

CRITICAL ILLNESS INSURANCE

Our unique range of flexible insurance products pay you cash, so you can recover at your own pace.

RECOVER COVER



Combined Product Disclosure Statement,
Policy Document and Financial Services Guide
30 April 2026

CRITICAL ILLNESS INSURANCE

Financial support for when life throws you a curve ball.

There are some things in life we don't want to think about but it can pay to plan for the unexpected.

When illness strikes, it can affect more than just your health. Our **Critical Illness Insurance** can provide you with a direct benefit to help you manage the financial impact of a serious illness in a way that suits you.

WHAT MAKES OUR CRITICAL ILLNESS INSURANCE UNCOMMON?



FLEXIBLE

We pay you cash when your claim is approved, giving you the flexibility to use it to recover your way. Choose from 2 levels of cover.



FAST

We pay most critical illness claims in under 10 days (once we get all the info we need) to ensure you can focus on your recovery without delay.



EASY

Skip the complicated medical checks and simply answer a few health and lifestyle questions. Call our friendly experts or apply online.



UNIQUE

Our products are designed to complement our great value health cover, to help you through the costs related to recovery.



WHO CAN APPLY?

- Apply if you're a Permanent Resident of Australia aged 18-59, with cover expiring on the first Policy Anniversary after the Insured Person reaches age 65.



WHAT DOES CRITICAL ILLNESS INSURANCE PAY FOR?

There are 2 levels of cover are available:

CANCER, HEART ATTACK & STROKE COVER

- Provides cover for these 3 major conditions only.
- Select a benefit amount from **\$25,000 up to \$100,000**, in \$25,000 increments.
- This level of cover does not include any ability to receive partial payment for selected early-stage Cancers.

EXTENDED ILLNESS COVER

- Provides cover for the 3 major conditions (being Cancer, Heart Attack & Stroke) plus a range of other serious medical conditions.
- Select a benefit amount from **\$50,000 up to \$200,000**, in \$25,000 increments.
- This level of cover does include the ability to receive partial payment for selected early-stage Cancers.

CRITICAL ILLNESS INSURANCE COMBINED PRODUCT DISCLOSURE STATEMENT AND POLICY DOCUMENT

ABOUT THIS DOCUMENT

This Combined Product Disclosure Statement (PDS), Policy Document and Financial Services Guide (FSG) contains important information about Critical Illness Insurance and is designed to help You decide whether this product is right for You.

Any advice given in this document is general only and does not take into account Your individual objectives, financial situation or needs. You should read this document carefully before deciding on this product.

If We issue You with a Critical Illness Insurance policy, You will receive a copy of this Combined Product Disclosure Statement and Policy Document, along with Your Policy Schedule. Together, these documents form Your Policy and should be kept in a safe place.

Throughout this document, some words and expressions have a special meaning. These words begin with a capital letter, and their meanings can be found in the Glossary and Medical Definitions sections of this document.

WHO CAN APPLY

We only offer Critical Illness Insurance to persons receiving this PDS as a hard copy or electronically within Australia.

Critical Illness Insurance is available to Permanent Residents of Australia who are aged between 18 and 59. You can apply for **Cancer, Heart Attack & Stroke Cover** or **Extended Illness Cover**. Cover will continue until the first Policy Anniversary date after the Insured Person reaches age 65 if nothing else changes (see 'When Your Cover Ends' on page 9).

WHAT'S COVERED

We will pay a benefit if the Insured Person suffers a Critical Illness listed in the table on page 4 (and as defined in the Medical Definitions section of this document) while Your Policy is Active, subject to the terms of this Policy. The Insured Benefit amount available for each Level of Cover is shown in the table directly below.

LEVEL OF COVER	INSURED BENEFIT AMOUNT	
	MINIMUM	MAXIMUM
Cancer, Heart Attack & Stroke Cover	\$25,000	\$100,000
Extended Illness Cover	\$50,000	\$200,000

The Insured Benefit amount that applies for each Critical Illness depends on Your chosen Level of Cover and Your selected Insured Benefit, as stated in Your Policy Schedule. The total of all benefits paid over the duration of Your Policy will not exceed Your selected Insured Benefit amount. The benefit for a Critical Illness is only payable on the first occasion that the Critical Illness is suffered by the Insured Person while covered for that Critical Illness by Us, whether under this Policy or any other HCF Life critical illness insurance policy, except in the case where You are entitled to a partial payment for specified Critical Illnesses.

CRITICAL ILLNESSES COVERED	LEVEL OF COVER	
	CANCER, HEART ATTACK & STROKE COVER	EXTENDED ILLNESS COVER
Cancer (specified severity)	✓	✓
Early-Stage Cancers [^] (selected)	✗	✓
Heart attack (with evidence of severe heart muscle damage)	✓	✓
Stroke in the brain resulting in specified permanent impairment	✓	✓
Cardiac Arrest outside a Hospital	✗	✓
Chronic organ failure (specified organs)	✗	✓
Coronary Artery Angioplasty [^]	✗	✓
Coronary Artery Bypass Graft Surgery	✗	✓
Loss of a limb [#]	✗	✓
Major head trauma (with permanent neurological impairment) [#]	✗	✓
Open Heart Surgery	✗	✓
Severe Permanent Cardiac Impairment	✗	✓
Surgery of the Aorta	✗	✓
Blindness (total and permanent) [#]	✗	✓
Deafness (total and permanent) [#]	✗	✓
Paralysis (total and permanent) [#]	✗	✓
Severe Burns (specified severity) [#]	✗	✓

[#] The Qualifying Period does not apply.

