PO Box 1192, Chatswood NSW 2057. Your new nomination takes effect when a properly completed and signed Nomination of Beneficiaries Form is received and processed by FlexiSure.

Privacy

In this section 'we' refers to St Andrew's, St Andrew's Australia Services Pty Ltd ABN 75 097 464 616 and FlexiSure.

We collect personal information about you so that we can assess your application for insurance and administer any insurance products that we issue to you. For some applications or in relation to any claim made, we may collect sensitive information related to your health.

We may use your personal information to let you know about some products and services provided by FlexiSure, which we think may be of interest to you. If you do not want your personal information to be used in this way, you can always let us know by contacting FlexiSure via the contact details below. Subject to the Privacy Act 1988 (Cth), you can have access to your personal information by using these same contact details. We also need to let you know that without your personal information we cannot process your application for insurance or a claim. By applying for FlexiSure Life Cover insurance, you consent to this. We may exchange your personal information with each other, third parties such as those that may assist with insurance administration, product development and marketing of our products and services. Those third parties may include agents, representatives, organisations or contractors who provide services to us in connection with the marketing and administration of products or services and for the purpose of customer satisfaction surveys. We do not send your personal information offshore.

The St Andrew's Privacy Policy (also applicable to St Andrew's Australia Services Pty Ltd) is available at www.standrews.com.au. If you have any query in relation to your privacy please contact St Andrew's on 1300 363 159, standrews@standrews.com.au or PO Box 7395, Cloisters Square WA 6850. The FlexiSure Privacy Policy is available at www.flexisure.com.au. These Privacy Policies contain information about how you can have access to your personal information and seek the correction of your personal information, and how you can complain about a breach of the privacy laws that bind us and how your complaint will be handled. If you have any query in relation to your privacy please contact FlexiSure by one of the following:

Phone: 1300 279 279 (Mon-Fri, 9am-5pm AEST)
Email: customerservice@flexisure.com.au
Mail: Customer Service, FlexiSure, PO Box 1192, Chatswood NSW 2057

Questions or complaints

If you need to make a complaint, please contact FlexiSure's Customer Service Manager, who will work with you to resolve your concerns by one of the following:

Phone: 1300 279 279 (Mon-Fri, 9am-5pm AEST)
Email: complaints@flexisure.com.au
Mail: Customer Service Manager, FlexiSure, PO Box 1192, Chatswood NSW 2057

Receipt of your complaint will be acknowledged within 2 business days. If additional information is required, it will be requested in writing. If your complaint remains unresolved within 45 business days, you can contact the Financial Ombudsman Service (FOS) by one of the following:

Phone: 1300 780 808
Email: info@fos.org.au
Mail: GPO Box 3, Melbourne VIC 3001
Web: fos.org.au

The FOS is a free service to you and its independent assessment of your complaint is binding on St Andrew's and FlexiSure.

Governing Law

Your Policy, including this PDS, is governed by the law that applies in the State of Western Australia, Australia.

Other information you should know

- You may not transfer your rights under this Policy
- Any notices we send to you regarding this Policy will be sent to the address you last notified to us. If you change your address you must notify FlexiSure by calling 1300 279 279 or writing to PO Box 1192, Chatswood NSW 2057.
- When you apply for a FlexiSure Life Cover Policy, you agree to comply with your obligations set out in this PDS and to take all reasonable steps to minimise our risk under your Policy.
- The entire contract of insurance between you and us is comprised of this document (the PDS), your application and the current Policy Schedule we send you.
- Nothing in this Policy may be waived or modified except in writing by an authorised officer on our behalf.
- The Policy has no prescribed minimum surrender value.

Definitions

In this PDS and the Policy some words have defined meanings as explained below:

Acceptance Date means the date your application is accepted and your cover begins as set out in the Policy Schedule.

Accident means an event resulting in bodily injury occurring while this Policy is in force, where the injury is directly and solely caused by accidental, violent, external and visible means without any other contributing causes and where the injury is not self-inflicted.

