

This Product Disclosure Statement is issued by:  
CUNA Mutual Life Australia Limited  
ABN 83 089 981 073 AFSL 245492  
CUMIS Insurance Society Inc.  
ABN 72 000 562 121 AFSL 245491  
(Incorporated in the United States.  
The members of the Society have no liability.)  
trading as CUNA Mutual General Insurance.

Level 10, The Landmark Building  
345 George Street  
Sydney NSW 2000  
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**Preparation Date: 1 March 2007**



# MemberCare<sup>®</sup> Continuing Credit Insure

Product Disclosure Statement  
incorporating the Policy Wording

Your personal finance protection –  
with Life and Living Benefits



**MEMBER**care<sup>®</sup>

 CUNA MUTUAL GROUP

## Welcome to the CUNA Mutual Group

CUMIS Insurance Society Inc ABN 72 000 562 121 Australian Financial Services Licence (AFSL) 245491 trading as CUNA Mutual General Insurance (incorporated in the United States. The members of the Society have no liability.) and CUNA Mutual Life Australia Limited ABN 83 089 981 073 AFSL 245492 are part of the CUNA Mutual Group, one of the leading financial services providers to community-based financial institutions such as Credit Unions, Building Societies, Co-operatives, and Community Banks and their members worldwide.

Established in 1935, the CUNA Mutual Group operates in over 10 countries. Starting its Australian operation in 1969, today it provides insurance and insurance-related products to over 90% of Australia's Credit Unions.

We are committed to providing Australian community-based financial institutions and their members with strong personal and financial protection through *our* MemberCare range of products and services as well as specialist insurance support.

### Confirmation Facility

You may obtain confirmation of any *policy* transaction by calling 1800 636 430 or email [insuranceservices@cunamutual.com.au](mailto:insuranceservices@cunamutual.com.au).

### Product Disclosure Statement (PDS)

This *PDS* which incorporates *your policy* wording contains information required under the Financial Services Reform Act 2001.

The information contained in this *PDS* is designed to help *you* understand the *policy* and to decide whether to purchase this insurance product. To assist with *your* decision we have divided this *PDS* into two sections:

- The first section highlights important information about this insurance *policy* including its significant features and benefits, the risks and some information about how the *premium* is calculated.
- The second section is the *policy* wording and sets out the standard terms, conditions and limitations of this insurance.

It is important that *you* read both of these sections carefully before *you* apply for this insurance, to make sure *you* understand the *cover* provided and the *policy*'s limitations.

This *PDS* must be read in conjunction with the *policy schedule* and *your application*. Together they form the basis of *your* insurance contract and both should be retained in a safe place.

Words throughout this *PDS* written in italics have special meanings. Please refer to pages 17-19 for these meanings.

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## Section 1

### Significant Policy Information

## Significant Policy Information

### Who is the Insurer of this Policy?

This *PDS* covers more than one insurance cover:

- Our *death cover* is a life risk consumer credit insurance benefit. For *death cover* the insurer of this *policy* is CUNA Mutual Life Australia Limited ABN 83 089 981 073 AFSL 245492.
- Our *disability* and *involuntary unemployment covers* are general risk consumer credit insurance benefits.

For *disability* and *involuntary unemployment cover* the insurer of this *policy* is CUMIS Insurance Society Inc. ABN 72 000 562 121 AFSL 245391 trading as CUNA Mutual General Insurance (incorporated in the United States. The members of the Society have no liability.).

Both insurers take full responsibility for the whole of this *PDS* but each is only liable under the *policy* for the covers they insure.

### How You can Contact Us

You may contact *us* by phone or by writing to *us* at:

CUNA Mutual Group  
Level 10, 345 George Street  
Sydney NSW 2000  
GPO Box 1276  
Sydney NSW 2001

*Policy* enquiries: 1800 636 430

*Claims* enquiries: 1800 226 122

### General Insurance Code of Practice

CUMIS Insurance Society Inc is committed to and supports the objectives and principles of the General Insurance Code of Practice. This Code is a self-regulatory code which was introduced to raise general insurance industry standards of practice and service in respect of *policy* documents, training and claims handling procedures and promote good relations between insurance companies, their agents and customers. More information on the Code is available by contacting *us* or visiting the website of the Insurance Council of Australia.

