

Protection Plans Enhancements Guide.

Effective 1 October 2015

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200 years proudly supporting Australia

Your insurance policy now covers you for more – we've made enhancements to your Westpac Protection Plans policy

At Westpac, we're committed to continually reviewing and enhancing our life insurance benefits, ensuring the protection available to you is both comprehensive and includes up to date terms and conditions. We've enhanced some of the insurance benefits of your Westpac Protection Plans policy to assist you and your loved ones, if you need to make a claim.

These updates are part of your contract with us. Essentially, this means that in the event you need to make a claim, you are covered for more features and benefits at no extra charge¹.

This Policy Enhancements Guide (Guide) sets out the terms and conditions of the most recent enhancements, which we made to Westpac Protection Plans on 1 October 2015.

Please refer to your Westpac Protection Plans Product Disclosure Statement and Policy Document (PDS), as well as your *Policy Schedule, Membership Certificate or Renewal Summary* for full details of the benefits and features provided under your policy.

If you have any questions, or would like to discuss your cover, please contact your financial adviser, or our Customer Relations Team on 13 18 17, Monday to Friday, 8.00am to 6.30pm (Sydney time), who will be able to help.

¹ Please note that yearly adjustments (which may be based on CPI increases and the age of the Insured Person) to your premium amount will continue under your policy.

What's changed?

The following pages contain the detailed terms and conditions of the most recent enhancements that were made to Westpac Protection Plans on 1 October 2015.

If you ever need to submit a claim on your Westpac Protection Plans policy, we'll assess your *sickness* or *injury* against the most favourable terms available, from the day your policy commenced to the date of the *sickness* or *injury*.

Please note that your claim will not be assessed under the new terms and conditions outlined in this Guide if the *sickness* first became apparent, or the *injury* was sustained, before these changes were introduced on 1 October 2015.

Understanding this Guide and the fine print...

When you read this Guide, this is what we mean:

'We', 'us' and 'our' means the *Insurer*.

'Policy Owner' means the person (or entity) to whom the benefit is paid. For policies held inside *superannuation*, the Policy Owner is the trustee of the *superannuation fund*. The name of the Policy Owner is set out in the *Policy Schedule* or *Membership Certificate*.

'Insured Person' means the person whose life is insured, or the life to be insured. The name of each Insured Person is set out in the *Policy Schedule* or *Membership Certificate*.

'You' and 'your' means the Insured Person for all Policies paid through a *Super Fund*, and for all other Policies means the Policy Owner.

You will notice that some words are in *italics*. These words have a particular meaning that can be found in your PDS. If you would like another copy of your PDS, please call us on 13 18 17.

The following colour coded icons will help you understand which terms and conditions apply to you.

For details of your policies, please refer to the letter accompanying this booklet.

You can also use your *Policy Schedule, Membership Certificate or Renewal Summary* to check the types of cover.

TL	Term Life
TLS	Term Life as Super
LI <small>Stand alone</small>	Standalone Living Insurance
+LI	Living Benefit (as an additional benefit to a Term Life or Term Life as Superannuation Policy)
IP <small>Own</small>	Income Protection with the <i>own occupation IP</i> definition
IPP <small>Own</small>	Income Protection Plus with the <i>own occupation IP</i> definition
IPS <small>Own</small>	Income Protection as Superannuation with the <i>own occupation IP</i> definition
BOH	Business Overheads
KPI	Key Person Income

Term Life enhancements

Introduction of Advanced Terminal Illness Payment

TL

TLS

Your Term Life policy now provides you with earlier access to life insurance benefits when financial support is most critical for you and your family.

The Advanced Terminal Illness Payment was developed in response to a legislative change for superannuation products, where the life expectancy provision was extended from 12 to 24 months. It is available on both superannuation and non-superannuation policies.

This benefit can provide much needed assistance with immediate costs such as:

- personal and palliative care
- specialist medication and treatments
- transport to medical facilities and accommodation and
- daily living expenses for family members who have ceased working in order to provide full time care.

The early payment can also enable you to settle your financial affairs so you can focus on spending quality time with your family and loved ones.

You may now receive your Term Life insurance benefits if you satisfy the 24 months 'Advanced Terminal Illness' definition, which is as follows:

Advanced terminal illness means:

If the Policy is held inside *superannuation*:

- two registered medical practitioners have certified, jointly or separately, that:
 - the Insured Person has a *sickness* or *injury* that will cause the death of the Insured Person;
 - the death is highly likely to occur within a period that ends no more than 24 months from the date of certification; and
 - the death will occur even if the Insured Person were to receive reasonable medical treatment;
- at least one of the registered medical practitioners is the treating registered specialist medical practitioner;
- for each of the certificates, the 24 month period (from the date of certification) has not ended;
- the treating registered specialist medical practitioner provides a medical report as evidence; and
- the certification is confirmed by a registered medical practitioner of our choice.

If the Policy is held outside *superannuation*:

- the treating registered specialist medical practitioner has determined that:
 - the Insured Person has a *sickness* or *injury* that will cause the death of the Insured Person; and
 - the death is highly likely to occur within a period that ends no more than 24 months after the date of the determination even if the Insured Person were to receive reasonable medical treatment;
- the treating registered specialist medical practitioner provides a medical report as evidence; and
- the determination is confirmed by a registered medical practitioner of our choice.