Accidental Death means death that occurs as a direct result of an Accident, and within 90 days of that Accident.

Accidental Serious Injury means any of the following serious injuries which occur as a direct result of, and within 12 months of, an Accident:

- Blindness
- Coma
- Loss of Hearing
- Loss of Speech
- Loss of Use of Limbs
- Major Burns
- Major Head Trauma
- Paralysis

Australian Resident means a person who currently resides in Australia and holds either an Australian or New Zealand citizenship, an Australian permanent residency visa or has been in Australia continuously for 6 months or more on a temporary work visa.

Automatic Sum Insured Increase has the meaning given on page 12 of this PDS.

Bacterial Meningitis means inflammation of the covering of the brain and spinal cord, caused by a bacterial infection proven on cerebrospinal fluid analysis. The meningitis must produce Permanent Neurological Deficit causing significant functional impairment as confirmed by a Medical Practitioner approved by us.

Benefit Amount means the amount payable on the applicable insured event covered under this Policy and is shown in your current Policy Schedule that we send to you.

Blindness means the complete and irrecoverable Loss of Sight in both eyes.

Cancer means the presence of one or more malignant tumours including Hodgkin's disease, Leukaemia and other malignant bone marrow disorders, and characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue as confirmed by a Medical Practitioner approved by us, but does not include the following:

- Tumours which are histologically described as pre-malignant or showing the changes of 'carcinoma in situ' and which have a TNM classification of TIS or which are classified as FIGO stage 0. (FIGO refers to the staging method of the International Federation of Gynaecology and Obstetrics);
- 'Carcinoma in situ of the breast' is not excluded if the entire breast is removed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist acceptable to us.

- Cervical cancer graded CIN I, CIN II or CIN III;
- Prostate cancer graded as T1 a, b or c;
- Melanomas which are less than 1.5mm Breslow thickness and also less than Clark Level 3 depth of invasion;
- All hyperkeratosis or basal cell carcinomas of the skin;
- Chronic lymphocytic leukaemia less than Rai stage 1;
- Cutaneous squamous cell carcinomas of T2N0M0 and below grade tumours, where the tumour is less than 5cm in greatest diameter.

Coma means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of a life support system for at least 4 days, but excluding comas which are medically induced or resulting from alcohol or drug abuse.

Dangerous Occupation or Pastime means a work or a lifestyle activity that involves explosives, weapons, heights above 20m, depths below 30m underground or underwater or speeds above 130km per hour (other than as a fare-paying passenger on commercial transportation). The following occupations are also considered dangerous: fire-fighter; on active duty in the armed services; or participating as a professional sportsperson.

Encephalitis means severe inflammation of the brain caused by a viral infection and supported by cerebrospinal fluid analysis. The encephalitis must produce Permanent Neurological Deficit causing significant functional impairment as confirmed by a Medical Practitioner approved by us.

First Premium Payment Date means the date on which your first premium payment is deducted for your cover and is set out in your Policy Schedule.

Insured Child means a child insured under the Children's Cover, as noted on the Policy Schedule.

Life Insured means, as the context requires, the Primary Life Insured and, if applicable, the Secondary Life Insured and who is/are accepted for cover under the Policy and who is/are named as such on the current Policy Schedule.

Loss of Hearing means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as measured by an audiogram.

Loss of Sight means that as a result of disease or accident and certified by an ophthalmologist:

- (a) the visual acuity on the Snellen Scale are correction by suitable lenses is less than 6/60 in both eyes; or the
- (b) the field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object);
- (c) the combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above.

Loss of Speech means damage to the larynx or its nerve supply, or to the speech centres of the brain, that results in the total and permanent loss of the ability to produce intelligible speech confirmed by a Medical Practitioner.

Loss of Use of Limbs means total and irrecoverable loss of any of the following:

- (a) Use of both hands;
- (b) Use of both feet; or
- (c) Use of one hand and one foot.