[^] Partial payment applies to these conditions under Extended Illness Cover - please refer to 'Partial Payment For Specified Critical Illnesses' on page 5 for further information.

Please refer to 'Medical Definitions' on page 11 for the medical definitions that set out the specific diagnostic requirements, clinical criteria, and conditions that must be satisfied for each insured condition.



PARTIAL PAYMENT FOR SPECIFIED CRITICAL ILLNESSES

Available with Extended Illness Cover only

For specified Critical Illnesses available with **Extended Illness Cover** (noted in the table below), a partial benefit is payable. All other conditions covered qualify for the full Insured Benefit.

PARTIAL PAYMENT FOR SPECIFIED CRITICAL ILLNESSES (EXTENDED ILLNESS COVER ONLY)

Early-Stage Cancers (selected)	✓
Coronary Artery Angioplasty	✓
Blindness (total and permanent) - if one eye only	✓
Deafness (total and permanent) - if one ear only	✓

The benefit payable for a partial benefit is subject to the following terms:

- 25% of the Insured Benefit amount is payable (up to a maximum of \$25,000 per partial benefit payment),
- Multiple claims are possible but limited to once in a 12-month period for each covered condition, and
- Any remaining Insured Benefit balance is available for future claims.

For the specified Critical Illnesses where a partial benefit is payable, multiple claims up to Your selected Insured Benefit amount are possible.

While the partial benefit is payable upon each occurrence of the specified Critical Illness, it is limited to only once in any 12-month period. For example, if You have Coronary Artery Angioplasty more than once in a 12-month period, the partial benefit is only payable once in respect of the Coronary Artery Angioplasty occurrences in that 12-month period, regardless of the number of those occurrences.

In some cases, You may have a remaining balance of less than \$5,000 on Your total Insured Benefit amount, as a result of several partial benefits having been paid. In such cases, We will pay out any remaining Insured Benefit amount to You as part of Your final benefit payment.

An example of how partial payments work

Billie takes out a Critical Illness Insurance policy (Extended Illness Cover) and selects an Insured Benefit of \$50,000. A few years after taking out the Policy, Billie is diagnosed with an early-stage skin melanoma and receives a partial payment of \$12,500 (being 25% of the Insured Benefit amount of \$50,000), as shown in the table below. Billie's premiums are unaffected. Billie later suffers a Heart Attack and receives a benefit payment of \$37,500, being the balance of the Insured Benefit after the earlier partial payment. This closes the Policy as Billie's total Insured Benefit has now been paid.



INSURED BENEFIT AMOUNT AT COVER COMMENCEMENT DATE	PARTIAL PAYMENT AMOUNT (FOR EARLY-STAGE SKIN MELANOMA)	REMAINING INSURED BENEFIT AMOUNT
\$50,000	\$12,500	\$37,500

Blindness and Deafness

For Blindness, a partial benefit is payable if the event causes total and permanent loss of sight in one eye only. For Deafness, a partial benefit is payable if the event causes total and permanent hearing loss in one ear only. The full remaining balance on Your Insured Benefit amount is payable if a subsequent event causes total and permanent loss of sight in the remaining eye or deafness in the remaining ear.

WHO ARE BENEFITS PAID TO?

Benefits are payable to You or, if You have died, to Your legal personal representative or a person We are authorised to pay under the Life Insurance Act 1995 (Cth).

Critical Illness Insurance is life insurance cover and is designed to provide support during recovery. Unlike health insurance, any benefit paid under Critical Illness Insurance is a fixed amount and does not cover the cost of any medical treatments or hospital stays (in whole or in part). Benefits are paid straight to You and not to any medical provider. You can use any benefit amount We pay as You choose and for any purpose.

WHAT ISN'T COVERED

No benefit is payable to You where the Insured Person suffers a Critical Illness if:

- the Critical Illness occurs on or before the Cover Commencement Date or, for a specified Critical Illness, during the Qualifying Period;
- the Critical Illness involves a medical procedure that is not undertaken in Australia by a Medical Practitioner or Medical Specialist;
- the Critical Illness is not diagnosed, or involves a diagnosis that is not confirmed, in Australia by a Medical Practitioner or Medical Specialist;
- the Critical Illness is directly or indirectly caused by, or is attributable to:
 - drug or alcohol abuse or intoxication, other than the use of prescribed drugs taken in accordance with the directions of a Medical Practitioner;
 - acts of war, hostilities, civil commotion, terrorism or insurrection;
 - intentional self-injury or attempted suicide;
 - an illegal act committed by an Insured Person; or
 - a Special Condition agreed with You in relation to Your Policy and which is detailed in Your Policy Schedule under Special Conditions;
- the Insured Person does not survive the Critical Illness for at least 14 days after it occurs.

QUALIFYING PERIOD

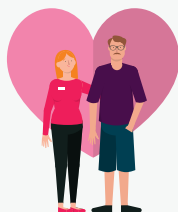
A benefit is not payable if a specified Critical Illness occurs during the 90 day Qualifying Period. However, the Qualifying Period does not apply to specified Critical Illnesses (see the table in 'What's Covered' on page 4).

SPECIAL CONDITIONS

Based on the Underwriting process, We may impose Special Conditions on Your Policy to address increased risk due to Your personal situation. For instance, We might increase Your premium or exclude claims related to a medical condition, occupational duty or recreational activity. Any Special Conditions applied will be detailed in Your Policy Schedule. If Your situation changes in the future, We may be able to remove or reduce these Special Conditions. For more information on Special Conditions, call Us on **13 13 34**.

