

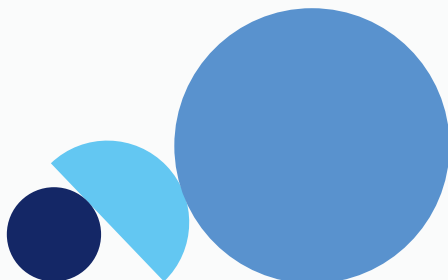
Ezicover® Income Protection



Contents

This document explains Ezicover Income Protection	4
This product has been designed for consumers with certain needs and objectives	5
Several documents make up your policy	5
Some words in this PDS have a special meaning	6
Zurich Australia Limited issues Ezicover Income Protection	6
We pay a commission to organisations that refer this product to you	7
What you need to know about this policy	7
You must be eligible to apply	7
You can apply by phone or online	7
There are certain risks when you buy this policy	8
You have a duty to take reasonable care when applying for insurance	9
Your first month of Ezicover Income Protection is complimentary	10
You can change your cover amount	11
Your policy has a start and end date	11
You are not covered under certain circumstances	12
Laws can affect the policy	13
You have cover around the world	13
Tell us if you move overseas	13
Choose from one of two cover options	13
The benefits we pay	14
Injury Benefit	14
Sickness Benefit	14
How we calculate the monthly benefit	18
How we handle reoccurring claims	20
Ezicover Income Protection provides additional features	21
Inflation protection	22
Cover suspension	23
Reducing income	25

Making a claim	27
How to make a claim	27
Information we need for your claim	28
Checklist of what we usually need for your claim	28
We may ask you to go participate in retraining or rehabilitation while you're disabled	29
When we will not pay a claim	29
Examples of claims	29
About your premium	33
How we calculate your premium	33
How you pay your premium	34
Changes to premium rates	35
Your premium may be tax deductible	36
What happens if you miss paying a premium	36
You can apply to reinstate your policy	37
This policy does not have a surrender value	38
Cancelling your policy	38
We follow the Life Insurance Code of Practice	39
How you can contact us for more information	40
How to find out about changes to this PDS	40
How you can contact us	40
Privacy	41
Direct debit request service agreement	41
Definitions of the terms in this PDS	42



This document explains Ezicover Income Protection

This Product Disclosure Statement and Policy Document (PDS) contains important information about Ezicover Income Protection. Read this PDS carefully before applying for Ezicover Income Protection to decide whether this product is right for you. This PDS will help you to compare this product with similar products you may be considering.

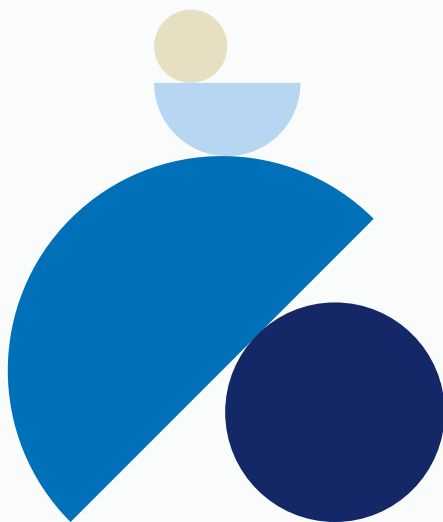
Ezicover Income Protection provides a monthly payment for up to 5 years if you are unable to work due to *sickness* or *injury*. This payment can help you and your family to cover everyday expenses, bills and commitments while you are recovering.

The information in this PDS is general: it doesn't take into account your personal objectives, financial situation or needs. You should consider whether this product is appropriate for you and your circumstances.

If an organisation has referred this product to you, the organisation:

- is acting only as a referrer for Zurich Australia Limited ABN 92 000 010 195
- does not provide advice or recommendations concerning the product or its suitability for you.

If you buy this policy, keep this PDS safe with the other documents that make up your policy. You may need to refer to them if you make a claim. You may also be able to access a copy of this PDS on zurich.com.au/ezicover. Please note, our website is updated regularly and the PDS you view online may not be applicable to your policy. You can request a copy of this PDS by contacting us.



This product has been designed for consumers with certain needs and objectives

Ezicover Income Protection has been designed for consumers with certain objectives, financial situations and needs. This product isn't suitable for all customers and you need to consider whether this product is right for you.

We have made a target market determination for this product. The determination sets out:

- key attributes of the product
- the needs and objectives it is intended to address
- eligibility requirements
- financial capacity expectations
- key exclusions
- how it is sold.



You can find more information about the target market determination for this product on zurich.com.au/tmd.

Several documents make up your policy

This PDS describes the policy. If you buy an Ezicover Income Protection policy, this PDS becomes one of your policy documents.

If we agree to cover you, your policy will be made up of these documents:

- this PDS
- the *policy schedule*
- any other notices we give you in writing, confirming changes to your policy.

After we've agreed to cover you, we'll send you a welcome pack. The welcome pack includes:

- a welcome letter
- the *policy schedule*
- any amended terms applied to your policy
- your answers to the health and lifestyle questions we have asked.

Please read all the documents in the welcome pack. If any information is missing or incorrect, please let us know as soon as possible.

Some words in this PDS have a special meaning

In this PDS, the words:

- 'you' and 'your' refer to the policy owner, who is also the life insured, as named in the *policy schedule*
- 'Zurich', 'us', 'our' and 'we' means Zurich Australia Limited.

Many words throughout this PDS have special meanings. These words will appear in italics. Find definitions in the section 'Definitions of the terms in this PDS' on page 42.

Zurich Australia Limited issues Ezicover Income Protection

Zurich Australia Limited ABN 92 000 010 195, AFSL 232510 issues Ezicover Income Protection and this PDS. Zurich Australia Limited is a member of the Zurich Insurance Group, a global insurance specialist formed in Switzerland in 1872.

Our contact details are:

Zurich Australia Limited
Locked Bag 994
North Sydney NSW 2059
Phone: 1800 025 015

Zurich is the insurer of this product and is responsible for the ongoing administration and operation of this product.

We will place *premiums* for this policy in our Statutory Fund No. 2. We pay any benefits under this policy from this statutory fund.

As a policy owner, you do not receive any profits of Zurich Australia Limited or any surplus of any Zurich Australia Limited Statutory Fund.

All *premiums* paid are used to meet the cost of this insurance, including costs of issuing and administering the policy.

We pay a commission to organisations that refer this product to you

We pay an amount equal to 20% (plus GST) of the *premium* as a commission to organisations that refer this product to you. The commission is not an additional amount you have to pay.

We don't pay referral commissions to any Buy Now Pay Later (BNPL) service providers. When you pay your *premiums* through BNPL, we will pay a fee. This fee is not an additional amount you have to pay.

What you need to know about this policy

You must be eligible to apply

To be eligible to apply for this policy, you must:



be 19 to 60 years old



be working between 20 and 60 hours per week and either employed in a permanent position, or if employed in a non-permanent position or self employed, with consistent income for at least 2 years.



be an Australian citizen or hold an Australian Permanent Residency Visa



be residing in Australia on a permanent basis and receive this PDS in Australia

You can apply by phone or online

To apply for this policy, you can:



Phone **1800 394 268**



Visit us online at zurich.com.au/ezicover

There are certain risks when you buy this policy

There are certain risks associated with holding an Ezicover Income Protection policy.



If you don't pay *premiums* when they're due, we will take steps to cancel your policy.

If you don't pay *premiums* when they're due, you're at risk of having your policy cancelled. This means your cover ends, and your policy is cancelled.

We will make several attempts to contact you or reattempt debit before your cover is cancelled. Cancellation means that your cover ends and your policy is no longer active. You cannot make a claim for an event which occurs after your policy is cancelled.

See 'What happens if you miss paying a premium' on page 36 for more information.



The level of cover you select is important.

It's important to check your level of cover against your income regularly. If your income changes, you may need to adjust the *monthly sum insured* to make sure you're not insured for more than you could receive or less than your *pre-disability income* would support. See 'The benefits we pay' on page 14 for more information.



You have a legal duty to take reasonable care not to make a misrepresentation.

If you don't, we may:

- not pay your claim
- pay only a part of your claim
- change the terms of your cover, or
- cancel your cover.

See the section 'You have a duty to take reasonable care when applying for insurance' on the next page for more information.

You have a duty to take reasonable care when applying for insurance

When applying for insurance, you have a legal duty to take reasonable care not to make a misrepresentation to us before you enter into the insurance contract

A misrepresentation is a false answer, an answer that is only partially true, or an answer that does not fairly reflect the truth.

This duty also applies when you extend or make changes to existing insurance, and when you reinstate insurance.

This duty applies to this contract as a consumer insurance contract.

Not meeting your duty can seriously impact your insurance



If you do not meet your legal duty, this can have serious impacts on your insurance. We may avoid your cover (treat it as if it never existed), or change its terms. This may also result in a claim being declined or a benefit being reduced.

When you give us information, we may later investigate whether it's true. For example, when you make a claim, we may investigate whether the information you gave us when you applied is true.

We'll ask questions to help decide whether we can provide cover

When you apply for this insurance policy, we'll underwrite the policy. Underwriting is how we decide whether we can provide cover, and if so on what terms and at what cost.

