

Westpac Protection Plans Enhancements Guide.

Effective 25 February 2017.

200



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 features, ensuring the protection available to you is both comprehensive and includes up-to-date terms and conditions. We've enhanced your Westpac Protection Plans policy to better 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 25 February 2017.

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 (AEDT), 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 25 February 2017.

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 enhancements 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 25 February 2017.

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) shown as the Policy Owner in the *Policy Schedule* or *Membership Certificate*. For Policies held inside *superannuation*, the Policy Owner is the trustee of the superannuation fund.

'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* under the heading, Insured Person.

'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.

Not all enhancements specified in the following may apply to you or your policy.

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 Standalone	Standalone Living Insurance
+LI	Living Benefit (as an additional benefit to a Term Life or Term Life as Superannuation Policy)
IPP Own	Income Protection Plus with the <i>own occupation IP</i> definition
IPP Home	Income Protection Plus with the <i>home duties IP</i> definition
CB	Children's Benefit
NB	Needlestick Benefit

Term Life enhancements.

Further enhancing our Terminal Illness Payment.

TL

TLS

In October 2015, we were the first retail life insurer to offer terminal illness payments to policyholders, should they be diagnosed with a terminal illness with 24 months or less to live (under the Advanced Terminal Illness Benefit).

In order to provide greater certainty for you and your family if you are diagnosed with a terminal illness, we now offer an improved Terminal Illness Benefit for a diagnosis of death of within no more than 24 months. Our Terminal Illness Benefit allows a payment to be made if death is likely to occur in no more than 24 months, even if you were to receive reasonable medical treatment.

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 updated 'Terminal Illness' definition, which is as follows:

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 is likely to result in their death within a period (the certification period) that ends no more than 24 months after the date of the certification; and
 - the death is likely to occur within the certification period 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; and
- for each of the certificates, the certification period has not ended.

This must be evidenced by a medical report from the treating registered specialist medical practitioner and, where required by us, 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 is likely to result in the death of the Insured Person; and
 - the death is 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.

This must be evidenced by a medical report from the treating registered specialist medical practitioner and, where required by us, confirmed by a registered medical practitioner of our choice.

New Medical Improvements statement.



We regularly review medical definitions to ensure they are up-to-date with medical advancements. To provide you with the certainty that your insurance policy terms will always remain relevant and in line with advancements in medical practice, the following statement has been added to the Medical Glossary:

If the method for diagnosing one of the events in this Medical Glossary has been superseded due to medical improvements, we will consider other appropriate and medically recognised methods or tests that conclusively diagnose the event to at least the same severity.

Specified medical events – name changes.



In a market first, we have renamed many of our *specified medical events* and *specified children's events* to better align with the definition being offered, to give you greater clarity about which conditions are covered by your policy, and to what degree. This change means that we now name the condition followed by the specific stage of the condition that is covered. For example, the previously used broad term 'cancer', has been updated to the new term 'cancer – excluding some early stage cancers'.

Living Benefit and Living Benefit Plus (full payment); Child Support Benefit; Children's Benefit; Crisis Benefit; BT Protections Plans Reserve

New name	Previous name
Alzheimer's disease and other dementias – permanent and irreversible and of specified severity	Alzheimer's disease and other dementias
Aortic surgery – excluding less invasive surgeries	Aortic surgery
Aplastic anaemia – of specified severity	Aplastic anaemia
Brain tumour (benign) – resulting in significant permanent impairment or requiring radical treatment	Benign brain tumour
Burns (severe) – covering specified surface area	Severe burns
Cancer – excluding some early stage cancers	Cancer (malignant tumours)
Cardiac arrest – occurs out of hospital and of specified severity	Out of hospital cardiac arrest
Cardiomyopathy – resulting in significant permanent impairment	Cardiomyopathy
Coma – with specified criteria	Coma
Coronary artery bypass surgery – excluding less invasive procedures	Coronary artery bypass surgery
Deafness (both ears) – permanent and irreparable	Loss of hearing
Diabetes (severe) – of specified severity	Advanced diabetes
Encephalitis – resulting in significant impairment	Encephalitis
Head trauma (major) – resulting in significant permanent impairment	Major head trauma
Heart attack – of specified severity	Heart attack
Heart valve replacement or repair	Heart valve surgery