An example of a Special Condition

Liam works in an occupation that involves underwater diving. On his application for Critical Illness Insurance, Liam told Us that he regularly undertakes underwater diving as a part of his work. As part of Our assessment of his health and occupational risk, We agreed to cover Liam with an exclusion for underwater diving. This means that We won't pay a claim if Liam suffers a Critical Illness as a direct or indirect result of an Accident while underwater diving as a duty of his occupation. Liam agrees to this exclusion, which becomes a Special Condition of his policy and is shown on his Policy Schedule.



COVER WHILE TRAVELLING OVERSEAS

While Your Policy is Active, You are covered while temporarily travelling overseas, 24 hours a day, 7 days a week, subject to the terms and conditions of this Policy where:

- the travel is for 90 days or less in total, during a 12-month period; and
- You are not travelling to any level 3 or level 4 locations which have been classified as "Reconsider your need to travel" or "Do not travel" respectively by Smart Traveller Advice

(for more information, please visit the Australian Government travel advice website smartraveller.gov.au/destinations).

You can only make a claim in Australia, and We can only pay claims in Australia. This means if the Critical Illness occurred while temporarily travelling overseas, when the Insured Person returns to Australia they must have the Critical Illness diagnosed and confirmed by a Medical Practitioner or Medical Specialist in Australia, using relevant tests done in Australia. We won't pay a claim if it involves a medical procedure undertaken outside Australia.

PREMIUMS

You must pay premiums on or before the due date to keep Your Policy Active. Premiums are payable in advance and You can choose the frequency. You must have the capacity to afford to pay premiums on an ongoing basis (including premiums as they may increase) because if You do not pay premiums when they are due, Your Policy may be cancelled (see 'When Your Cover Ends' on page 9 for details).

The premium payable under Your Policy, as applicable at the Cover Commencement Date, is shown on Your Policy Schedule. The premium includes stamp duty payable by Us where applicable.

The premium payable for Your Policy is variable. We may change the premium of Your Policy at any time, provided such change applies to all policyholders under this series of Critical Illness Insurance. We will write to You about any changes and they will come into effect on the date specified in the notice of change, which will be at least 30 days after the date of sending the notice of change to You.

Your premium may also increase with Your age, on Your Policy Anniversary date. This is referred to as a variable aged-stepped premium. This means the cost generally increases each year at Your Policy Anniversary and typically rises as You age, because there is a higher likelihood of You making a claim over time as You age. We will advise You of Your new premium at least 30 days before Your Policy Anniversary date.

HOW YOUR PREMIUMS ARE CALCULATED

Your premium is based on a range of factors, including:

- Your age - Your age impacts on the likelihood of making a claim. Higher premiums typically apply

for higher ages, as the likelihood of making a claim generally increases with age

- Your gender at birth - the likelihood of making a claim can differ between males and females and this can also affect premiums
- Your health status - what You disclose through Our Underwriting process about Your health and any existing medical conditions You may have are used to assess Your application for cover. This may result in a Special Condition, excluding cover for claims arising from a medical condition or an increase applied to Your premium (premium loading)
- Smoker status - premiums are higher for smokers compared to Non-Smokers due to the associated health risks of smoking
- Level of Cover & Insured Benefit - Your premium will also be based on the Level of Cover You select and Your Insured Benefit amount.

NON-SMOKER RATES


Where premiums are charged at Non-Smoker rates, this is subject to Your continued abstinence from smoking any substance, such as cigarettes, e-cigarettes and vaping products. We reserve the right to ask for further evidence of Your eligibility for these rates from time to time. To qualify for Non-Smoker rates, You must not have smoked tobacco or any other substance in the 12 months prior to the due date of Your next premium. You should call Us on **13 13 34** if Your smoking status has changed.

AUTOMATIC INDEXATION INCREASE

To help You keep up with the cost of living, Your Insured Benefit is automatically increased at each Policy Anniversary, in line with the Consumer Price Index (CPI), up to a maximum of 3% per annum. **As Your Insured Benefit increases, Your premium usually increases too.** Inflation increases will continue even where the maximum Insured Benefit is met or exceeded (see 'What's Covered' on page 3). We will write to advise You of Your new Insured Benefit and revised premium at least 30 days before Your Policy Anniversary. You can decline the indexation increase We offer before the Policy Anniversary on which the increase would apply. If You do so on 2 consecutive occasions, We will not offer the indexation increase again. However, You can contact Us to request the indexation increase at any time.

An example of how indexation increases work

Charlie took out a Critical Illness Insurance policy (Extended Illness Cover) and selected an Insured Benefit of \$100,000. On the first Policy Anniversary, the automatic indexation increase was applied in line with the CPI of 2.5%. This was reflected in an increase to Charlie's Insured Benefit to \$102,500. Charlie did not need to do anything to continue accepting the automatic indexation increase for the following year where the maximum CPI increase of 3% was applied, as shown in the table below. **With his increasing Insured Benefit amount, Charlie's premiums also increased.**



	INDEXATION INCREASE	INSURED BENEFIT WITH INDEXATION INCREASE APPLIED
Cover commencement	N/A	\$100,000
1st Policy Anniversary	2.5%*	\$102,500
2nd Policy Anniversary	3%*	\$105,575

* All figures shown in this table are examples of the effect of inflation increases on the Insured Benefit only and do not reflect current or forecast CPI rates or the impact to Your Premium. We have not taken into account Your individual objectives, financial situation or needs in preparing the example above.

PREMIUMS AND TAX

Premiums received are paid into Our No. 1 Statutory Fund, and all benefits are paid out of this fund. Generally, insurance premiums are not tax deductible and benefits are paid free of personal tax. This is a general statement based on present laws and their interpretation. Individual circumstances may vary and You should consult a professional tax adviser.