### How to Apply for this Insurance

Before *you* apply for this insurance it is important that *you* read, understand and accept *your* duty of disclosure and *our* privacy promise. *You* can apply for this insurance by completing *our* *application* process that is administered by *your* financial institution.

## MemberCare – Continuing Credit Insure

If we accept *your application*, you will receive a *policy schedule* that identifies the insured, the insurer, the *period of insurance*, the *premium* payable (incorporating the taxes and stamp duty), the *cover*, the limits of liability, and other important information.

### Eligibility for this insurance

To be eligible to apply for MemberCare Continuing Credit Insure you must, at the *commencement date* of this insurance:

- be less than 60 years of age
- be a *permanent resident of Australia* unless you are a member of the Australian Defence Force posted overseas or we agree in writing to insure you
- be working for remuneration in *permanent employment* for at least 15 hours per week, every week other than when you are on annual leave, and
- have no knowledge that *your* employment is to be terminated or there will be a decrease in work available to you.

### Your Duty of Disclosure

The Insurance Contracts Act 1984 imposes a duty of disclosure on you when you first enter into an insurance *policy* with us, and you renew, extend, reinstate or replace your *policy*.

#### 1. Your Duty of Disclosure when you first enter into this policy with us.

##### What you must tell us

When answering *our* questions, you must be honest. You have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the *policy*, and on what terms.

##### Who needs to tell us

It is important that you understand you are answering *our* questions in this way for you and anyone else that you want to be covered by the *policy*.

##### If you do not tell us

If you do not answer *our* questions in this way, we may reduce or refuse to pay a claim or cancel the *policy*. If you answer *our* questions fraudulently, we may refuse to pay a claim and treat the *policy* as never having worked.

## Significant Policy Information

### 2. **Your Duty of Disclosure when you renew, extend, vary, reinstate or replace this policy.**

Before you renew, extend, vary, reinstate or replace this *policy* with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty however does not require disclosure of a matter:

- (a) that diminishes the risk to be undertaken by us
- (b) that is of common knowledge
- (c) that we know or, in the ordinary course of our business, ought to know
- (d) where we waive your requirement to comply with your duty.

#### **If you do not tell us**

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the *policy* in respect of a claim or may cancel the *policy*. If your non-disclosure is fraudulent, we may also have the option of avoiding the *policy* from its beginning.

## Our Privacy Promise

We are committed to protecting your personal information.

### **What information do we collect?**

The *application* for this insurance only asks you for the information that is necessary for us to assess your request for this insurance. We may also obtain personal information about you from other forms or health statements completed in connection with this insurance, other insurers, an insurance reference service or as permitted or required by law.

### **If you don't give us the information**

If you do not give us all the information requested, we may not be able to process or accept your *application* for insurance.

### **How we use the information**

We use the information we collect about you to assess your *application* for insurance and the risk involved. If we issue you with a *policy*, we will also use the information to administer your *policy* and assess any claims. From time to time we may send you information on other insurance products.

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### Disclosure to third parties

We will only disclose information about *you* to a third party if we need to in order to process *your application*, administer *your policy* or investigate and assess any claims. The parties to whom we may disclose *your* personal information include (but are not limited to) reinsurers, health providers, loss assessors, investigators, legal advisors and external complaints and dispute resolution bodies.

We will also disclose information about *you* to a third party if required to by law.

### Access to information

*You* are entitled to access *your* personal information, except in some limited circumstances outlined in the Privacy Act 1988. *You* can request access to *your* personal information by writing to *us*.

### Privacy enquiries or complaints

We have internal procedures in place to ensure that any concerns *you* may have relating to the privacy of *your* information are resolved promptly, including access to *our* Internal Dispute Resolution Panel. If we are unable to resolve *your* complaint internally, *you* can direct *your* complaint to:

The Director of Compliance  
Office of the Privacy Commissioner  
GPO Box 5218, Sydney NSW 2001  
Tel: 1300 363 992

Please ask *us* if *you* have any queries on what personal information we collect or how it will be used. A copy of *our* Privacy *Policy* is available on request.