Medical definition enhancements

Cancer (malignant tumours)



For the Living Benefit and Living Benefit Plus, the definition of cancer (malignant tumours) has been updated as follows:

Cancer (malignant tumours)

A malignant tumour pathologically confirmed and characterised by the uncontrolled spread of malignant cells and the invasion of normal tissue. Also included are Hodgkin's disease, lymphoma, colorectal cancer (from Dukes stage A) and leukaemia. The following are specifically excluded:

a. all skin cancers except:

- metastatic squamous cell carcinomas; and
- melanomas of 1.0 millimetre or more Breslow thickness, or

Clark Level 3 or more depth of invasion, or with evidence of ulceration;

b. all tumours which are histologically described as microcarcinoma, pre-malignant or showing the malignant changes of 'carcinoma in situ', including cervical dysplasia rated as CIN 1, 2 or 3.

'Carcinoma in situ' of the breast is not excluded if it results directly in:

- the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment; or
- breast conserving surgery and adjuvant therapy (such as radiotherapy and/ or chemotherapy). The surgery and treatment must be undertaken specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment as confirmed by an appropriate specialist *doctor* acceptable to us. Chemotherapy means the use of drugs as prescribed by an appropriate specialist *doctor* specifically designed to kill or destroy cancer cells;

c. chronic lymphocytic leukaemia (less than RAI stage 1); and

d. prostatic tumours which are histologically described as TNM classification T1 (including T1a, T1b and T1c) with a Gleason score of 5 or less, or are of another equivalent or lesser classification.

Carcinoma in situ of female organs



Stand alone

For the Living Benefit and Living Benefit Plus, the definition of carcinoma in situ of female organs has been updated as follows:

Carcinoma in situ of female organs

The Insured Person is confirmed by biopsy to have localised cancer characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues.

'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

Carcinoma in situ of the following sites is covered:

- a. Cervix-uteri (the tumour must be classified as Tis according to the TNM staging method or CIN 3)
- b. Corpus-uteri (the tumour must be classified as Tis according to the TNM staging method)
- c. Fallopian tube (the tumour must be limited to the tubal mucosa and classified as Tis according to the TNM staging method)
- d. Ovary (the tumour must be classified as Tis according to the TNM staging method)
- e. Vagina (the tumour must be classified as Tis according to the TNM staging method)
- f. Vulva (the tumour must be classified as Tis according to the TNM staging method)
- g. Breast (the tumour must be classified as Tis according to the TNM staging method)

Prostate cancer - advancement



For the Living Benefit and Living Benefit Plus, the definition of Prostate cancer - advancement has been updated as follows:

Prostate cancer - advancement

A tumour located within the prostate gland and histologically described as TNM classification T1 (including T1a, T1b and T1c) with a Gleason score of 5 or less.

Prostate cancer - major treatment



For the Living Benefit Plus **only**, the definition of Prostate cancer - major treatment has been updated as follows:

Prostate cancer - major treatment

Low level prostatic tumours:

- which are histologically described as TNM classification T1 (including T1a, T1b and T1c) or lesser classification;
- with a Gleason score of 5 or less; and
- where appropriate and necessary major treatment (includes radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment) has been performed specifically to arrest the spread of malignancy.

Income Protection enhancements

Benefits for Medical Professionals – Total Disability and Partial Disability definitions



The terms under which insured medical professionals may claim Total Disability or Partial Disability Benefits have been improved, taking into account potential loss of income and livelihood when infected with HIV, hepatitis B or hepatitis C during the course of their usual occupation. In addition, insured medical professionals may qualify for a Total Disability benefit while making a partial return to work.

Total Disability – 1.5 Medical Professionals

The terms of this section 1.5 apply if the Insured Person is a medical professional who performs exposure prone procedures as the main and important part of their *usual occupation*.

If the Insured Person is diagnosed with Human Immunodeficiency Virus or hepatitis B or hepatitis C and, as a consequence of the diagnosis, they:

- are restricted as a regulatory requirement from performing exposure prone procedures; or
- experience a reduction in income due to loss of patients, we will regard them as having satisfied the occupational duties component of the *total disability* definition due to *sickness* as follows. If the Insured Person is:
 - not working, we will regard them as being unable to perform one or more of the *important income producing duties* of their *usual occupation*;
 - not working for more than 10 hours per week in their *usual occupation* and not working in another occupation, we will regard them as being unable to perform the *important income producing duties* of their *usual occupation* for more than 10 hours per week.

The other requirements of the *total disability* definition set out in chapter 9 must be satisfied for the Insured Person to be deemed *totally disabled*.

The terms of this section 1.5 will not apply in the event that:

- any cure is found for AIDS or the effects of HIV, hepatitis B or hepatitis C (as applicable); or
- if the Insured Person had elected not to undertake medical treatment or vaccination that was available to the Insured Person and which results in the prevention of infection with HIV, or the occurrence of AIDS, hepatitis B, or hepatitis C, prior to the event giving rise to the claim.