We'll ask you for information we need to make our decision. Our questions will be about such things as your health and medical history, occupation, income, lifestyle, pastimes, and your current and past insurance. The information given to us in response to our questions is vital to our decision.

Guidance for answering our questions

You are responsible for the information you provide us. When answering our questions, you should:

- think carefully about each question before answering – if you're unsure of the meaning of any question, please ask us before you respond
- answer every question
- answer truthfully, accurately and completely
- review your application carefully – if someone else helped prepare your application, please check every answer (and if necessary, make any corrections).

Tell us about changes before your cover starts

Before your cover starts, please tell us about any changes that mean you would now answer our questions differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Notifying the insurer

Once your cover starts, please tell us immediately if you think you may not have met your duty. We'll let you know whether it has any impact on the cover.

Contact us if you need help

It's important that you understand this information and the questions we ask you. Ask us for help if you have difficulty answering our questions or understanding the application process.

We can help you if you're having difficulty because of a disability, your understanding of English or any other reason. You can also have a support person you trust with you.

What we can do if you don't meet your duty

If you do not take reasonable care not to make a misrepresentation, different remedies may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put us in the position we would have been in if you had met your duty.

For example, we may do one of the following:

- avoid the cover (treat it as if it never existed)
- change the amount of cover
- change the terms of cover.

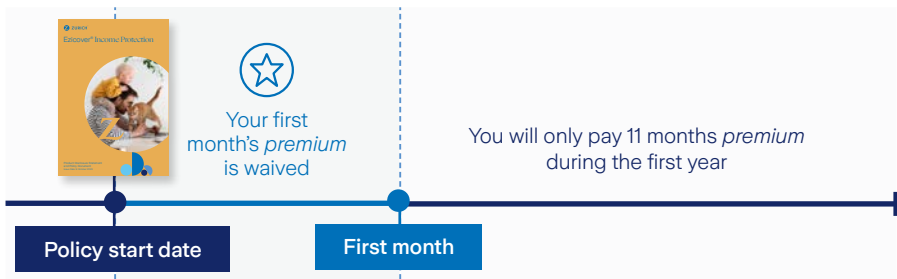
Whether we can exercise one of these remedies depends on several factors, including:

- whether you took reasonable care not to make a misrepresentation when answering our questions – this depends on all the relevant circumstances, including how clear and specific our questions were and how clearly we explained your duty to you
- what we would have done if you had met your duty – for example, whether we would have offered cover, and if so, on what terms
- whether your misrepresentation was fraudulent
- in some cases, how long it has been since your cover started.

Before we use any of these remedies, we'll explain our reasons, how you can respond and provide further information, and what you can do if you disagree.

Your first month of Ezicover Income Protection is complimentary

To give you time to check your details and make sure Ezicover Income Protection meets your needs, your first month's *premium* is waived. That means in the first year of your policy you will only pay 11 months *premium*.



You can change your cover amount

You can apply at any time to increase or decrease your *monthly sum insured* after your policy start date.

You can decrease your *monthly sum insured* to \$1,000.

The maximum amount you can increase your *monthly sum insured* to is \$12,000.

This policy provides indemnity cover, which means that the *monthly benefit* payable is based on your income at the time of the claim. The *monthly benefit* we pay will be adjusted to reflect earnings, other benefits and ongoing income you receive or are entitled to receive.

Your policy has a start and end date

Your Ezicover Income Protection policy start date is the date we accept your application. Your start date is shown in your *policy schedule*.



Your policy will continue for as long as you pay your *premiums*, regardless of any changes to your health, occupation, or pastimes. This means that your policy can continue until the *policy anniversary* after you turn 65 years old.

⊗ Your policy ends when any of the following happens:

- you cancel the policy (see page 36 for information on when cancellation is effective)
- you die
- we cancel or avoid the policy according to our legal rights
- we cancel the policy because you did not pay your *premiums* after giving you at least 30 days' notice
- the *policy anniversary* following your 65th birthday.

We will tell you before your policy is going to end, except when you:

- die
- cancel the policy.

No benefits are payable for any event that occurs after the policy ends.



You are not covered under certain circumstances

It's important to know when claims will not be paid so you can decide if Ezicover Income Protection is right for you.

We won't pay a benefit if your *disability* was directly or indirectly caused by certain events or circumstances.

The table below describes certain events or circumstances when we will not pay a benefit.

Event or circumstance	
An intentionally self-inflicted injury or attempted suicide.	<p>We won't pay a benefit if your <i>disability</i> was directly or indirectly caused by certain events or circumstances</p>
An <i>uncomplicated pregnancy</i> .	
You become unemployed for reasons other than <i>sickness</i> or <i>injury</i> .	
War (whether declared or not).	
Committing, being involved in or attempting to commit a criminal offence or <i>illicit drug use</i> .	
For any period you are incarcerated due to your participation in criminal activity.	
Any event occurring during travel in countries or regions outside Australia if the Australian government has advised against travel to that country or region at the time of starting the trip.	
Any disqualification, deregistration or restriction placed on your professional membership and/or licence that stops or restricts you from performing <i>important income producing duties</i> .	
Any other exclusion agreed with you at the time of application and shown on your <i>policy schedule</i> .	

An example of the effect of certain circumstances on claims

Please note: this example is for illustration purposes only.



Sian applied for an Ezicover Income Protection policy 5 months ago.

In the application, Sian told us her doctor diagnosed her with melanoma 12 months ago.

We agreed to cover Sian, but we will not cover any claims related to melanoma. This exclusion was agreed with Sian before her policy started and is shown on Sian's *policy schedule*.

Sian will not be able to claim for any *disability* directly or indirectly related to her melanoma.

Laws can affect the policy

Your policy conditions do not operate to the extent they would require you or Zurich to do something that risks breaking a law relevant to the contract. This applies despite anything to the contrary written in the policy conditions, which are deemed to be varied or nullified to the extent needed to remove the risk of illegality.

In limited cases, current Australian and overseas laws regulating us and other companies in the worldwide Zurich insurance group can impose extra requirements on, or restrict us from: accepting *premium* payments, making claim payments or reimbursements, or conducting other financial transactions on life insurance policies we issue. Depending on the particular overseas law, they can even extend to people (for example, a *life insured* or beneficiary who is a citizen of Australia) who are not or no longer living there, or are only there temporarily. We might also need to suspend or cancel cover when that is the only action that can be taken to comply – in those cases, if the law allows, we would give you prior notice so that you can explain the matters of concern before we act. New or changed Australian or overseas laws may equally affect such policies.

Australian and overseas trade and economic sanctions laws and regulations are one example of laws that might affect a policy we issue. We will not provide any cover, service or benefit for any person that we reasonably consider to be a sanctioned by those laws and will cancel your policy if we reasonably consider that you, a *life insured* or a policy beneficiary are either a sanctioned person or conducting an activity sanctioned by these laws. We would in those cases then allow you 14 days to show that the person is not a sanctioned person and have cover restored.

You have cover around the world

You are covered anywhere in the world, 24 hours a day, every day of the year, subject to the terms and conditions of this policy.

You are not covered for any event occurring during travel in countries or regions outside Australia if the Australian government has advised against travel to that country or region at the time of starting the trip.

Tell us if you move overseas

Since your policy might no longer operate as you expect or be suitable to your changed circumstances, we ask that you let us know if you start residing overseas. Additionally, we recommend that you first take professional advice on any legal and taxation implications if you consider residing overseas in the future. Unfortunately, we are not able to provide that advice, and Zurich cannot accept responsibility for any adverse legal or taxation outcomes on your policy from a person taking up residence overseas.

Choose from one of two cover options

For Ezicover Income Protection, you can choose from one of two options:

Option 1	Option 2
<p>Injury cover includes:</p> <ul style="list-style-type: none">  Injury Benefit 	<p>Sickness and Injury cover includes:</p> <ul style="list-style-type: none">  Sickness Benefit +  Injury Benefit

The benefits we pay

The following sections explain the benefits under the policy. We pay all benefits in Australian dollars.



Injury Benefit



Sickness Benefit

When this benefit helps you

If you can't work due to an *injury* and you become *disabled* for longer than your *waiting period*.

If you can't work and you become *disabled* for longer than your *waiting period* due to a *sickness*.

How this benefit helps you

We'll pay a maximum *monthly benefit* equal to the smaller of:

- 70% of your *pre-disability income*
- your *monthly sum insured*.

The *monthly benefit* we'll pay will be reduced by any *offsets* and *ongoing income* applicable.

Your *policy schedule* shows the *monthly sum insured*.

How we pay this benefit

We'll pay the benefit directly to you. The first payment is made 15 days after your *waiting period* ends, and subsequent payments are made monthly in arrears.

How long we pay this benefit

The *benefit period* is the maximum amount of time the *monthly benefit* is payable for a claim while you are *disabled*. You can choose how many years we can pay you for a claim, if you are eligible for a *monthly benefit*. Your *benefit period* can be

- 1 year
- 2 years
- 5 years.