CHANGES TO YOUR POLICY

You can call Us on **13 13 34** to request changes to Your Policy, including Your Insured Benefit or Level of Cover, but We may require You to confirm any changes to Your Policy in writing.

INSURED BENEFIT

For increases to Your chosen Insured Benefit, a new application, including completing the full Underwriting process, will be required. You can decrease Your Insured Benefit by any amount, at any time, subject to the minimum Insured Benefit.

If You decrease Your Insured Benefit, We will apply these changes to Your Policy based on Your payment frequency. If You pay Your premiums weekly, fortnightly or monthly, Your new Insured Benefit and premium will apply from the end of the period for which You have paid for cover. If You pay Your premiums quarterly, semi-annually or annually, Your new Insured Benefit and premium will apply from the next monthly anniversary of Your Cover Commencement Date. We will issue You a new Policy Schedule reflecting Your new terms prior to commencement of these changes.

LEVEL OF COVER

You can downgrade Your Level of Cover from Extended Illness Cover to Cancer, Heart Attack & Stroke Cover at any time, subject to the minimum and maximum Insured Benefit for that Level of Cover.

You can apply to upgrade Your Level of Cover from Cancer, Heart Attack & Stroke Cover to Extended Illness Cover. We will require You to confirm any changes in writing and submit a new application, including completing the full Underwriting process. Any changes to Your Level of Cover will impact the premiums You pay.

If You request any changes to Your existing Level of Cover, this will be subject to the terms and conditions in the PDS.

WHEN YOUR COVER ENDS

This Policy is a continuous disability policy and will continue for a period of more than 3 years.

Insurance under Your Policy will end for the Insured Person under **Cancer, Heart Attack & Stroke Cover** and **Extended Illness Cover** when any of the following occurs:

- We pay the total Insured Benefit for the Insured Person;
- the Policy Anniversary after the Insured Person named on the Policy Schedule turns 65;
- the Insured Person named on the Policy Schedule dies;
- if You don't pay Your premiums, the date stipulated by Us in Our written notice of cancellation to You following the non-payment of premiums for 3 months after the date to which premiums have been paid; or
- You make a written request to cancel Your Policy, on the date We receive Your written request.

We will not cancel Your Policy in response to any change in the risk of the Insured Person.

You may cancel or change this Policy at any time by contacting Us.

REINSTATING YOUR POLICY

We may cancel Your Policy due to non-payment of premiums. If You have outstanding premiums, before We cancel Your Policy, We will send You a written notice informing You that You must pay your outstanding premiums by the date stipulated by Us in Our written notice and that Your Policy will be cancelled within 30 days if Your outstanding premiums have not been paid in that time.

If We have cancelled Your Policy due to non-payment of premiums, We will send You a written notice of cancellation. You can request to reinstate Your Policy by calling us on **13 13 34** within 30 days of the date stated on the written notice of cancellation. Within those 30 days, We must receive all outstanding premiums before Your Policy can be reinstated. After those 30 days You will need to re-apply for cover.

COOLING OFF PERIOD

From the date You receive Your Policy documents from Us, You have 30 days to check whether the Policy meets Your needs. Within this time, You may cancel Your Policy by calling Us on **13 13 34** and receive a full refund of any money paid provided You have not made a claim.

HOW TO MAKE A CLAIM

We will require written proof from You to substantiate Your claim. To submit satisfactory written proof to Us:

- complete and return a Critical Illness Insurance claim form as soon as possible (You can get a copy of this form by calling Us on **13 13 34** or emailing Us at lifecclaims@hcf.com.au);
- You must provide satisfactory proof of Your age;
- if required, the Insured Person may need to have a medical examination arranged and paid for by Us. Outside of this examination arranged by Us, You will need to pay any other fees charged to You by a medical examiner or Medical Practitioner, such as any fee to assist with completing claims forms;
- You must supply any other documents or evidence We may reasonably require in order to assess Your claim; and
- the Insured Person must seek medical advice from a legally qualified Medical Practitioner in Australia as soon as practicable after a sickness or diagnosis occurs and that advice must be followed.

WHEN WE'LL PAY A CLAIM

We will pay You a benefit if You satisfy the terms under Your Policy.

It is important that You comply with Your obligations under Your Policy. If You do not comply with Your obligations under Your Policy or You make a fraudulent claim, We may reduce or refuse to pay Your claim or cancel Your Policy. Where Your Policy says that We may refuse to pay or reduce a claim because of something You did (or did not do), We may:

- refuse to pay Your claim, but only to the extent that such act or failure caused or contributed to the loss which gives rise to Your claim; or
- reduce Our payment of Your claim, but only by an amount that fairly represents the extent to which Our interests are prejudiced by the act or failure.

We regularly review Our medical definitions, but if a medical definition specifies an obsolete method of diagnosis or treatment that is no longer used in mainstream medical practice in Australia, We will use a current method of diagnosis or treatment approved for use in Australia.

RISKS

It is important to understand the associated risks of purchasing a life insurance policy. Things You may wish to consider include:

- determining whether this Policy suits Your needs;
- if You are replacing an existing policy, consider the terms and conditions of this Policy and Your existing policy before making a decision;
- this Policy does not have a surrender value, which means no money is payable to You unless We have approved a claim under this Policy;
- Critical Illness insurance is a life insurance product and not health insurance. Any benefits paid under this Policy are designed to provide a support payment and may not cover all the costs of recovery.