## Consumer Credit Insurance (CCI)

MemberCare Continuing Credit Insure is a CCI product and is an optional form of *loan* protection. It is designed to protect a borrower's *loan repayment* obligations in the event of their death, *disability* or *involuntary unemployment*. It is important for *you* to read the *policy* wording carefully to make sure *you* understand the *cover* provided and the *policy's* limitations.

MemberCare Continuing Credit Insure is not compulsory and it is not a condition of *your loan* that *you* have this insurance. If *you* do choose to take out consumer credit insurance, *you* may do so with another insurer.

## Significant Policy Information

### Significant Features and Benefits of this Insurance

The following information lists some of the significant features and benefits available under *our policy*. For full details of the features and benefits of this *cover you* need to take the time to read the *policy* wording.

#### Covers

There are three main covers:

- Death cover
- Disability cover
- Involuntary Unemployment cover

Cover applies 24 hours a day, 7 days per week.

#### Death Cover

In the event of death, we will pay to *your* financial institution the *sum insured* as stated on *your policy schedule* at the date of death (excluding any *repayments* two months or more in arrears), to a maximum of \$100,000.

#### Disability Cover

If *you* are unable to perform the duties of *your* usual occupation because *you* have suffered an *injury* or *illness*, we will pay the *repayment* to *your* financial institution for each month (to a maximum of 120 months during the *period of cover*) *you* are *disabled* provided that:

- the *disability* commences during the *period of insurance*, and
- the *disability* continues for at least 15 consecutive days from the date *you* first seek medical attention for the *injury* or *illness* which causes the *disability*, and
- satisfactory proof of *disability* has been given to *us* as required.

#### Involuntary Unemployment Cover

If *you* are unable to continue *your permanent employment* as a direct result of involuntary dismissal or retrenchment by an employer, we will pay the *repayment* as shown on *your policy schedule*, to *your* financial institution provided that:

- the period of *involuntary unemployment* continues for at least 15 consecutive days from the date *you* have registered as unemployed with Centrelink after becoming *involuntarily unemployed*, and

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- the monthly benefit is the lesser of \$1,500 and 5% of the *outstanding balance* of your loan at the date you became *involuntarily unemployed*.

The benefit will be for a maximum period of 3 months, in any consecutive 12-month period during the *period of cover*.

The most we will pay in total for all *involuntary unemployment* claims during the *period of cover* is \$5,000.

No cover applies if you experience *involuntary unemployment* within 28 days of taking out this insurance or have not been in *permanent employment* for the 60 days immediately prior to the commencement of any period of *involuntary unemployment*. No cover applies for *involuntary unemployment* if you are self-employed or employed by a company or business over which you or a member of your family can exercise control.

### Policy Limits

Covers under the MemberCare Continuing Credit Insure *policy* have limits. We will only pay one claim at a time, regardless of whether you have more than one *illness* or *injury*. Also, we will not pay a claim for *disability* and *involuntary unemployment* at the same time. The maximum amounts we will pay for the cover you have chosen, irrespective of the amounts shown on the *policy schedule*, are as shown in the following table.

#### Death

- The benefit payable is the *sum insured* on the *policy schedule* (to a maximum of \$100,000).

#### Disability

- The maximum period of benefit payment is 120 months during the *period of cover*.
- The monthly benefit is the lesser of \$1,500 and 5% of the *outstanding balance* of your loan, at the date of your *disablement*.

#### Involuntary Unemployment

- The monthly benefit is the lesser of \$1,500 and 5% of the *outstanding balance* of your loan.
- The maximum period of benefit payment for any one claim is 3 months during the *period of cover*.
- The maximum benefit payable is \$5,000 for all *involuntary unemployment* claims combined.

## Significant Policy Information

### Significant Risks of this Insurance

The following information lists some of the significant risks arising under *your policy*. It is important that *you* take the time to carefully read the *policy* wording in full before applying for this insurance. If *you* breach or do not comply with the terms of this *policy*, subject to the Insurance Contracts Act 1984, we may refuse to pay *your* claim or reduce any payment.

#### Waiting Periods

A waiting period is a period of time for which no benefit is payable. *You* may be subject to one or more waiting periods under this *policy*. A full description of all the waiting periods that may apply can be found in the *policy* wording.

#### Disclosure

*You* have disclosure obligations under this *policy*, which are set out on pages 7-8 of this *PDS*. Failure to comply with these obligations can have serious consequences in terms of *your* insurance cover or in the event of a claim being made by *you*.