A separate *benefit period* will apply to each *injury* or *sickness*, except for reoccurring claims and claims for a *mental health disorder* (see page 15: Mental health disorder claims).

The *benefit period* will be shown on your *policy schedule*.

We pay the *monthly benefit* while you are *disabled*. The following table shows when your *benefit period* will start and when the *benefit period* will end.



Injury Benefit



Sickness Benefit

How long we pay this benefit (*continued*)



When the benefit period starts

The *benefit period* starts at the end of your *waiting period* unless your claim is a reoccurring claim. Please see page 20 for more information on reoccurring claims. During your *waiting period*, you must be *disabled* and following the advice and recommended treatment of a *medical practitioner*.



When the benefit period ends

The *benefit period* ends on the earliest of:

- the date you are no longer *disabled*
- the date the *benefit period* ends
- the date the policy ends
- the *policy anniversary* after your 65th birthday
- the date you are not required to follow or are no longer following the advice of a *medical practitioner* for the treatment of the *sickness* or *injury*
- the date you die.

Mental health disorder claims

The maximum period we will pay for all claims in total due to a *mental health disorder*, whether related or unrelated to a previous claim for a *mental health disorder*, is the *benefit period* shown on your *policy schedule*, for the life of your policy. This also includes reoccurring claims. See the example 'How the Sickness benefit could work for a mental health disorder claim' on page 31 to learn more about how we could pay a claim for a *mental health disorder*.



Injury Benefit



Sickness Benefit

A waiting period could apply for each claim

Waiting period

The *waiting period* is the period of time you must be *disabled* before your *benefit period* starts. The *waiting period* starts on the day you consult a *medical practitioner* and receive advice confirming *disability*. You can choose how many days you must be *disabled* before you are eligible for a benefit. Your *waiting period* can be:

- 30 days
- 60 days
- 90 days.

The *waiting period* will be shown on your *policy schedule*.

A separate *waiting period* applies for each claim unless you have a reoccurring claim. A *waiting period* does not apply for a reoccurring claim. Please see 'How we handle reoccurring claims' on page 20.

Example – 90-day waiting period

Please note: this example is for illustration purposes only.



A qualifying period could apply for each claim

Qualifying period

A qualifying period applies for certain events or circumstances. The table on page 17 shows you the events or circumstances when you are not covered.



Injury Benefit



Sickness Benefit

A qualifying period could apply for each claim (continued)

Event or circumstance

You are *disabled* after elective surgery (including cosmetic surgery)

Your *disability* is the direct or indirect result of elective or donor transplant surgery.

When you are not covered

First 90 days of your *disability*

First 6 months after one of the events below.

1. The policy start date.
2. The date your policy is reinstated.
3. The date after you have increased the *monthly sum insured*. The qualifying period only applies to the increased portion of the *monthly sum insured* and does not apply to the entire amount.

Example – this is how a 90-day qualifying period and 30-day waiting period could work after you have had an elective surgery

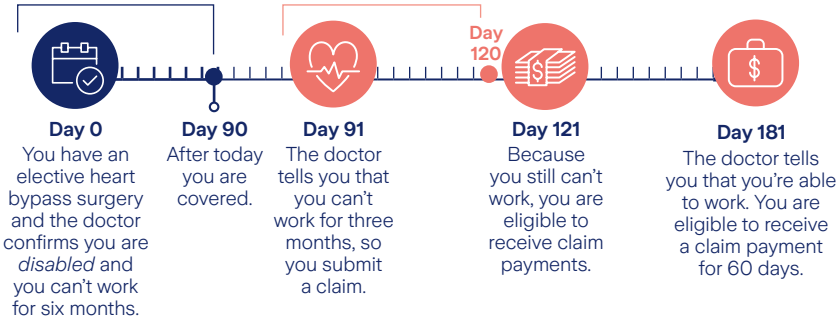
Please note: this example is for illustration purposes only.

Qualifying period

You are not covered for the first 90 days after your elective surgery.

Waiting period

You will not be paid for the first 30 days of your *disability*.



We do not pay multiple benefits at once

We only pay one benefit under the policy at a time.

This applies even if you are suffering from more than one *injury* or *sickness*.

You don't need to pay any premiums when we pay this benefit

You do not need to pay any *premiums* for the entire period you're entitled to receive a benefit under this policy.

We'll refund any *premium* we collect during the *waiting period* if we accept your claim.

You start paying *premiums* again at the end of your *benefit period* or when you are no longer *disabled*.

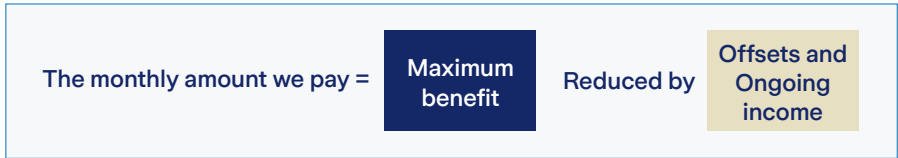
How we calculate the monthly benefit

The *monthly benefit* we pay is based on your income at the time you are claiming.

The amount we pay will be reduced if you are receiving other benefits. The information below explains how:

- we calculate your *monthly benefit*
- other benefits that you receive impact how we calculate your *monthly benefit*.

How we calculate the amount we pay



Maximum benefit	Maximum benefit is the smaller of: <ul style="list-style-type: none">• 70% of your <i>pre-disability income</i>• the <i>monthly sum insured</i>.
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Ongoing income	<i>Ongoing income</i> is defined on page 44 but broadly means profits, salary, or income that you or others on your behalf, receive while <i>on claim</i> . <i>Ongoing income</i> does not include dividends, interest, rental income, proceeds from the sale of assets or royalties.
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Offsets	<i>Offsets</i> is defined on page 44 but broadly means payments received by you because of your <i>sickness</i> or <i>injury</i> such as: <ul style="list-style-type: none">• payments from any other disability income, sickness or injury insurance policies, including insurance provided by your employer or which forms part of your superannuation plan• payments from compulsory insurance schemes such as Workers' Compensation or Accident Compensation for loss of income• paid leave from your employer, including sick leave, annual leave or long service leave• common law settlements. <p><i>Offsets</i> do not include any:</p> <ul style="list-style-type: none">• payments received from other insurance policies to reimburse you for your business expenses• total and permanent disability benefits, trauma benefits, terminal illness benefits or lump sum superannuation benefits• payment of sums awarded by a court for pain and suffering.
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This example gives you an idea of how the monthly amount we pay could work in dollar terms. This is for illustration purposes only.

Miguel bought the policy 18 months ago and when the policy started he selected:

- Sickness and Injury cover
- a *monthly sum insured* of \$6,000
- a *benefit period* of 2 years
- a 30-day *waiting period*
- the Inflation protection feature to be turned off.

Last month, Miguel was cycling to work, hit a bump in the road causing him to fall off his bike, fracturing his arm and knee. His doctor confirmed he is *disabled* and unable to work in any *gainful occupation* for 2 months.

Miguel was earning \$10,000 per month in the last 12 months before his *injury*.

He also took 5 weeks off work as paid sick leave.

There is a 30-day *waiting period*, so Miguel is eligible for 1 month of benefit payments (2 months – 30-day *waiting period*).

We will refund *premiums* Miguel paid during the *waiting period* after we accept his claim. And we'll waive Miguel's *premium* while he is receiving a benefit.

Here's how we can calculate Miguel's benefit:

The monthly amount we pay =	Maximum benefit	Reduced by	Offsets and Ongoing income
	\$6,000	Reduced by	\$2,500

Maximum benefit is the smaller of: <ul style="list-style-type: none">• \$6,000• \$7,000 which is 70% of Miguel's <i>pre-disability income</i> of \$10,000.	Miguel took 5 weeks off work as paid sick leave. Only 1 week of sick leave is considered an <i>offset</i> because Miguel also had a 30-day <i>waiting period</i> . The total offset amount is \$2,500 (\$10,000 / 4). This amount will reduce the monthly amount we pay.
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Miguel is eligible to receive \$3,500 (\$6,000 - \$2,500).

How we handle partial payments

A partial payment is when the payment period is less than one month. For each day you are *disabled* after the *waiting period*, we will pay 1/30th of the *monthly benefit*. The first payment is made 15 days after your *waiting period* ends, and subsequent payments are made monthly in arrears.

How we handle reoccurring claims

You may become sick or injured from the same or related cause within 12 months after your last claim ended.

The table below describes how we handle reoccurring claims if you become sick or injured from the same or related cause.

	You are sick or injured within 12 months of your last claim	You are sick or injured after 12 months of your last claim and you are fully recovered
A new <i>waiting period</i> applies	No	Yes
We'll treat your <i>sickness</i> or <i>injury</i> as a continuation of your last claim	Yes	No
We'll reduce the <i>benefit period</i> by any previous claims	Yes	No



Fully recovered means for at least 12 months after your last claim ended you have been employed in a *gainful occupation* and working without restriction.

For example, you can perform the same duties at the same level for the same number of hours before the *disability* occurred.



Ezicover Income Protection provides additional features

This policy provides you with additional features to help you adjust your levels of cover through every stage of your life.