MEDICAL DEFINITIONS

CRITICAL ILLNESS	MEANING
Accident	<p>means an event that is:</p> <ul style="list-style-type: none"> • external to the body; and • visible; and • unexpected; and • unintended. <p>For avoidance of doubt, Accident does not mean an event that relates to:</p> <ul style="list-style-type: none"> • a medical episode; or • a medical condition; or • a complication relating to a medical procedure.
Blindness (total and permanent)	<p>means the total and permanent loss of sight in one or both eyes.</p> <p>A partial benefit is payable under Extended Illness Cover if the permanent loss of sight occurs in one eye only.</p>
Cancer of specified severity (excluding certain early-stage cancers)	<p>means any malignant tumour diagnosed with histological confirmation and characterised by:</p> <ul style="list-style-type: none"> • the uncontrolled growth of malignant cells, and • invasion and destruction of normal tissue beyond the basement membrane. <p>The term malignant tumour includes leukaemia, sarcoma and lymphoma. The following are not included in the above definition:</p> <ul style="list-style-type: none"> • All tumours which are histologically classified as any of the following: <ul style="list-style-type: none"> a) pre-malignant, b) non-invasive, c) high-grade dysplasia, or d) borderline or low malignant potential. • Carcinoma in situ except carcinoma in situ of the breast where a total mastectomy with full removal of the breast has been undertaken and was considered by treating doctors to be the appropriate and necessary treatment. • All cancers of the prostate unless: <ul style="list-style-type: none"> a) histologically classified as having a Gleason score of 7 or above, or b) having progressed to at least clinical stage T2bN0M0 on the TNM clinical staging system, or c) where a total prostatectomy has been undertaken where the procedure was specifically to arrest the spread of malignancy and was considered by treating doctors to be the appropriate and necessary treatment. • All cancers of the thyroid unless: <ul style="list-style-type: none"> a) having progressed to at least TNM classification T2N0M0, or b) where a total thyroidectomy has been undertaken and was considered by treating doctors to be the appropriate and necessary treatment. • All cancers of the bladder unless they have progressed to at least TNM classification T1N0M0. • Cutaneous lymphoma confined to the skin. • Chronic lymphocytic leukaemia unless having progressed to at least Rai stage I. • All non-melanoma skin cancers unless they have spread to the bone, lymph node, or another distant organ. • All melanoma skin cancers unless having progressed to at least TNM classification T2bN0M0. <p>Carcinoma in situ refers to the primary uncontrolled growth of cells that remain in the original location and have not invaded or destroyed neighbouring tissues or penetrated the basement membrane.</p>
Cancer - selected early-stage cancers	<p>Early-stage skin melanoma means the presence of one or more malignant melanomas with TNM classification T1aN0M0. TNM classifications TisN0M0 (melanoma in situ) is excluded.</p> <p>Early-stage prostate cancer means the presence of a tumour confined to the prostate with TNM classification of T1a or T1b or Gleason Score of 5 or less. TNM classification of T1 is excluded.</p> <p>Carcinoma in Situ of a specified site means carcinoma in situ of the following sites only:</p> <ul style="list-style-type: none"> • Anus • Breast • Cervix (Cervical Intraepithelial Neoplasia (CIN) classified as CIN 3 or Tis only. CIN 1 and CIN 2 are excluded) • Endometrium • Fallopian Tube • Ovary • Penis • Perineum • Testicle • Vagina • Vulva <p>Carcinoma in situ refers to the primary uncontrolled growth of cells that remain in the original location and have not invaded or destroyed neighbouring tissues or penetrated the basement membrane. Tumour must be classified as Tis according to the TNM staging method.</p>



CRITICAL ILLNESS	MEANING
Cardiac Arrest outside a Hospital	means the sudden breakdown of the heart's pumping function where it: <ul style="list-style-type: none"> is due to asystole or ventricular fibrillation; and is not associated with a clinical procedure; and is documented by electrocardiographic (ECG) changes; and occurs outside a hospital or other medical facility.
Chronic organ failure – specified organs (kidney, liver and lung)	Chronic kidney failure means end-stage renal failure presenting as chronic irreversible failure of both kidneys to function, resulting in renal transplantation or the permanent requirement for renal dialysis. Chronic liver failure means end stage liver failure resulting in permanent jaundice (yellow discolouration of the skin or eyes), ascites (abnormal build-up of fluid in the abdomen) and/or encephalopathy (a decline in brain function that occurs as a result of severe liver disease). Chronic lung failure means the final stage of lung disease, needing permanent oxygen therapy.
Coronary Artery Angioplasty	means the reshaping of a narrowed part of a coronary artery damaged by coronary artery disease in order to improve the blood flow through that coronary artery. This includes any percutaneous coronary intervention such as balloon angioplasty, stent insertion or atherectomy, but excludes any cardiac surgery conducted by an open-heart approach. The treatment must, in the opinion of an appropriate Medical Specialist, be required on medical grounds and must be the most appropriate treatment.
Coronary Artery Bypass Graft Surgery	means surgical grafting of an artery or vein on to 1 or more coronary arteries to treat coronary artery disease.
Deafness (total and permanent)	means the total and permanent loss of all hearing in one or both ears, resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000 and 3000 hertz as a result of sickness or injury. Includes loss of all natural and assisted hearing. A partial benefit is payable under Extended Illness Cover if the permanent hearing loss occurs in one ear only.
Heart Attack (with evidence of severe heart muscle damage)	means the death of a portion of the heart muscle as a result of inadequate blood supply, where the diagnosis is supported by the detection of a rise and/or fall of cardiac biomarker values with at least one value above the 99th percentile upper reference limit (URL) and with at least 3 of the following: <ol style="list-style-type: none"> Symptoms of ischaemia. New significant ST-segment-T wave (ST-T) ECG changes or new left bundle branch block (LBBB). Development of new pathological Q waves in the ECG. Imaging evidence of new regional wall motion abnormality present at least 6 weeks after the event. If the tests specified in a) to d) above are inconclusive or unable to be met, then the definition will be met if at least 3 months after the event the insured's left ventricular ejection fraction is less than 50 per cent. The following are not included in the above definition: <ol style="list-style-type: none"> A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease; and Other acute coronary syndromes including but not limited to angina pectoris.
Loss of a limb	means the loss of one or more limbs. Limb means an arm, hand, leg or foot.
Major head trauma (with permanent neurological impairment)	means accidental head injury resulting in neurological impairment causing you to be totally and permanently unable to perform any one of the Activities of Daily Living (ADL) without the standby assistance of another person. For the purposes of this definition, the meaning of accidental head injury includes a blow, bump or jolt to the head, or a penetrating head injury.
Open Heart Surgery	means cardiac surgery performed through the chest wall to directly access the heart in order to correct a heart defect, including heart valve disorders. The treatment must, in the opinion of an appropriate Medical Specialist, be required on medical grounds and must be the most appropriate treatment. It does not include procedures to the coronary arteries or the aorta that do not require opening of the chest wall.