### General Exclusions of this Insurance

The insurance we offer to *you* under this *policy* provides cover for certain events. There will be situations where this *policy* provides no cover at all. Those situations are set out in the *policy* wording under "What we won't pay for". For full particulars of all these exclusions, *you* must take the time to read the *policy* wording in detail.

The following lists some of the events that are not covered under *your policy*:

- any claim if your death is the result of a suicide within 13 months of the *commencement date* of the *Period Of Cover*
- the first 14 days of any *disability* period
- any claim for death or *disability* arising out of a *pre-existing condition*
- any period of *involuntary unemployment* which occurs within 28 days of the *commencement date* of this *policy*
- the first 14 days of any *involuntary unemployment* period
- any claim if *you* have not been in *permanent employment* for 60 consecutive working days immediately prior to experiencing *involuntary unemployment*

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- any claim for *involuntary unemployment* if you are self-employed.

For a comprehensive list and further details on these, see pages 20-25, under the heading “What we won’t pay for”.

### How We Price this Insurance Product

Your *premium* is calculated based on the amount of the credit limit on your *loan*.

The *premium* we charge is subject to Commonwealth and State taxes and/or charges. These include Stamp Duty and the Goods and Services Tax (GST).

#### Premium payment

The *premium* for this insurance is to be paid by *instalment premiums*. These *instalment premiums* can be paid by credit card or direct debit from an approved savings or cheque account.

### Taxation Information about this Insurance

The *premium* shown in your *policy schedule* is inclusive of Stamp Duty and GST.

If you are claiming input tax credits in relation to the GST on the *premium*, contact us for a tax invoice. The GST component may not be 1/11th of the *premium* due to stamp duty or other government charges.

Any payments made by us for claims may have an impact on your income for the purpose of the Income Tax Assessment Act. You should obtain independent advice to see how this may affect you.

### Our Service Commitment – Dispute Procedures

We are committed to service excellence. An integral part of our service excellence is the provision of an efficient, free and fair internal dispute resolution procedure.

If you have a complaint in connection with this *policy*, relating to a claim, our service or that of agents or any one else acting on our behalf, please contact us directly and we will do our utmost to resolve the problem.

Our contact details are shown on page 6. We will respond to your complaint within 15 business days provided we have all necessary information and have completed any investigation required.

## Significant Policy Information

If further information, assessment or investigation is required, we will agree reasonable alternative time frames with *you*. For life insurance, all complaints must be resolved within 45 days or up to a maximum of 90 days if *you* agree.

If we can't agree on alternative time frames or if we provide *you* with a response to the complaint and *you* tell us that *you* want it reviewed, we will treat *your* complaint as a dispute.

*Our* Internal Dispute Resolution Committee will consider and respond to any dispute within 15 business days provided we receive all necessary information and have completed any investigation required. If further information, assessment or investigation is required, we will agree reasonable time frames with *you*.

If we cannot agree on alternative time frames or if *you* are provided with *our* decision and are unhappy with it, we will provide *you* with information on how to access the independent External Dispute Resolution scheme (EDR) we belong to, and where required, the relevant time frame in which any dispute must be registered with the scheme.

The EDR schemes we belong to are free of charge and binding on us but will only review disputes that have been through the above internal dispute resolution process and are within the scheme terms.

If a dispute exists in relation to a claim after we have had the opportunity to resolve the matter internally, then *you* may contact:

Financial Ombudsman Service  
GPO Box 3  
Melbourne, VIC 3001  
Tel: 1300 780 808 (local call fee applies)

The Financial Ombudsman Service consists of a group of specialist advisers that are independent from insurance companies whose purpose is to assist in the resolution of such disputes and is at no cost to *you*.

*You* can obtain further information on the Financial Ombudsman Service at [www.fos.org.au](http://www.fos.org.au).

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### Your Cooling-off Period

If *you* are not completely satisfied with this insurance product, *you* may cancel *your policy* within 30 days from the *commencement date* and receive a full *premium* refund. To take advantage of this offer *we* must receive a request from *you* within 30 days of the *commencement date*. This offer does not apply if *you* have made, or are entitled to make, a claim within this period.