Inflation protection

Increase your insurance cover each year to protect the value of the cover from the impact of inflation. See 'Inflation protection' on the next page for more information.



Cover suspension

Pause your cover and *premium* payments for up to 12 months if you are experiencing financial difficulty. See 'Cover suspension' on page 23 for more information.



Reducing income

Reduce your *monthly sum insured* for up to 12 months if you need to lower your *premiums*. See 'Reducing income' on page 25 for more information.



Inflation protection

If you select this feature, we'll automatically increase the *monthly sum insured* to help protect you from the impacts of inflation.

At each *policy anniversary*, we'll increase the *monthly sum insured* by the lesser of:

- 3%
- any increase in the Consumer Price Index (CPI).



CPI means the Consumer Price Index for the 'Weighted Average of Eight Capital Cities Index' as published by the Australian Bureau of Statistics. If that index is no longer published or is significantly changed, we'll use a comparable replacement index. Any increase in CPI is based on the annual percentage change in CPI published each quarter. We use the figure most recently published at least three months before your *policy anniversary*. For example, if your *policy anniversary* is in September, we'll send your *policy anniversary* notice in August and the CPI increase on that notice will be based on the annual percentage change in CPI published for the March quarter.

As your *monthly sum insured* increases, your *premium* usually increases as well.

You don't have to automatically increase your cover

You don't have to accept any automatic increase in cover. The table below shows your options.

Option	How this impacts you
Reject this increase	We won't apply the increase in cover for the next 12 months. We'll offer you an automatic increase to your cover at your next <i>policy anniversary</i> .
Ask for a lower increase	Agree to a lower increase amount with us for the current <i>policy anniversary</i> .
Reject this increase and future increases	We won't offer you any more increases unless you ask us to start offering them again. We will confirm your request in writing if we agree to start offering you future increases again.

Contact us when you receive the offer if you want to make a change. If you don't contact us before the *policy anniversary*, we'll automatically apply the increase.



Cover suspension

You can suspend your policy and stop paying your *premiums* to reduce financial pressure. Then you can start your policy again without having to reapply.

We do not pay for a claim that happens while your cover is suspended.

When the suspension ends, your policy automatically begins again. An exclusion period applies and may affect your ability to make a claim, see ‘You can extend your Cover suspension or end it early’ on page 24. Make sure you review the details of your cover before you suspend it so you understand how the suspension will affect you.

Contact us if you want to suspend your cover

You can suspend your policy for up to 12 months, starting from the date your last unpaid *premiums* were due.

You can only suspend your policy if it has been continuously in-force for at least 12 months. You can suspend your policy for a maximum of 12 months over the life of the policy.

When you ask to suspend your cover, we'll write to you confirming when your:

- Cover suspension will start and end
- next *premiums* are due.

Your policy isn't in force while you're suspending your cover

During your Cover suspension, we won't cover you:

- if you are *disabled*
- for any *disability* caused by a condition where you were aware of a symptom or diagnosis of that condition while you were suspending your cover.

You can still make a claim for an insured event which occurred before the Cover suspension start date if the conditions for a benefit were met when Cover suspension started.

If you are aware of a health concern before Cover suspension started, taking Cover suspension will prevent you from making a claim for that condition. The reason it's not covered is that you were aware of a potential health problem that was not yet claimable before the Cover suspension started.

You don't pay premiums while you're suspending your cover

You don't need to pay any *premiums* for the time that your cover is suspended. When you suspend your cover, we won't refund any *premiums* you've already paid. Your policy suspension will commence on the date your last unpaid *premium* was due.

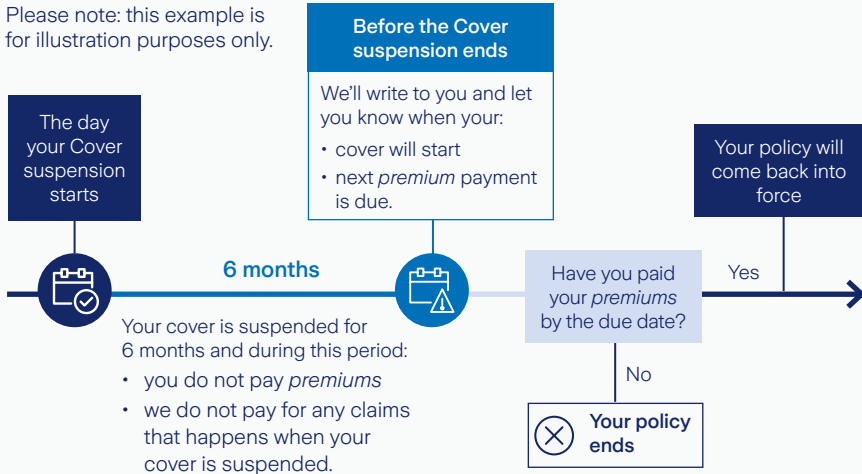
If a *policy anniversary* passes, we'll still offer to increase your cover to help protect it from the impact of inflation (if applicable). Learn more about this on the previous page.

You must pay a premium to resume your cover

You must pay your *premium* when it is next due. Then your policy will come back into force on the day your Cover suspension ends. We will contact you with the outstanding *premiums*, and if you don't pay the *premium* payable, we may cancel your cover due to non-payment of *premium* – see page 36.

Example – How the Cover suspension feature could work if you suspend your cover for 6 months

Please note: this example is for illustration purposes only.



You can extend your Cover suspension or end it early

You can extend your Cover suspension or end it early. In both cases, you need to tell us that you want to change your Cover suspension at least 14 days before it's due to end.

Any change to your Cover suspension is only effective when we confirm it in writing.

If you end your Cover suspension early, an extra exclusion applies:



We won't cover any insured event that happens or is apparent within 90 days of the new date your Cover suspension ends. 'Apparent' means you are aware of symptoms or a diagnosis relating to the condition.

Suspending your cover affects the cover your policy provides

Suspending your cover affects the cover your policy provides after it comes back into force.

After the date your Cover suspension ends:

- your policy must be continuously in-force for another 12 months before you can suspend cover again
- the qualifying period restarts. See 'A qualifying period could apply to each claim' on page 16 for more information.



Reducing income

You can temporarily reduce your *monthly sum insured* and lower your *premiums* to reduce financial pressure.

You can reduce your cover for up to 12 months, starting from the date your last unpaid *premiums* were due. We won't refund any *premiums* already paid when the Reducing income feature is in place.

You can reduce your cover if your policy has been continuously in-force for at least 12 months.

We use the reduced *monthly sum insured* for a claim that happens during the Reducing income period.

When the Reducing income period ends, your *monthly sum insured* will automatically change back to what it was before we reduced the benefit. An exclusion period applies and may affect your ability to make a claim, see 'You can extend your reduced income period or end it early' on the next page. Make sure you review the details of your cover before you use the Reducing income feature so you understand how this feature will affect you.

Reducing your *monthly sum insured* does not change your *waiting period*, *qualifying period*, and *benefit period*.

Contact us if you want to reduce your cover

When you ask to reduce your *monthly sum insured*, we'll write to you confirming when your:

- reduced income period will start and end
- next *premiums* are due.

You need to continue paying *premiums* while your cover is reduced

You need to pay your *premiums* for the time that your cover is reduced. When you reduce your cover, we won't refund any *premiums* you've already paid.

If a *policy anniversary* passes, we'll still offer to increase your cover to protect it from the impact of inflation (if applicable). Learn more about this on page 22.

Your *premiums* increase when your reduced income period ends

Your *premium* will increase when your Reducing income period ends because the *monthly sum insured* will:

- automatically change back to the previous amount before we reduced your income
- increase if Inflation protection is enabled.

You must pay your *premium* on the date it is next due. Then your policy will come back into force on the day your Reducing income period ends. The policy will end if you don't pay the *premium* amount we have asked when due.

You can extend your Reducing income period or end it early

You can extend your Reducing income or end it early. In both cases, you need to tell us that you want to change your Reducing income period at least 14 days before it's due to end.

Any change to your Reducing income period is only effective when we confirm it in writing.

If you end your Reducing income period early, an extra condition applies:



The reduced *monthly sum insured* will apply to any insured event that happens or is apparent within 90 days of the new date your Reducing income period ends. 'Apparent' means you are aware of symptoms or a diagnosis relating to the condition.