CRITICAL ILLNESS	MEANING
Paralysis (total and permanent)	means the total and permanent loss of function of one or more limbs through illness or injury causing permanent damage to the nervous system. This includes, but is not limited to, quadriplegia, paraplegia, diplegia and hemiplegia.
Severe Burns (specified severity)	means tissue injury caused by thermal, electrical or chemical agents causing third degree full thickness or deep partial thickness burns, to at least: <ul style="list-style-type: none"> 20% of the body surface area as measured by the Lund and Browder Body Surface Chart; or 30% of both hands, requiring surgical debridement and/or grafting; or 30% of the face, requiring surgical debridement and/or grafting.
Severe Permanent Cardiac Impairment	means a failure of the heart to function properly resulting in a permanent impairment of physical function. In the opinion of an appropriate Medical Specialist, there is symptomatic and objective impairment of heart function to at least Class 3 (marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, shortness of breath or chest pain) of the New York Heart Association Classification of Cardiac Impairment.
Stroke in the brain resulting in specified permanent impairment	means death of brain tissue caused by one of the following: <ol style="list-style-type: none"> Ischaemic infarction of brain tissue or Intracranial haemorrhage (cerebral, intraventricular or subarachnoid). The diagnosis must be supported by both of the following: <ol style="list-style-type: none"> Evidence of permanent neurological deficit with persisting symptoms confirmed by a specialist physician as a definite result of the stroke at least 6 weeks after the event. Findings on MRI, CT, or other reliable imaging evidence consistent with the diagnosis of a new stroke. The following are not included in the above definition: <ul style="list-style-type: none"> Transient ischaemic attacks, Brain damage due to an accident, injury, infection, or non-vasculitic inflammatory disease, Vascular disease affecting the eye or optic nerve, Ischaemic disorders of the vestibular system, Strokes caused by or related to illicit drug use or substance abuse, Migraine, or Hypoxic events. Words within the stroke definition that have special meaning. “Permanent neurological deficit with persisting symptoms” means dysfunction in the nervous system that is present on clinical examination and expected to last throughout the Insured Person's life. It includes outcomes such as: numbness, hypertonicity, hemiplegia, monoplegia, hemiparesis, monoparesis, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, coma and objectively documented significant loss of cognitive function. The following do not constitute “permanent neurological deficit with persisting symptoms”: <ul style="list-style-type: none"> An abnormality seen on brain or other scans without definite related clinical symptoms, Neurological signs occurring without symptomatic abnormality, such as brisk reflexes without other symptoms, or Symptoms of psychological or psychiatric origin.
Surgery of the Aorta	means surgery performed through the chest or abdominal wall to directly access the aorta in order to correct a structural abnormality of the aorta. The treatment must, in the opinion of an appropriate Medical Specialist, be required on medical grounds and must be the most appropriate treatment. It does not include surgery performed using catheter techniques.

GLOSSARY

Where the below terms appear throughout this document, they hold the meanings stated in the table below.

TERM	MEANING
Active	means the period of time between the Cover Commencement Date and the date Your Policy ends in accordance with section 'When Your Cover Ends'.
Activities of Daily Living (ADL)	<p>Bathing means the ability to wash yourself in either a shower or bath or by sponge bath, without the assistance of another person. You will be considered able to bathe yourself even if the above tasks can only be performed by using equipment or adaptive devices.</p> <p>Dressing means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the assistance of another person. You will be considered able to dress yourself even if the above tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.</p> <p>Eating means the ability to get nourishment into the body by any means once it has been prepared and made available to you without the assistance of another person.</p> <p>Toileting means the ability to get to and from and on and off the toilet and to clean yourself without the assistance of another person. You will be considered able to toilet yourself if you are able to use a commode, bedpan or urinal and are able to empty and clean it yourself without the assistance of another person.</p> <p>Transferring means the ability to move in and out of a chair or bed without the assistance of another person. You will be considered able to transfer yourself even if you are required to use equipment such as canes, walkers, grab bars or other supportive devices including mechanical and motorised devices.</p>
Cover Commencement Date	means the date shown in the Policy Schedule for the Insured Person named on the Policy Schedule.
CPI	means the All Groups Consumer Price Index for Australian capital cities, published by the Australian Bureau of Statistics for the 12 months to 30 September. For indexation increases, We apply the CPI for the 12 months to 30 September in the previous year, but will not apply an increase greater than 3%. If there is any suspension or discontinuance of the All Groups Consumer Price Index We will use another appropriate published index chosen by Our actuary.
Critical Illness	means the specified critical illnesses listed in the table on page 4 and as defined in the section labelled 'Medical Definitions'.
Exclusion	means an event or circumstance directly or indirectly leading to a specified Critical Illness which is not covered by this Policy.
HCF	means The Hospitals Contribution Fund of Australia Ltd (ABN 68 000 026 746, AFSL 241 414).
Insured Benefit	means the benefit amount shown on Your Policy Schedule, increased by any indexation increase for CPI.
Insured Person	means the Insured Person named on Your Policy Schedule.
Level of Cover	means either Cancer, Heart Attack & Stroke Cover or Extended Illness Cover.
Medical Practitioner	<p>means a person who is legally qualified and registered as a Medical Practitioner in Australia, listed on the Australian Health Practitioner Regulation Agency (AHPRA) Specialist Register, and is not the Insured Person, or a business partner or immediate family member of the Insured Person.</p> <p>Note: Alternative therapy providers, chiropractors, physiotherapists, and psychologists are not regarded as Medical Practitioners.</p>