### Making a Claim

Full details of what to do in the event of making a claim can be found on page 27 in the *policy* wording. *Our* contact details are on page 6. It is important that *you* understand and follow *our* instructions on what to do in the event of making a claim.

Failure to comply with these obligations can have serious consequences in the event of a claim being made by *you*, including *us* reducing the amount *we* pay *you* by an amount to take account of the prejudice *we* suffer by *you* not following *our* instructions.

### Commission

In arranging this insurance *your* financial institution is acting as an agent of CUNA Mutual Life Australia Limited and CUMIS Insurance Society Inc not *you*. The commission paid to *your* financial institution is 20% of the *premium* excluding GST and Stamp Duty.

## **Section 2**

### The Policy Wording

## MemberCare – Continuing Credit Insure

### Our Agreement with You

If we accept *your application*, we agree to provide *you* with the *cover* as set out in the *policy schedule* and the *policy* wording. In return *you* agree to pay *us your premium* which includes any relevant government duties/charges.

### Words that have Special Meanings

Some of the words that appear throughout the *PDS* have special meanings, which are outlined below. Whenever these words appear they will be highlighted in italics.

**Application** means any verbal and/or written information provided by *you* as a proposal or application for this insurance including any personal statements, submitted by *you* or by another person on *your* behalf.

**Commencement date** means the later of the date that credit is available under the *loan contract* and the start date shown under *period of insurance* on *your* schedule.

**Cover** means the protection provided by this *policy*.

**Disablement, disabled** or **disability** means *your* inability due to *illness* or *injury* (as certified by a *medical practitioner*) to perform duties of *your* usual occupation. Where disablement caused by *illness* or *injury* extends beyond 12 months (as certified by a *medical practitioner*), then disablement means *your* inability to perform the duties of any occupation for which *you* are reasonably qualified by education, training or experience and so certified by a *medical practitioner*.

**Illness** means any illness, sickness or disease.

**Injury** means bodily injury caused solely by violent, accidental, external and visible means.

**Instalment premium(s)** is that proportion of the *premium* *you* are required to pay to *us* each month in order to keep the *policy* in force and shown on the *policy schedule*.

**Involuntary unemployment** or **involuntarily unemployed** means *you* are unable to continue *your permanent employment* as a direct result of involuntary dismissal or retrenchment by an employer and *you* are registered as unemployed with Centrelink or the Department of Social Security and *you* are actively seeking work.

**Loan, loan account** or **loan contract** means the credit card or overdraft agreement between *you* and *your* financial institution.

## The Policy Wording

**Medical practitioner** means a legally qualified and independent medical practitioner, physician or surgeon (other than *you* or a member of *your* family or *your* business partner) who is registered and practising medicine in Australia.

**Outstanding balance** means the amount outstanding under *your loan contract* and for which *you* are indebted to *your* financial institution at the relevant date excluding any minimum fortnightly or monthly payments which are two months or more in arrears as well as any fees or charges, subject to *you* being eligible at the time of each advance.

**Period of cover** means the period that starts from the *commencement date* of the first MemberCare Continuing Credit Insure *policy* issued to *you* by *us* in connection with the *loan contract* and continues for as long as *you*, without any gap, continuously renew that *policy* with *us* until *your* most current renewed *policy* with *us* ends (other than because *you* did not renew).

**Period of insurance** means the time period shown on the *application* and *policy schedule*, unless ending earlier in accordance with Section 2D General Conditions, Automatic Cessation of *cover*.

**Permanent employment** means working on a regular basis for remuneration or profits for not less than 15 hours per week for a 6-month period prior to the commencement of the *policy*. Such work cannot be of a seasonal nature.

**Permanent resident of Australia** means a person not living outside Australia for more than 12 months at a time unless *you* are a member of the Australian Defence Force posted overseas.

**Policy** means this contract of insurance and includes the *application*, this *PDS* and the *policy schedule*. Under this contract *you* enter into contracts with each insurer for the relevant *covers* provided by them.

**Policy schedule** means *your* most recent schedule and includes any endorsement, memorandum or letter concerning the *cover* attached to or intended to be attached to the schedule. *We* give *you your* policy schedule when *you* buy a *policy* from *us*.