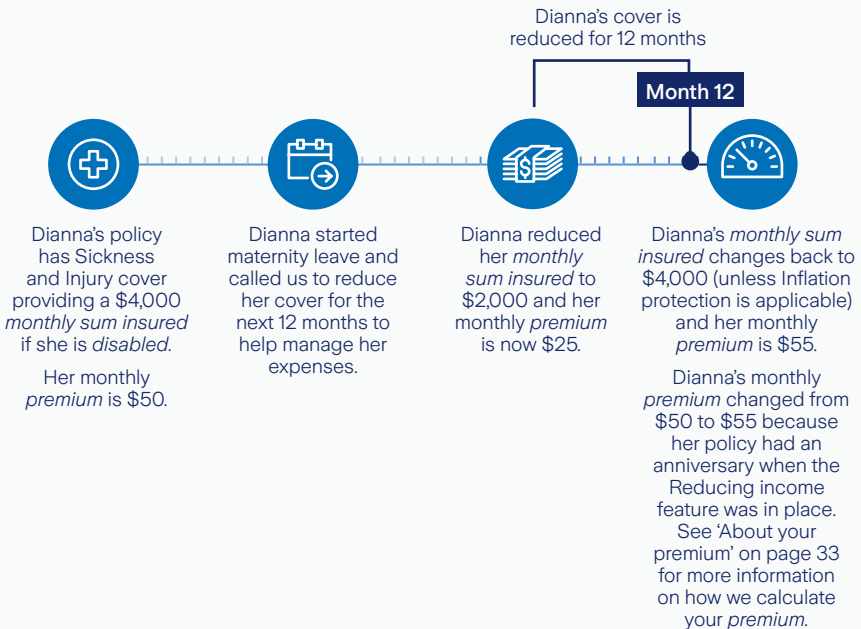
Reducing your monthly sum insured affects the cover your policy provides

There are certain restrictions and limitations that apply when using the Reducing income feature.

- You can only use the Reducing income feature once in any 12-month period, and for a maximum of 12 months over the life of the policy.
- The Reducing income feature cannot be used on a period where *premiums* have already been paid under this feature.

Example – How the Reducing income feature could work

Please note: this example is for illustration purposes only.



Making a claim

How to make a claim

Get in touch with us to make a claim. Follow these steps:



Call us on 1800 025 015 and tell us the details of your claim.



We will send you a Claim Information Pack. We will tell you the relevant evidence that we need to consider your claim and explain why it is required.



Complete the claim form and collect any supporting information we have asked for. See the section 'Information we need for your claim' on the next page.



Send us the form and all the information. Make sure all sections are complete.

We will tell you if we need more information.



Information we need for your claim

We need information to assess your claim. We may ask for more information and make any reasonable enquiries about a claim.

When we assess your claim, we will also rely on any information you gave us as part of your application. If we did not verify information at the time of application, we reserve the right to verify at the time of claim.

You must give us information, and authority to obtain information, that we reasonably need to assess your claim. This includes information and authority that we may use to investigate any non-disclosure or misrepresentation you make, which may give us a right to avoid or change your policy, or to refuse to pay a claim.



Checklist of what we usually need for your claim

- A completed claim form.
- Proof of your age.
- Medical evidence from a *medical practitioner* that you have a *sickness or injury* causing your *disability*.
- Proof of *pre-disability income*. You may be asked to provide copies of personal and business tax returns, assessment notices and/or other financial evidence to substantiate your income.
- We may ask to examine your business and personal financial circumstances if we need more information to calculate the *monthly benefit* payable.
- If a claim is a result of an elective surgery, we require evidence that the *disability* persisted for more than 90 days.

You are responsible for providing all evidence to support your claim to us at your expense.

The documents you submit should be legible, unaltered and include evidence that supports your claim. If we can't use the information you provide to us for any reason, we will let you know why that is and will discuss with you what alternative documents can be provided.

We may need to have you medically examined or get other reasonable tests to confirm the occurrence of the insured event. If so, we would pay for this and for any reasonable travel costs.

We will be in contact with you after you make a claim to provide:

- updates on our assessment of your claim
- the outcome of your claim in writing.

We may ask you to go participate in retraining or rehabilitation while you're disabled

While on *claim*, we may ask that you participate in retraining or rehabilitation to assist your return to a *gainful occupation*. We're committed to helping you to return to either your previous occupation or other suitable employment.

We may stop, pause, or reduce benefits if you fail to commit to and undertake reasonable retraining or reasonable rehabilitation that you have the capacity to undertake and which is expected to assist a return to a *gainful occupation*.

When we will not pay a claim

We may not be able to process a claim if you don't provide us with the information we've reasonably asked for that is relevant to the claim.

We will limit the amount we pay for a claim if a benefit limit applies.

We will not pay a benefit for any claim if an exclusion applies.

Please see 'You are not covered under certain circumstances' on page 11 for more information.

Examples of claims

These examples give an idea of how we pay claims.



How the Sickness benefit could work

Dana bought the policy 36 months ago and when the policy started she selected:

- Sickness and Injury cover
- a *monthly sum insured* of \$2,000
- a *benefit period* of 2 years
- a 30-day *waiting period*
- the Inflation protection feature to be turned on.

At the last *policy anniversary*, the *monthly sum insured* automatically increased to \$2,100.

Two months after the *policy anniversary*, Dana was *disabled* due to a *sickness* and as a result was unable to work for five months.

Dana was earning \$2,200 per month in the last 12 months before her *sickness*.

Dana does not have any paid sick leave and is not receiving any other payments that would be considered *offsets*.

We will refund *premiums* Dana paid during the *waiting period* after we accept her claim. And we'll waive Dana's *premium* while she is receiving a benefit.

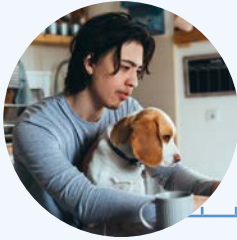
There is a 30-day *waiting period*, so Dana is eligible for 4 months of benefit payments (5 months – 30-day *waiting period*).

For each month Dana is *disabled*, we will pay the smaller of:

- \$2,100
- \$1,540 which is 70% of Dana's *pre-disability income* of \$2,200.

In total, we will pay Dana $\$1,540 \times 4 = \$6,160$.

How the Injury benefit works for reoccurring claims



Manuel was injured in an accident and is *disabled*

Monthly benefit payment begins **after his 30-day waiting period**. Payments every month of \$3,000 for a **maximum duration of 1 year**.

30 day wait



1 year benefit remaining

3 months



9 months benefit remaining.
\$9,000 paid

3 months



6 months benefit remaining.
\$18,000 paid

Manuel recovers and returns to work; benefit payments stop.



How the Injury benefit could work for longer periods of time

Isho bought the policy 24 months ago and when the policy started he selected:

- Injury cover
- a *monthly sum insured* of \$2,000
- a *benefit period* of 1 year
- a 60-day *waiting period*
- the Inflation protection feature to be turned off.

Isho was injured, became *disabled* and was unable to work for 18 months.

Isho was earning \$4,000 per month in the last 12 months before his *injury*.

Isho does not have any paid sick leave and is not receiving any other payments that would be considered *offsets*.

We will refund *premiums* Isho paid during the *waiting period* after we accept his claim. And we'll waive Isho's *premium* while he is receiving a benefit.

The maximum *benefit period* per claim is 12 months.

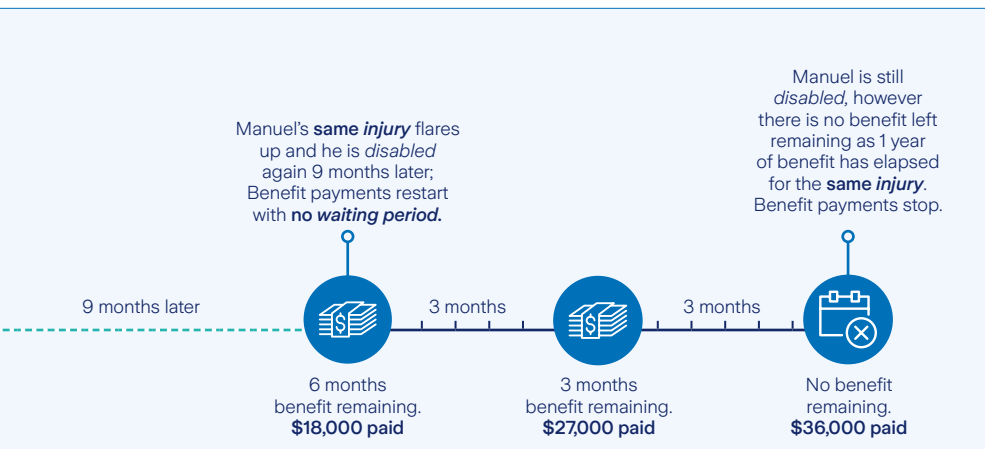
There is a 60-day *waiting period*, so Isho is eligible for 12 months of benefit payments.

After we have paid Isho 12 months of benefit payments, Isho is still *disabled*. Isho will not receive anymore payments for his *disability* because we have paid for the *benefit period*.

For each month Isho receives a benefit, we will pay the smaller of:

- \$2,000
- \$2,800 which is 70% of Isho's *pre-disability income* of \$4,000.

In total, we will pay Isho $\$2,000 \times 12 = \$24,000$.



How the Sickness benefit could work for a mental health disorder claim

Sally bought the policy 12 months ago and when the policy started she selected:

- Sickness and Injury cover
- a *monthly sum insured* of \$4,000
- a *benefit period* of 1 year
- a 30-day *waiting period*
- the Inflation protection feature to be turned on.

At the last *policy anniversary*, the *monthly sum insured* automatically increased to \$4,120.

Two months ago, Sally began to suffer from anxiety, and was *disabled* due to a *mental health disorder* for 14 months.

Sally was earning \$6,000 per month in the last 12 months before her *mental health disorder*.