TERM	MEANING
Medical Specialist	means a Medical Practitioner who practises in a specialty field relevant to the Critical Illness, and is listed on the Australian Health Practitioner Regulation Agency (AHPRA) Specialist Register, who is not the Insured Person, or an immediate family member or business partner, employee or employer of the Insured Person.
Non-Smoker	means You have not smoked any cigarette or any other substance (including e-cigarettes or vaping products) in the last 12 months.
Permanent Resident of Australia	means a permanent resident or Australian citizen as defined under the <i>Australian Citizenship Act 2007</i> (Cth) including any amendment, replacement, re-enactment or successor legislation.
Policy	means this Combined Product Disclosure Statement and Policy Document, together with Your Policy Schedule and any change notices We issue You while Your Policy is Active.
Policy Anniversary	means the annual anniversary of the Cover Commencement Date of Your Policy.
Policy Owner	means the person indicated on Your Policy Schedule as the Policy Owner.
Policy Schedule	means the document We send You that sets out the details of Your Policy including any Special Conditions, and is evidence of Your contract with Us.
Qualifying Period	means the 90 day period from the Cover Commencement Date, or the cover reinstatement date, where a benefit is not payable if a specified Critical Illness occurs during this period.
Special Conditions	means any Exclusion agreed with You that is specific to You and detailed in Your Policy Schedule under Special Conditions.
Underwriting	means the process We use to assess Your risk — based on factors such as health, lifestyle, and occupation — to decide whether to offer cover, on what terms, and at what cost.
We/Our/Us/HCF Life	means HCF Life Insurance Company Pty Ltd (ABN 37 001 831 250, AFSL 236 806).
You/Your	means the Policy Owner.



OTHER THINGS YOU NEED TO KNOW

YOUR DUTY TO TAKE REASONABLE CARE

When You apply for HCF Critical Illness Insurance, We will ask You some questions about Your health, lifestyle and other factors. Your answers to these questions may result in additional Exclusions or Special Conditions to Your Policy or additional premiums You will need to pay. This insurance cover is provided under a consumer insurance contract. You have a duty to take reasonable care not to make a misrepresentation. If You do not comply with this duty, We may reduce the amount We pay You when You claim, deny Your claim, or cancel Your contract. So it is important that You answer any questions in the application process honestly and correctly, to the best of Your knowledge. A few tips to answering the questions:

- Take Your time and think carefully about each question before You answer it.
- If You are not sure about a question, ask Us for help by calling Us on **13 13 34**.
- If You are having difficulty due to a disability, understanding English or for any other reason, call Us on **13 13 34**.
- Review Your application carefully along with any other documentation We provide You to assist You in making a decision on this product.

DUTY OF UTMOST GOOD FAITH

This insurance cover is provided under a consumer insurance contract. We and You have a duty of utmost good faith under this contract, which means that We and You must act with honesty, decency and fairness when dealing with each other in relation to Your Policy. If We or You seek to rely on a term of Your Policy and such reliance would be a failure to act with utmost good faith, We or You may not rely on that term.

YOUR COVER IS PROVIDED BY HCF LIFE

Critical Illness Insurance is issued by HCF Life Insurance Company Pty Ltd (HCF Life), a subsidiary of The Hospitals Contribution Fund of Australia Ltd (HCF) and will not have a surrender value at any time. HCF is a not-for-profit health fund that has been looking after Australians since 1932. HCF and HCF Life are each responsible for the entire contents of this Combined Product Disclosure Statement,

Policy Document and Financial Services Guide. In addition to these documents, You should also read the Target Market Determination (TMD) for this product, which is available at hcf.com.au/lifeinfo

CHANGES TO YOUR POLICY

The information in this Combined Product Disclosure Statement, Policy Document and Financial Services Guide is current as at the date of issue. From time to time, We may change the terms of Your Policy or update information in this document. If there is a significant or materially adverse change or update, We will write to You about any changes or updates before they come into effect. Changes or updates that are not materially adverse are available at hcf.com.au/lifeinfo or by contacting Us on **13 13 34**. Free paper copies are available on request. For avoidance of doubt, We may not change the benefits payable to You under Your Policy.

PROTECTING YOUR RIGHTS

If You have a complaint about Your Policy, please contact Our Policy Service Team on **13 13 34** and We will attempt to resolve it promptly. If an issue has not been resolved to Your satisfaction, You can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides a fair and independent financial services complaint resolution process that is free to consumers.