Partial Disability – 2.4 Medical Professionals

The terms of this section 2.4 apply if the Insured Person is a medical professional who performs exposure prone procedures as the main and important part of their *usual occupation*.

If the Insured Person is diagnosed with Human Immunodeficiency Virus or hepatitis B or hepatitis C and, as a consequence of the diagnosis, they:

- are restricted as a regulatory requirement from performing exposure prone procedures; or
- experience a reduction in income due to loss of patients, we will regard them as being unable to perform all of the *important income producing duties* of their *usual occupation* because of *sickness*.

The other requirements of the *partial disability* definition set out in chapter 9 must be satisfied for the Insured Person to be deemed *partially disabled*.

The terms of this section 2.4 will not apply in the event that:

- any cure is found for AIDS or the effects of HIV, hepatitis B or hepatitis C (as applicable); or
- if the Insured Person had elected not to undertake medical treatment or vaccination that was available to the Insured Person and which results in the prevention of infection with HIV, or the occurrence of AIDS, hepatitis B, or hepatitis C, prior to the event giving rise to the claim.

Additional information

Will these enhancements impact my premiums?

The enhancements set out in this Guide are part of the 'guaranteed upgrades' feature of your policy. They are now included in your policy at no additional cost to you and they will not impact your premiums.

Your premiums may be adjusted each year as result of an increase to your cover (to protect it against the effects of inflation) and the age of the Insured Person. We will send you a *Renewal Summary* prior to your next policy anniversary with details of the premium amount owing for the following year.

Do the enhancements change what I am protected against?

You are still covered under the terms in the PDS that was issued to you when you took out your Policy. Some of the benefits have been enhanced, which means that you now have more comprehensive cover.

Importantly, if you ever need to claim we will always give you the best definition available under your Policy.

Flexible cover to suit all of life's stages

Having the right cover in place to help protect you and the people you love is important. Your Westpac Protection Plans policy has been designed to be flexible to suit your changing life stages and circumstances, allowing you to increase or decrease the cover to suit your needs. That's why we recommend you review your insurance regularly to make sure that it is keeping up with the changes in your life.

To find out more, please speak with your financial adviser, or our Customer Relations Team on 13 18 17, Monday to Friday, 8.00am to 6.30pm (Sydney time), who will be able to help.

Award winning life insurance solutions

You can be confident that your life insurance cover is with an award winning insurer.

We are very proud to be the only Life Insurance company in Australia with the C-Map A* rating for Claims.



A* Rating: Claims Customer Experience 2011-2018



World Finance Global Insurance Awards

Winner 2015: Best Life Insurance Company, Australia

Winner 2016: Best Life Insurance Company, Australia



Australia AB+F Insurance Awards

Winner 2014: Life Insurance Product of the Year – Protection Plans

Winner 2015: Life Insurance Product of the Year – Protection Plans



AFA/Plan For Life Awards 2016

Winner: Platinum Award – 2015 Life Company of the Year

Claims Team of the Year Team Award

Income Protection Insurance Award: Income Protection Plus



AFR Smart Investor Blue Ribbon Awards

Winner: Best Trauma Product – Protection Plans Living Insurance Plus



AFA/Beddoes Consumer Choice Awards

Winner 2015:

Best claims assessment process

Best claims management staff

Best ongoing claims management

Most satisfied claimants

For further information

Visit your local branch

Call 13 18 17

Online westpac.com.au

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200 years proudly supporting Australia

This information is current at 19 August 2016 but is subject to change.

The Insurer of Westpac Protection Plans is Westpac Life Insurance Services Limited ABN 31 003 149 157, AFSL Number 233728 ('the Insurer'). Westpac Protection Plans is issued by the Insurer except for Term Life as Superannuation and Income Protection as (part of the Westpac MasterTrust ABN 81 236 903 448, SFN 281 412 940, SPIN WFS0341AU, RSE Registration R1003970 (Westpac MasterTrust)), which are issued by Westpac Securities Administration Limited ABN 77 000 049 472, AFSL Number 233731, RSE Licence Number L0001083 ('WSAL'). WSAL is the trustee of the Westpac MasterTrust ABN 81 236 903 448. The Insurer and WSAL are wholly owned subsidiaries of Westpac Banking Corporation ABN 33 007 457 141 AFSL Number 233714, ('the Bank'). None of the BT Protection Plans, an interest in the Westpac MasterTrust or another Super Fund, nor an investment in Wrap, are an investment in, deposit with or other liability of the Bank. Neither the Bank, nor any member of the Westpac Group (other than the Insurer) guarantees the benefits payable in relation to Westpac Protection Plans.

This information has been prepared without taking into consideration your personal needs and financial circumstances. You should consider the appropriateness of this information with regard to your objectives, financial situation and needs. Before making a decision in relation to BT Protection Plans, you should review your Westpac Protection Plans Product Disclosure Statement ('PDS') and consider whether the product is right for you. The PDS explains conditions, terms, limits and exclusions. If you need another copy of your PDS, call us on 13 18 17.

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