Sally does not have any paid sick leave and is not receiving any other payments that would be considered *offsets*.

We will refund *premiums* Sally paid during the *waiting period* after we accept her claim. And we'll waive Sally's *premium* while she is receiving a benefit.

There is a 30-day *waiting period*, so Sally is eligible for 12 months of benefit payments.

After we have paid Sally 12 months of benefit payments, Sally is still *disabled*. Sally will not receive any more payments for her *mental health disorder* because we have paid for the *benefit period*.

We will not pay for any future *mental health disorder* claims. Please see 'Mental health disorder claims' on page 15 for more information on how long we pay claims for *mental health disorders*.

Sally can still make a claim for any other *sickness* or *injury* that is not related to a *mental health disorder*.

For each month Sally is unable to work we will pay the smaller of:

- \$4,120
- \$4,200 which is 70% of Sally's *pre-disability income* of \$6,000.

In total, we will pay Sally $\$4,120 \times 12 = \$49,440$.



How the Injury benefit would work if you are disabled due to a sickness

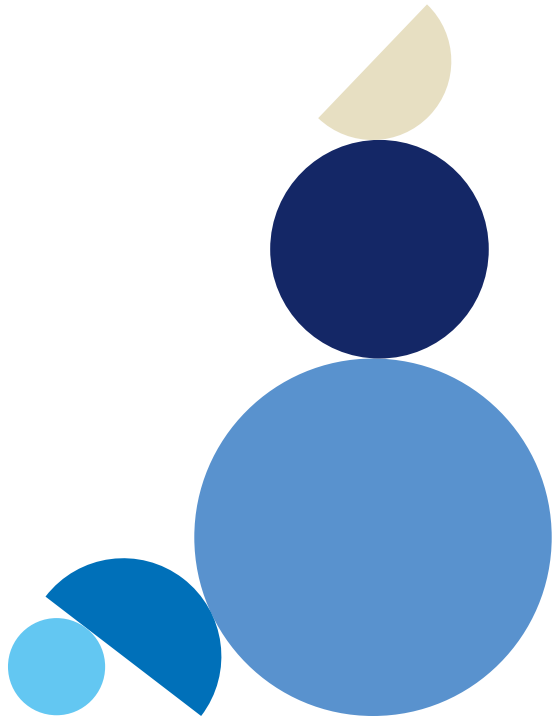
Brandon bought the policy 18 months ago and when the policy started he selected:

- Injury cover
- a *monthly sum insured* of \$6,000
- a *benefit period* of 2 years
- a *30-day waiting period*
- the Inflation protection feature to be turned off.

Last month, Brandon was diagnosed with lung cancer. His doctor confirmed he is *disabled* and unable to work any occupation for 3 months.

We will not pay a benefit for Brandon's *disability* because his policy covers him if he can't work due to an *injury*.

Injury cover does not pay a benefit if you can't work and you become *disabled* due to a *sickness* or *mental health disorder*.



About your premium

Your *premium* is the payment you must make in order to be covered by Ezicover Income Protection.

How we calculate your premium

We will calculate your *premium*:

- at the date your policy starts
- annually at your *policy anniversary*
- if we change premium rates
- at any other time your cover changes.

When we calculate your *premium*, we consider the following factors.

Factor	How it may affect your premium
Your age	<p>Your current age affects your <i>premium</i>.</p> <p>Generally, as you get older, your <i>premium</i> will increase.</p> <p>We calculate your <i>premium</i> based on your age when you apply for Ezicover Income Protection. We re-calculate your <i>premium</i> at each <i>policy anniversary</i> date after your policy start date. We may calculate your <i>premium</i> based on your age if you change your cover level.</p> <p>Generally, if you are older than the date of birth you gave us when the policy started, we may reduce the sum insured in line with the <i>premiums</i> you would have paid as prescribed by law. If you are younger than the date of birth you gave us when the policy started and you overpaid your <i>premiums</i>, we will refund the amount of the overpaid <i>premium</i> plus interest at the rate required by law.</p>
Your gender	<p>Your gender affects your <i>premium</i>. Generally, <i>premiums</i> for females are higher than <i>premiums</i> for males of the same age.</p>
Your cover type	<p>The <i>cover type</i> you select will affect the <i>premium</i> for your policy.</p> <p>Your <i>premium</i> will be higher if you select Sickness and Injury cover compared to Injury cover.</p>
Your monthly sum insured	<p>The benefit amount you select will affect the <i>premium</i> for your policy.</p> <p>The larger the benefit amount you select, the higher the <i>premium</i> you'll pay.</p>
Your benefit period	<p>The <i>benefit period</i> you select will affect the <i>premium</i> for your policy.</p> <p>The longer the <i>benefit period</i> you select, the higher the <i>premium</i> you'll pay.</p>
Your waiting period	<p>The <i>waiting period</i> affects your <i>premium</i>.</p> <p>The longer the <i>waiting period</i>, the lower the <i>premium</i> you'll pay.</p>
Your discounts	<p>You may be eligible for discounts. If you are, we will show these on your <i>policy schedule</i>.</p> <p>We do not guarantee discounts and we may remove or change the current discounts under these terms.</p>

Factor	How it may affect your premium
Government charges and stamp duty	<p>Unless we say otherwise, the <i>premium</i> you pay is inclusive of any applicable stamp duty, tax, excise or government charges that apply to this policy.</p> <p>Goods and Services Tax (GST) is not currently payable on insurance <i>premiums</i> for the policies described in this PDS.</p> <p>We reserve the right to alter premium rates or add any new government charges to comply with changes in legislation.</p>
Your occupation and pastimes	<p>Your <i>premium</i> is generally higher if:</p> <ul style="list-style-type: none"> • your occupation includes hazardous duties or higher occupational risk • you participate in hazardous pastimes.
Your health	<p>Your <i>premium</i> is higher if you're not in good health or have underlying health issues.</p>
Smoker status	<p>Whether or not you smoke affects your <i>premium</i>. Higher <i>premiums</i> apply for those who have smoked cigarettes, e-cigarettes, nicotine replacements or any other substance in the last 12 months.</p> <p>We ask for your smoker status in the application. Please tell us if you were a smoker at that time, but stopped smoking for 12 months or more, and you want your smoker status reviewed.</p>

The answers you provide us about your occupation, pastimes, or health could increase your *premium*. If we increase your *premium* because of the answer you have provided, this is referred to as a loading. We will display any loadings we have applied to your policy on your *policy schedule*.

How you pay your premium

You must pay your *premiums* to keep your cover in force. You can pay your *premiums*:

- by direct debit from a bank account or credit card: Annually, half-yearly, quarterly or monthly
- by BPAY®: Annually
- by Buy Now Pay Later (BNPL): all frequencies

The terms of the authorisation for us to deduct *premiums* on your bank account or credit card are in the 'Direct debit request service agreement' on page 41. You have the right to stop *premium* payments as detailed in the Direct debit request service agreement. If your direct debit details change, please tell us at least 14 days before your next *premium* is due, otherwise the change might not be processed before the next debit. Your financial institution may charge you an extra fee for direct debits.

Payments via BNPL are subject to the terms you agree with your provider (which include an obligation to repay and may be subject to fees) and the terms set out in our BNPL Payment Terms provided to you when you select to pay via BNPL. It is available on our website and on request. You can cease payment via BNPL with 14 days notice to us.

Available payment methods (or frequencies) can change but only with prior notice and reasonable opportunity for you to arrange payment via a different arrangement.

If you overpay your *premium*, we'll return the amount you overpaid, unless that amount is \$5 or less which we retain due to administrative costs.

If you die, we'll refund any *premiums* we collected from the date you died, once we're told about your death.

Changes to premium rates

Premium rates are not guaranteed and can change from time to time. This may lead to an increase in your *premium*. Such changes would apply to all policies in the same category, not just your individual policy.

Factors resulting in changes to premium rates can include changes in:

- costs we must pay to provide Ezicover Income Protection cover, such as the cost of claims; the amount we pay in claims could be higher than expected if:
 - we pay more claims than expected
 - we pay higher benefit amounts than expected
 - we pay benefits for longer periods than expected
 - emerging industry experience and trends show an increase in the long-term cost of claims
- commission costs
- operating expenses
- the cost of reinsurance
- capital and regulatory requirements
- expected policyholder behaviour across the portfolio, including how long cover is held
- economic factors such as interest rates, inflation rates, employment level and market returns
- tax, government, or other mandatory charge
- other factors affecting our ability to continue providing cover and meeting claims under this product.

The above factors can be higher or lower than expected over time leading to changes to premium rates.



If we change the premium rates, we will give you at least 30 days' notice of any change in the *premium*. The *premium* amount you pay is shown on your *policy schedule* and will not change before the *policy anniversary*.

We will use the latest premium rates to calculate your *premium* amount if you make an alteration to your policy.

Your premium may be tax deductible

If you hold your policy for personal purposes, the *premium* is generally tax deductible if you work for an employer or are self-employed.

Every year we will tell you the amount of *premium* you have paid during the previous financial year and the portion paid for replacement of income benefits.

Generally, any income benefit you receive from your policy while *on claim* must be included in your tax return and may be taxed at your applicable marginal income tax rate.