**Pre-existing condition** means any *injury* or *illness* (whether diagnosed or treated by a *medical practitioner* or not) of which *you* were aware, or a reasonable person in *your* circumstances could be expected to have been aware, existed at the time *you* applied for this insurance.

## MemberCare – Continuing Credit Insure

**Premium** means the amount paid for the *covers you* have selected.

**Product Disclosure Statement (PDS)** means this document which incorporates *your policy* wording, and is designed to help *you* understand the *policy* and to decide whether to purchase this insurance product.

**Repayment** means an amount equal to 5% of the *outstanding balance* as at the date of *your disablement* or *involuntary unemployment* (subject to a maximum of \$1,500).

**Sum insured** means the credit limit on *your loan contract* as stated in *your policy schedule*, to a maximum of \$100,000.

**We, our, us** means CUMIS Insurance Society Inc, ABN 72 000 562 121, AFSL 245491 (Incorporated in the United States. The members of the Society have no liability.) trading as CUNA Mutual General Insurance in respect of the *disability* and unemployment cover and CUNA Mutual Life Australia Limited ABN 83 089 981 073 AFSL 245492 in respect of the death cover.

**You, your** means the insured(s) named in *your policy schedule*.

## The Policy Wording

### Section 2A – Death Cover

#### What we will pay for

If you die during the *period of insurance*, we will pay your financial institution the *sum insured*.

If the *loan contract* is in joint names, only one death claim will be paid irrespective of whether the other party to the *loan contract* has a separate MemberCare Continuing Credit Insure *policy* covering the *loan*.

#### Continuity of Cover

If you increase the amount of *cover* under this *policy*, we will accept a claim for *illness* or *injury* first manifested before the date of increase, but only for the *cover(s)* and up to the limits provided prior to date of any increase.

### What we won't pay for

We will not pay for any claim for death cover, if *your* death:

1. is a result of suicide within 13 months of the *commencement date* of the *period of cover*
2. is caused or contributed to by any *pre-existing condition*
3. is caused or contributed to by alcohol, drugs or narcotics (except where administered by or taken in accordance with the advice of a *medical practitioner*).

## The Policy Wording

### Section 2B – Disability (Illness and Injury) Cover

#### What we will pay for

If you become *disabled* during the *period of insurance* and you are *disabled* for at least 15 consecutive days, we will pay the *repayment* to your financial institution for a maximum of 120 months during the *period of cover* whilst you remain *disabled*.

If the *loan contract* is in joint names, only one *disability* claim will be paid irrespective of whether the other party to the *loan contract* has a separate MemberCare Continuing Credit Insure *policy* covering the *loan*.

#### Continuity of Cover

If you increase the amount of *cover* under this *policy*, we will accept a claim for *illness* or *injury* first manifested before the date of increase, but only for the *cover(s)* and up to the limits provided prior to date of any increase.

#### Recurrent disability

If you return to *permanent employment* for less than 6 months following a period of *disablement*, any further claim for *disablement* will be considered as a continuation of the prior period(s) of *disablement*.

### What we won't pay for

No benefit is payable for *disability cover*:

1. for the first 14 consecutive days of any *disability*
2. for claims arising out of a depression, stress and/or an anxiety condition unless the depression, stress and/or anxiety condition is certified, by an independent *medical practitioner* nominated by us, as being unrelated to any other *illness* or *injury*, nor is any benefit payable for a period of, or periods totalling, more than 12 months for any such claims
3. for any period where *your* inability to return to work is due to *your* failure to actively seek and undergo medical attention and/or rehabilitation in respect of the *disability*
4. if *you* fail to attend a medical examination with an independent *medical practitioner* requested by us. This examination will be at *our* expense
5. if *you* return to employment in any occupation for reward or profit
6. if *your disability* is a result of:
  - (a) any *pre-existing condition*
  - (b) a deliberately self-inflicted *injury* or condition whilst sane or insane
  - (c) any *illness* or *injury* which is caused by or exacerbated by alcohol, drugs or narcotics (except where *your disability* is as a result of a drug administered by, or taken in accordance with the advice of, a legally qualified *medical practitioner*)
  - (d) *you* not obtaining and/or following medical advice provided by a qualified *medical practitioner* or rehabilitation specialist
  - (e) *your* decision to cease work that is not supported by an independent medical assessment of *your disability*. (The mere fact that *you* are medically discharged from *your* usual occupation does not qualify as such an assessment).
  - (f) childbirth, pregnancy or abortion or any conditions contributed to by them.