Major Burns means third degree burns to 20% or more of the body surface as measured by 'Rules of Nines' or the Lund and Browder Body Surface Chart; or to the whole of the face or the whole of both hands requiring surgical debridement and/or grafting.

Major Head Trauma means cerebral injury leading to neurological deficit causing permanent impairment of at least 25% whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition).

Medical Practitioner means a qualified, practicing medical specialist, licensed to practice their medical specialty within Australia or New Zealand, and whose specialty qualifies them to diagnose an injury or illness covered under this Policy. The Medical Practitioner must not be you or your Partner, or your relative or business associate.

Paralysis means any of the following:

- (a) Diplegia which means the total and permanent loss of function of both sides of the body; or
- (b) Hemiplegia which means the total and permanent loss of function of one side of the body; or
- (c) Paraplegia which means the total and permanent loss of use of both legs; or
- (d) Quadriplegia which means the total and permanent loss of use of both arms and both legs; or
- (e) Tetraplegia which means the total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain injury or spinal cord injury.

Partner means a legal husband or wife, or someone living with you as your de-facto spouse, as noted on the Policy Schedule. Your Partner may be of the same gender as you.

Permanent Neurological Deficit means symptoms of dysfunction of the nervous system that are present on clinical examination and expected to last throughout the person's life. These:

- include numbness, Paralysis, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of co-ordination, tremor, seizures, dementia, delirium and Coma; and
- exclude an abnormality seen on brain or other scans without definite related clinical symptoms, neurological signs occurring without symptomatic abnormality (eg. Brisk reflexes without other symptoms), lesser symptoms such as lethargy, localised weakness, hyperaesthesia (increasing sensitivity), and symptoms of psychological or psychiatric origin.

Pre-Existing Medical Condition means a sickness, injury or disability in the 5 years prior to the Acceptance Date of the Policy or the Acceptance Date of any increase in cover requested by you or any reinstatement date of the Policy

- which you have been subject to; or
- for which you experienced signs or symptoms leading to diagnosis of the sickness, injury or disability (whether such diagnosis occurred before or after the relevant date), or that you or a reasonable person would have been aware of the existence of such signs or symptoms; or
- for which medical advice, treatment or medical investigations was recommended by, or received from a registered doctor/health professional.

In addition, if you claim as a result of a stroke, brain haemorrhage, heart attack or coronary heart disease, we will not pay a benefit or refund any premium if in the 5 years prior to the Acceptance Date of the Policy or the Acceptance Date of any increase in cover requested by you or any reinstatement date of the Policy you:

- had a Body Mass Index of 40 or greater; or
- had a total blood cholesterol above 7.0 mmol/L; or

- had a resting systolic blood pressure above 160 mmHg and resting diastolic blood pressure above 100 mmHg on 3 separate assessments from a health care provider; or
- were a diabetic suffering proteinuria, kidney disease, retinopathy, neuropathy or were admitted to hospital for treatment of diabetes or any condition resulting from diabetes.

Policy means the legal contract between you (the Policy Owner) and us. The PDS current at the time you applied, your application, any future application accepted, the current Policy Schedule, and any special conditions, amendments or endorsements make up the Policy.

Policy Anniversary means the anniversary of the First Premium Payment Date of your Policy.

Policy Owner means the person noted on the Policy Schedule as the Policy Owner. This is the Primary Life Insured on the Policy. If the Primary Life Insured dies while owning the Policy leaving a surviving Secondary Life Insured, the Policy will continue in the name of the Secondary Life Insured as the new Policy Owner as if they were the Primary Life Insured.

Policy Schedule means the schedule issued with this Policy and any replacement schedules that are issued to you throughout the life of your Policy. A new schedule will be issued when the details of the cover provided under your Policy change. A new schedule replaces any previous schedule issued from the date specified on the schedule.

Primary Life Insured means Policy Owner noted as the Primary Life Insured in the Policy Schedule

Secondary Life Insured means the Partner of the Primary Life Insured noted in the Policy Schedule.