We base this on our views of the way current tax laws are interpreted. Tax law interpretations change over time. If this is important to you, seek independent tax advice about your personal circumstances.

What happens if you miss paying a premium

If you miss a *premium* payment, we may try to debit your nominated payment method a second time. If this is unsuccessful, we will contact you about how you can pay your outstanding *premiums*.

If you do not pay the missed *premium*, we may cancel your policy. If we decide to cancel your policy for non-payment of *premium*, we will write to you and provide you with the opportunity to pay the *premium* before we do so.

If you do not pay the missed *premium* and a claim arises after your policy is cancelled, we may refuse to pay your claim.

Avoid a policy lapse by contacting us

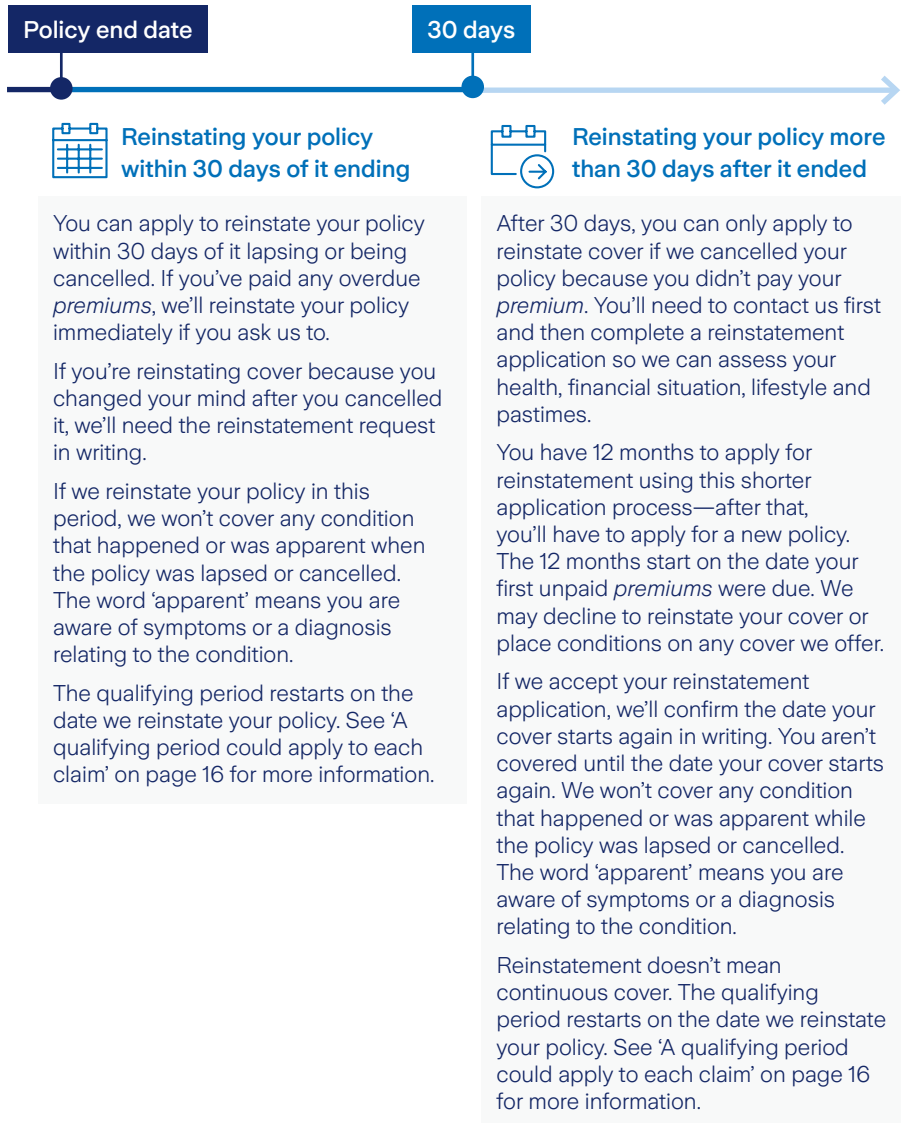
If you have questions about your cover and benefits or you are having difficulty paying your *premium*, there are options available under your policy to help. For example, we can pause your cover or reduce benefits from your policy to reduce your *premium*.

Please call us for more help.



You can apply to reinstate your policy

If your policy has lapsed or is cancelled, you can apply to reinstate it. The process for reinstating your policy depends on when you apply.



This policy does not have a surrender value

You cannot redeem this policy for a lump sum payment, and you do not receive a payment when the policy ends. The only payments made under this policy are claims payments made under the Injury Benefit and Sickness Benefit.

This an example to give you an idea of how this policy does not have a surrender value.



What happens when your policy ends

David bought an Ezicover Income Protection policy 6 years ago and pays his *premium* monthly. He has paid \$5,700 in *premiums* so far.

David doesn't want this policy and has called us to cancel it on the next *premium* due date. David is covered up to the next *premium* due date.

When his policy ends, David will not receive any payments from us.

Cancelling your policy

You can cancel your policy at any time by contacting the Zurich Customer Care Team

Phone: 1800 025 015

Email: client.service@zurich.com.au

Mail: Zurich Australia Limited
Locked Bag 994
North Sydney NSW 2059

If you write to us to cancel your policy, please include:

- your name and address
- your policy number
- the date you want your policy to end
- your signature or authority.

Cancelling your policy during the cooling-off period

When your policy starts, you have a 30-day cooling-off period. This means you can cancel your policy within 30 days after the policy start date. If you do, and you haven't made a claim within those 30 days, we will refund any *premium* you have paid.

Cancelling your policy after the cooling-off period

The table below shows you how cancelling your policy works after your cooling-off period, depending on how often you pay your *premiums*.



If you pay your premium monthly

We will not refund any *premium* you have paid.

Your policy will end on the next *premium* due date. The cover you paid for will continue until that date.



If you pay your premium annually, and your next premium is due within 30 days

We will not refund any *premium* you have paid.

Your policy will end on the next *premium* due date. The cover you paid for will continue until that date.



If you pay your premium annually, and your next premium payment is not due within 30 days

We will provide a pro rata *premium* refund, based on the number of while months remaining before your next *premium* due date.

Your policy will end based on the period of cover you have paid *premiums* for that is not refunded.

We follow the Life Insurance Code of Practice



We have adopted the Life Insurance Code of Practice.

This Code sets out the life insurance industry's key commitments and obligations to customers.

These include:

- standards of practice
- standards of disclosure
- principles of conduct for our life insurance services, such as being open, fair and honest.

It also sets out timeframes for insurers to respond to customers about claims, complaints and requests for information.

You can get a copy of the Life Insurance Code of Practice from our website at zurich.com.au/life-insurance/life-insurance-code-of-practice.

How you can contact us for more information

How to find out about changes to this PDS

The information in this PDS may change over time. Changes to the information in this PDS that is not materially adverse will be available on zurich.com.au/ezicover.

You can get the updated information free of charge by:

- visiting zurich.com.au/ezicover for an online copy, or
- calling us on 1800 025 015 and we'll send you a paper copy.

We will write to you if we make any material changes to the PDS.

How you can contact us

If you have questions about this policy, contact the Zurich Customer Care Team.



1800 025 015
weekdays 8:30am to 7:00pm AEST (Friday 8:30am–5:30pm)



client.service@zurich.com.au



zurich.com.au/myzurich



Zurich Customer Care
Locked Bag 994
North Sydney NSW 2059

If you have questions about your cover and benefits or you are having difficulty paying your *premium*, there are options available under your policy to help. For example, we can pause your cover or reduce benefits from your policy to reduce your *premium*. Please call us for more help.

Customer Concerns

We value your feedback and we're committed to ensuring we work with you to resolve your concerns.

Our Customer Care Team is your first point of contact for raising complaints or providing feedback. You can contact us directly via phone, email or in writing and we'll do our best to resolve your issue fairly, respectfully and efficiently, and will keep you informed of our progress.

Our contact details are in the previous section 'How you can contact us'.

If you're not satisfied with the response to your complaint, your concerns will be escalated to our Dispute Resolution Team. Our specialists will work closely with you to find a solution quickly and amicably.

Further help

If you're not satisfied with our response to your complaint, you can have your complaint reviewed free of charge by the Australian Financial Complaints Authority (AFCA) an external dispute resolution scheme.

Before AFCA can investigate your complaint, they generally require you to have first given us the opportunity to resolve it. AFCA provides fair and independent complaint resolution service. Contact details for AFCA are as follows:

Phone: 1800 931 678
Email: info@afca.org.au
Mail: Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001
Website: afca.org.au

Please note there are time limits for lodging a dispute with AFCA, which are available by contacting AFCA.

Privacy

Zurich collects your personal information (including sensitive information) to assess your application, administer your policy and enhance customer service or products ('purposes'). If you do not provide all information requested, we may not be able to issue or administer your policy. We may disclose your information, where relevant for the purposes, to affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business alliance partners or as required by law within Australia or overseas. These laws include the *Australian Securities and Investment Commissions Act 2001*, *Corporations Act 2001*, *Insurance Contracts Act 1984*, *Life Insurance Act 1995*, *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* and *Income Tax Assessment Act 1997*, as those acts are amended and any associated regulations. From time to time other acts may require, or authorise us to collect your personal information.