New name	Previous name
HIV – medically acquired	Medically acquired HIV
HIV – occupationally acquired	Occupationally acquired HIV
Intensive care – requiring continuous mechanical ventilation for 10 days	Intensive care
Kidney failure – requiring permanent dialysis or transplantation	Kidney failure
Liver failure (severe) – of specified severity	Chronic liver disease
Loss of sight (both eyes) – of specified severity	Loss of sight
Lung disease – requiring permanent oxygen therapy	Chronic lung disease
Multiple sclerosis – with multiple episodes	Multiple sclerosis
Organ transplant (major) – from another donor	Major organ transplant
Parkinson's disease – resulting in permanent symptoms	Parkinson's disease
Pulmonary hypertension – resulting in significant permanent impairment	Pulmonary hypertension
Loss of independent existence – with a specified level of impairment	Loss of independent existence
Loss of limbs – complete and irrecoverable	Loss of limbs
Loss of single limb – complete and irrecoverable	Loss of single limb
Loss of speech – complete and irrecoverable	Loss of speech
Meningitis (bacterial) – resulting in permanent impairment	Meningitis
Meningococcal septicaemia – resulting in permanent impairment	Meningococcal septicaemia
Osteoporosis (severe, before age 50) – with specified fractures	Severe osteoporosis
Pneumonectomy – removal of a complete lung	Pneumonectomy
Prostate cancer – with major treatment	Prostate cancer – major treatment
Rheumatoid arthritis (severe) – of specified severity	Severe rheumatoid arthritis
Stroke – of specified severity	Stroke

Advancement Benefit.

LI

+LI

Standalone

New name	Previous name
Deafness (one ear) - permanent and irreparable	Loss of hearing - advancement
Diabetes (Type 1 insulin dependent) - of specified severity	Diabetes complication
Loss of sight (single eye) - of specified severity	Loss of sight in one eye
Loss of single limb - complete and irrecoverable	Loss of single limb
Melanoma (early stage) - of specified severity	Early stage melanoma
Prostate cancer - early stage	Prostate cancer - advancement
Systemic lupus erythematosus (SLE) - of specified severity	Systemic lupus erythematosus (SLE) with lupus nephritis

Children's Benefit only.

CB

New name	Previous name
Brain damage - resulting in permanent impairment	Brain damage

Needlestick Benefit only.

NB

New name	Previous name
Hepatitis B or C - occupationally acquired	Occupationally acquired hepatitis B or C

Specified medical event enhancements.

Aortic surgery - intra-arterial procedure (new Advancement Benefit *specified medical event*).

LI

+LI

Standalone

For Standalone Living and Living Insurance as an additional benefit to Term Life **only**, the following *specified medical event* and definition, 'Aortic surgery - intra-arterial procedure' has been added to the Medical Glossary:

Aortic surgery - intra-arterial procedure.

Intra-arterial procedure performed to correct a structural abnormality of the thoracic or abdominal aorta, but not its branches. This treatment must be deemed the most appropriate treatment and medically necessary by an appropriate medical specialist and supported by our medical advisers.

Brain damage - resulting in permanent impairment.

CB

The definition of the 'Brain damage - resulting in permanent impairment' *specified children's event* has been updated as follows:

Brain damage - resulting in permanent impairment.

Brain damage, as confirmed by a medical practitioner who is a consultant neurologist, which results in neurological deficit causing at least a 25% permanent impairment of whole person function according to the 5th edition of the American Medical Association publication entitled 'Guides to the Evaluation of Permanent Impairment', or an equivalent guide to impairment as approved by us.