Terminal Illness means a confirmed diagnosis by a Medical Practitioner approved by us of a terminal illness where life expectancy, after taking into account all reasonably available treatment, is 12 months or less.

Direct Debit Service Agreement

1. St Andrew's Australia Services Pty Ltd ABN 75 097 464 616 ('Debit User') will initiate direct premium debit payments in the manner referred to in the Schedule (contained in the Direct Debit Request).
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give you at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.
4. If you wish to defer any payment or alter any of the details referred to in the Policy Schedule, you must either contact the Debit User on 1300 279 279 or write to the Debit User at PO Box 1192, Chatswood NSW 2057.
5. Queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in this PDS on page 17. Queries about claims in regards to disputed debit payments should also be directed to the Debit User and may also be directed to your financial institution nominated in the Schedule.
6. Direct payment debiting is not available on the full range of accounts at all financial institutions. If in doubt, you should check with your financial institution before completing the Direct Debit Request.
7. You should ensure that your account details given in the Policy Schedule are correct by checking against a recent statement from your financial institution at which your account is held.
8. It is your responsibility to have sufficient cleared funds available, by the premium due date, in the account to be debited to enable debit payments to be made in accordance with the Direct Debit Request.
9. By authorising the Direct Debit Request, you warrant and represent that you are duly authorised to request and instruct the debiting of premium payments from the account described in the Policy Schedule.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with the financial institution nominated in the Policy Schedule.
11. If a debit payment is returned unpaid, you may be charged a fee by the financial institution nominated in the Policy Schedule for each returned item.
12. If you wish to cancel the Direct Debit Request or to stop individual payments you must give at least 7 days' written notice to the Debit User at PO Box 1192, Chatswood NSW 2057.
13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User and its service providers will keep details of your account and debit payments confidential.

Nomination of Beneficiaries Form

As the Policy Owner, you have the option to nominate a beneficiary or beneficiaries to receive benefits payable under your Policy, upon your death. The option to nominate a beneficiary is subject to the completion and return of this Nomination of Beneficiaries Form to FlexiSure and to the conditions listed below.

Conditions

The following conditions apply:

- Nominations must be in writing on a Nomination of Beneficiaries Form;
- There can be up to 5 nominees and nominations must be of a natural person;
- You may vary the nomination at any time by completing and signing a new Nomination of Beneficiaries Form and forwarding it to FlexiSure at PO Box 1192, Chatswood NSW 2057. The variation takes effect when it is received and processed by FlexiSure;
- Payment of benefits will be made on the basis of the latest valid nomination received and processed by FlexiSure;
- If a nominated beneficiary is a minor when the payment is made, it will be made to the minor's legal guardian; and
- If a nominee pre-deceases the Policy Owner, that nominee's share is payable to the Policy Owner's legal personal representative, or such other person that we are permitted to pay under the Life Insurance Act 1995.

Where no valid nomination applies:

- Benefit payments will be made to you, the Policy Owner; or
- If you (the Policy Owner) die, the Benefit Amount will be paid to your legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995.

Detach and send

/ continue over for form

Nomination of Beneficiaries Form



Policy number

Name of Policy Owner

Full name of Beneficiary	Address	Date of birth	Relationship to Policy Owner	Proportion of Benefit Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of Policy Owner

Date

Please return your completed form to FlexiSure. You can:

1. Scan and email (with your name and Policy Number as the subject line) to customerservice@flexisure.com.au
2. Mail to PO Box 1192, Chatswood NSW 2057

This cover is issued by St Andrew's Life Insurance Pty Ltd ABN 98 105 176 243, AFSL 281731 and is subject to the terms and conditions as set out in the Product Disclosure Statement which was current at the Acceptance Date.



Get covered now

go to **flexisure.com.au** and click on “Get a quote” or call **1300 279 279** and apply for cover over the phone with a FlexiSure customer service representative (Monday-Friday, 9am-5pm AEST)