We may collect information about you from third parties to assess a claim. We may use personal information (but not sensitive information) collected about you to notify you of other products and services we offer. If you do not want your personal information to be used in this way, please contact us. For further information on the service providers and business partners that we may disclose your information to, a list of countries in which recipients of your information are likely to be located, details of how you can access or correct the information we hold about you or make a complaint, please refer to the Zurich Privacy Policy, available at zurich.com.au/important-information/privacy or contact us on 1800 025 015.

Direct debit request service agreement

The Account Holder (i.e. you or the person whose account is used to pay the *premiums*) needs to agree to the Direct debit request service agreement which sets out the terms and conditions on which the Account Holder has authorised Zurich to debit money from their account, and the obligations of Zurich and the Account Holder under this Agreement. This information will be forwarded with your policy documents, and can also be found at **Zurich Service Agreement**.

Definitions of the terms in this PDS

This section tells you the special definitions of terms that appear in this PDS in italics

Benefit period means the maximum period of time that we will pay a benefit for any one *sickness or injury* while you are *disabled*.

The benefit period is shown on your *policy schedule*.

Cover type means one of two types of cover:

- Sickness and Injury cover; or
- Injury cover.

The cover type you select will be shown on your *policy schedule*.

Disabled or disability means that solely due to a *sickness or injury* occurring, you are:

- not working in any *gainful occupation* suited by your education, training or experience,
- unable and have no capacity to do each and every *important income producing* duty of any *gainful occupation* suited by your education, training or experience,
- following the advice and recommended treatment of a *medical practitioner*.

If your policy is Injury cover, the definition above is amended to remove reference to *sickness*.

Gainful occupation means employed or self-employed for gain or reward. This includes any paid position of employment.

Illicit drug use means:

- the use of an illegal drug, being – a drug that is prohibited from manufacture, sale or possession in Australia – for example cannabis, cocaine, heroin and amphetamine-type stimulants
- the use, other than as prescribed by a *medical practitioner*, of a pharmaceutical, being – a drug that is available from a pharmacy, over the counter or by prescription – for example opioid-based pain relief medications, opioid substitution therapies, benzodiazepines, over-the-counter codeine and steroids
- the use, other than as prescribed by a *medical practitioner*, of any psychoactive substances – legal or illegal – for example kava, synthetic cannabis and other synthetic drugs, or inhalants such as petrol, paint or glue.

Important income producing duty means each duty that is essential to your ability to produce *monthly income* from a *gainful occupation*.

Injury means a bodily injury which occurs during the period of the policy.

Medical practitioner means one of the following:

- a medical practitioner legally registered to practise in Australia
- a medical practitioner legally registered to practise in another country who has an equivalent qualification.

Medical practitioner generally includes your general practitioner and any treating specialists involved in diagnosis and management of your condition. For *mental health disorders*, it can include a treating psychiatrist. Where we need an opinion from a specific medical specialist appropriate to the medical condition, we'll specify.

Medical practitioner doesn't include:

- you, your relative, business partner or employee
- other para-medical professionals including (but not limited to) psychologists, chiropractors, physiotherapists, or naturopaths.

Mental health disorder means any mental illness condition classified in the Diagnostic and Statistical Manual of Mental Disorders, Volume 5, published by the American Psychiatric Association (or any replacement or successor publication, or if none then a comparable publication) which is current at the start of the period of *disability*.

Such mental illness conditions include, but are not limited to:

- stress (including post-traumatic stress)
- physical symptoms of a psychiatric illness
- anxiety
- depression
- psychoneurosis
- psychotic, personality, emotional or behavioural disorders, or
- disorders related to substance abuse and dependency, which includes alcohol, drug or chemical dependency.

Mental disorders do not include dementia (except where the dementia is related to substance abuse or dependency), Alzheimer's disease or head injuries.

Monthly benefit means the maximum monthly amount you are eligible to receive under this policy. The monthly benefit is equal to the lesser of:

- the *monthly sum insured*, reduced by any *offsets* and *ongoing income* applicable; or
- 70% of your *pre-disability income*, reduced by any *offsets* and *ongoing income* applicable.

Monthly income means if you are:

- self-employed or a working director, total remuneration package before tax and excluding superannuation guarantee calculated monthly, and your share of the gross monthly income generated by the business after allowing for the expenses incurred in deriving that income. This also includes *ongoing income* in any form that you or any related person or entity on your behalf, receive, derive or are entitled to receive from any nature or form of business which you are engaged in
- in all other circumstances, the total remuneration package before tax and excluding superannuation guarantee, and inclusive of regular bonuses, calculated monthly.

Monthly income does not include dividends, interest, rental income, proceeds from the sale of assets or royalties. For example, it would not include dividends from shares you hold in a publicly listed bank, nor does it include any superannuation payments as required to fulfill superannuation guarantee contribution requirements.

Monthly sum insured means the amount shown as the monthly sum insured on your *policy schedule* and if applicable, increased by the Inflation protection option or reduced by any Reducing income feature selected.

Offsets means payments received by you because of your *sickness* or *injury* such as:

- payments from any other disability income, sickness or injury insurance policies, including insurance provided by your employer or which forms part of your superannuation plan
- payments from compulsory insurance schemes such as Workers' Compensation or Accident Compensation for loss of income
- paid leave from your employer, including sick leave, annual leave or long service leave
- common law settlements.

If you receive any of these payments in a lump sum that can't be allocated to specific months, we will convert the payment to a monthly amount.

Offsets do not include any:

- payments received from other insurance policies to reimburse you for your business expenses
- total and permanent disability benefits, trauma benefits, terminal illness benefits or lump sum superannuation benefits
- payment of sums awarded by a court for pain and suffering.

On claim means the dates for which you are eligible to receive a benefit under the policy.

Ongoing income means any net profit (income less expenses), salary, payment or income in any form that you or any related person or entity on your behalf, receive, derive or are entitled to receive from any nature or form of business which you engaged in either before the claim or whilst *on claim*.

Ongoing income does not include dividends, interest, rental income, proceeds from the sale of assets or royalties. For example, it would not include dividends from shares you hold in a publicly listed bank, nor does it include any superannuation payments as required to fulfill superannuation guarantee contribution requirements.

Policy anniversary means the anniversary of the start date shown in your *policy schedule*.

Policy schedule means the document which will be provided to you by us, containing your details under this policy, the *monthly sum insured*, the *cover type*, the *waiting period*, the *benefit period* and other important details about your policy. Your policy schedule will be updated by us as a result of:

- any changes you make to your policy and agreed to by us; and
- any changes made by us in accordance with these policy terms.

Pre-disability income means the average of your *monthly income* for the 12 consecutive months immediately before your *disability*.

If the *monthly income* reduces by 25% or more in the 12 consecutive months prior to *disability* compared to the previous 12 consecutive months, other than as a result of *unemployment* or sabbatical leave, then pre-disability income is the greater of the average of *monthly income* in:

- the two years before your *disability*, or
- the financial year before your *disability*.

However, if you are on parental leave at the date of the *disability* or in the 12 months before *disability*, we will use the average of *monthly income* for the 12 consecutive months before the period of leave commenced.

Premium or premiums means the amount you must pay to get cover under this policy, including any increase in benefit, stamp duty and any other government charges, duties or taxes that may be levied from time to time.

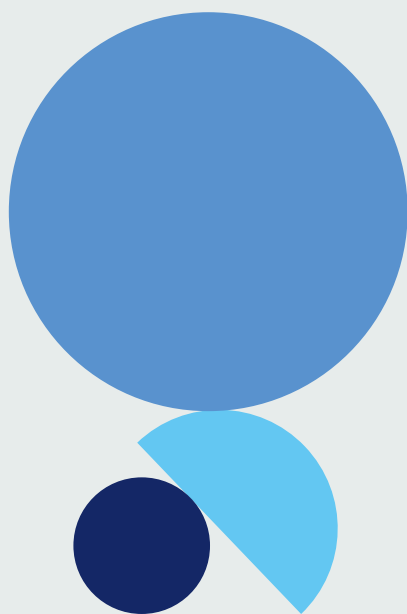
Sickness means an illness or disease, including a *mental health disorder*, and including any pre-existing sickness or disease that you told us about in the application that is not excluded under the policy.

Uncomplicated pregnancy means pregnancy, childbirth or termination which doesn't result in any serious medical complication. Included are participation in an IVF or similar program, normal discomforts such as morning sickness, backache, ankle swelling or bladder problems, giving birth, miscarriage, or a termination. Uncomplicated pregnancy also includes conditions which first appear during pregnancy and are recognised as pregnancy-related, temporary conditions. These include carpal tunnel syndrome, varicose veins and high blood pressure.

Waiting period means the period of time you must wait and be *disabled* before being eligible for a benefit. The waiting period begins when both of the following occur:

- you are *disabled*,
- you have consulted a *medical practitioner* about your *disability*.

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