## The Policy Wording

### Section 2C – *Involuntary Unemployment Cover*

#### What we will pay for

1. If *you* experience *involuntary unemployment* during the *period of insurance* we will pay to *your* financial institution *your repayment* on the 15th day after *you* register as unemployed with Centrelink
2. We will only pay up to 3 months *involuntary unemployment* benefit during any consecutive 12 months
3. The maximum amount we will pay for all *involuntary unemployment* claims made during the *period of cover* is \$5,000.

If the *loan contract* is in joint names, only one *Involuntary Unemployment* claim will be paid irrespective of whether the other party to the *loan contract* has a separate MemberCare Continuing Credit Insure *policy* covering the *loan*.

### What we won't pay for

1. for any period of *involuntary unemployment* which occurs within 28 days of the *commencement date* of this insurance
2. for the first 14 days of any *involuntary unemployment* period
3. if *you* have not been in *permanent employment* for 60 consecutive days immediately prior to experiencing *involuntary unemployment*
4. if *you* were unemployed or *you* were aware that *you* would become unemployed at the time of applying for this insurance
5. if *you* are employed on a fixed-term contract and it expires
6. if *you* are an apprentice and *your* period of apprenticeship ends
7. if *you* are self-employed or employed by a company or business over which *you* or a member of *your* family can exercise control
8. if *you* are a seasonal worker
9. if *you* are dismissed for any form of wilful or other misconduct which resulted in *your* immediate dismissal
10. if *you* return to employment in any occupation for reward or profit.

## The Policy Wording

### Section 2D – General Conditions

#### **If you want to cancel the policy**

You can cancel this *policy* at any time by giving *us* notice. We will refund to *you* the unexpired portion of the *instalment premium* paid covering the month of cancellation less any administration cost.

#### **If we want to cancel the policy**

We may cancel this *policy* at any time, for any reason allowed under the law.

#### **Paying by instalments**

Payment under this *policy* is by instalments.

1. if an *instalment premium* remains unpaid for a period of 14 days or longer, any claim arising from an event occurring after the due date of the *instalment premium* may be refused to the extent permitted by law
2. if an *instalment premium* remains unpaid for a period of one month or longer, we will automatically cancel this *policy* without written notice to *you*.

#### **Automatic Cessation of cover**

Your *cover* will automatically cease to be in force and all benefit payments being made to *you* by *us* in respect of *disability* and *involuntary unemployment* will stop as soon as any one of the following occurs:

1. the first renewal after *your* 65th birthday
2. *you* die
3. *you* cease to be a *permanent resident of Australia*
4. the *period of insurance* and *period of cover* both expire
5. the *policy* is cancelled by *you* or *us*
6. *your loan contract* is repaid, is discharged or terminated for any other reason.

### Section 2E – What To Do in the Event of a Claim

For all claims, *you* or *your* estate's legal representative must advise *us* in writing as soon as possible after the claim event and complete a Claim Form supplied by *us*. In addition the following must be provided:

#### **When making a Death claim:**

*Your* estate's legal representative must provide proof of *your* identity, cause of death and existence of the *loan contract* in a form satisfactory to *us*.

#### **When making a Disability claim:**

1. *you* must, at *your* own expense support *your* claim with completion of a monthly progress report and any other medical information *we* may request
2. *we* may request a medical examination by a *medical practitioner* of *our* choice and *you* must comply with any such request. *We* will pay for any examination that *we* request be undertaken
3. *we* may require *you* to attend rehabilitation during the claim period (at *our* expense) with the view of *you* returning to the work force. A refusal to attend rehabilitation may result in *your* claim being rejected.

#### **When making an Involuntary Unemployment claim:**

1. *you* must, at *your* cost, obtain and supply *us* with any relevant documents *we* request, including advice of *your* employment being terminated by *your* employer and a Certificate of Unemployment from Centrelink or Department of Social Security or the relevant body
2. *you* must, at *your* cost, obtain and provide ongoing proof of *involuntary unemployment*.

**End of Policy Wording**