Deafness (both ears) – permanent and irreparable.



The definition of the 'Deafness (both ears) – permanent and irreparable' *specified medical event* and *specified children's event* has been updated as follows:

Deafness (both ears) – permanent and irreparable.

Permanent and irreversible loss of hearing across all frequencies at every decibel below 91db as a result of *sickness* or *injury*, in both ears, both natural and assisted, as certified by an appropriate medical specialist.

Deafness (one ear) – permanent and irreparable.



The definition of the 'Deafness (one ear) – permanent and irreparable' *specified medical event* has been updated as follows:

Deafness (one ear) – permanent and irreparable.

Permanent and irreversible loss of hearing across all frequencies at every decibel below 91db as a result of *sickness* or *injury*, in one ear, both natural and assisted, as certified by an appropriate medical specialist.

Lung disease – requiring permanent oxygen therapy.



The definition of the 'Lung disease – requiring permanent oxygen therapy' *specified medical event* has been updated as follows:

Lung disease – requiring permanent oxygen therapy.

Chronic lung disease requiring permanent supplementary oxygen. The requirement for supplementary oxygen will be an arterial blood oxygen partial pressure of 55 mmHg or less, while breathing room air.

Rheumatoid arthritis (severe) – of specified severity.



The definition of the 'Rheumatoid arthritis (severe) – of specified severity' *specified medical event* has been updated as follows:

Rheumatoid arthritis (severe) – of specified severity.

The diagnosis of severe rheumatoid arthritis by a rheumatologist, as evidenced by either of the following criteria.

- The diagnosis must be supported and evidenced by all of the following criteria:
 - a. at least a 6 week history of severe rheumatoid arthritis which involves 3 or more of the following joint areas:
 - i. proximal interphalangeal joints in the hands;
 - ii. metacarpophalangeal joints in the hands;
 - iii. metatarsophalangeal joints in the foot, or any joint of the wrist, elbow, knee or ankle; and
 - b. simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone); and
 - c. typical rheumatoid joint deformity; and
 - d. at least 2 of the following criteria:
 - i. morning stiffness;
 - ii. rheumatoid nodules;
 - iii. erosions seen on x-ray imaging;
 - iv. the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.

OR

- The diagnosis must be supported and evidenced by all of the following criteria:
 - a. diagnosis of Rheumatoid Arthritis as specified by the American College of Rheumatology and European League Against Rheumatism: 2010 Rheumatoid Arthritis Classification Criteria; and
 - b. symptoms and signs of persistent inflammation (arthralgia, swelling, tenderness) in at least 20 joints or 4 large joints (ankles, knees, hips, elbows, shoulders); and
 - c. the Insured Person has failed at least 6 months of intensive treatment with two conventional disease modifying antirheumatic drugs (DMARDs). This excludes corticosteroids and non-steroidal anti-inflammatories;

and

- d. the disease must be progressive and non-responsive to all conventional therapy.

Conventional therapy includes those medications available through the Australian Pharmaceutical Benefits Scheme excluding those on the 'specialised drugs' list for Rheumatoid Arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

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 assess your *sickness or injury* against the most favourable enhancements available, from the day your policy commenced to the date of the *sickness or injury*.

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 (AEDT), 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

Winner 2017: Best Life Insurance Company, Australia



**Australian Insurance Awards (AB+F)
2016 & 2017 Winner:**

Life Insurance Company of the Year
Best Claims Outcome and
Customer Experience



AFA/Strategic Insight Plan For Life Awards 2016

Winner: Platinum Award - 2016 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 2017
Claimant Choice:**

Best Application Process

Best claims staff

Return to Health and Wellness

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For more information:

 13 18 17

 westpac.com.au

 Ask at your local branch



200 years proudly supporting Australia

This information is current as at 18 January 2018 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 Westpac 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 Westpac 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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