Call: **1800 931 678 (free call)**
Visit: afca.org.au
Email: info@afca.org.au
Write: **Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001**

The Hospitals Contribution Fund of Australia Ltd.
ABN 68 000 026 746 AFSL 241 414

HCF Life Insurance Company Pty Ltd.
ABN 37 001 831 250 AFSL 236 806

LIFE INSURANCE CODE OF PRACTICE

HCF Life is bound by the Life Insurance Code of Practice which sets out the Australian life insurance industry's key commitments and obligations to customers. Further information is available at cali.org.au/life-code

FINANCIAL SERVICES GUIDE HCF & HCF LIFE

HCF is licensed to provide general advice about and arrange for the issue of life and general insurance products. The life insurance products are issued by HCF Life Insurance Company Pty Ltd (HCF Life).

This Financial Services Guide provides information about the financial services provided by HCF and HCF Life in relation to Critical Illness Insurance and is designed to assist You in deciding whether to use any of these services.

It contains information about remuneration paid to HCF, HCF Life and their staff for the services offered, and how complaints against HCF and HCF Life in relation to these services are dealt with.

If HCF or HCF Life offers or arranges to issue You Critical Illness Insurance We will provide You with a Product Disclosure Statement relating to that product where required. The Product Disclosure Statement will set out the significant features of the product and will assist You to make informed decisions about the product.

SERVICES

HCF's Australian Financial Services Licence (AFSL number 241 414) authorises HCF to provide general advice about, and arrange the issue, variation, and disposal of, both life and general insurance products.

The life insurance products are issued by HCF Life (AFSL number 236 806), who deals in life insurance products. HCF Life also provides general advice on life insurance products and claims handling and settling services.

WHAT IS GENERAL ADVICE?

General advice is a recommendation or opinion about a financial product that is not tailored to Your personal circumstances. This means that general advice won't consider Your personal circumstances such as Your income, expenses, assets, liabilities, goals, or risk tolerance.

You should, before acting on any general advice, consider the appropriateness of the advice, having regard to Your objectives, financial situation or needs. Please read the relevant Product Disclosure Statement before deciding to purchase any product.

HCF & HCF LIFE

HCF Life is a wholly owned subsidiary of HCF and acts on its own behalf.

Premiums for the life insurance products issued by HCF Life are paid to HCF Life. HCF receives

commission from HCF Life for the sale of life insurance products of up to 40% of the first year's premium plus an additional commission of 80% of HCF Life's underwriting profit each year calculated as premium less claims and expenses. HCF's staff may also receive an incentive depending on the annual premium of these products which they sell. This will not exceed 15% of the first year's premium. You may request more information about these remuneration arrangements within a reasonable time after You are given this Financial Services Guide and before You purchase the life insurance product.

HCF is a not-for-profit organisation and all of the income it receives is applied for the benefit of its members.

HCF and HCF Life hold professional indemnity insurance that complies with the compensation requirements of section 912B of the Corporations Act. This includes cover for claims in relation to the conduct of representatives and employees who no longer work for HCF and HCF Life but who did at the time of the relevant conduct.

COMPLAINTS PROCESS

Should You have a complaint about any of the services We offer in this Financial Services Guide please call us on **13 13 34**. If We have not resolved Your complaint within 30 days or You are not satisfied with Our response, You can contact The Australian Financial Complaints Authority (AFCA). AFCA is an independent body available free of charge to consumers and can be contacted at:

Call: **1800 931 678 (free call)**
Visit: afca.org.au
Email: info@afca.org.au
Write: **Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001**

The Hospitals Contribution Fund of Australia Ltd.
ABN 68 000 026 746 AFSL 241 414
Address: HCF House, 403 George St, Sydney, NSW, 2000
Phone number: 13 13 34

HCF Life Insurance Company Pty Ltd.
ABN 37 001 831 250 AFSL 236 806
Address: HCF House, 403 George St, Sydney, NSW, 2000
Phone number: 13 13 34

FINANCIAL SERVICES GUIDE TELCO SERVICES AUSTRALIA PTY LTD

You may have purchased a product via our corporate representative, Telco Services Australia Pty Ltd (TSA). If this is the case, the following Financial Service Guide applies.

Telco Services Australia Pty Ltd (TSA) is a Corporate Authorised Representative of The Hospitals Contribution Fund of Australia Ltd (HCF), which is authorised to provide general advice about, and arrange the issue, vary, and dispose of, life insurance products. The life insurance products are issued by HCF Life Insurance Company Pty Ltd (HCF Life).

This Financial Services Guide is about the financial services provided by TSA in relation to HCF Life products and is designed to assist You in deciding whether to use any of these services.

It contains information about remuneration paid to TSA and its staff and other relevant persons for the services offered and how complaints against TSA in relation to these services are dealt with.

If TSA offers or arranges to issue You an HCF Life product, we will provide You with a Product Disclosure Statement relating to that product where required. The Product Disclosure Statement will set out the significant features of the product and will assist You to make informed decisions about the product.

SERVICES

TSA provides general advice about, and arranges the issue, variation, and disposal of, life insurance products by HCF Life to HCF members. General advice does not take account of individual objectives, financial situation or needs. You should, before acting on any general advice, consider the appropriateness of the advice, having regard to Your objectives, financial situation or needs. Please read the relevant Product Disclosure Statement before deciding to purchase any product.

TELCO SERVICES AUSTRALIA PTY LTD (TSA)

TSA is a Corporate Authorised Representative (AFS Representative Number 001239613) of HCF (AFSL number 241 414). When we provide You with general advice about, or arrange to issue, vary or dispose of, a policy, we do so as a Corporate Authorised Representative of HCF.

Premiums for the life insurance products issued by HCF Life are paid to HCF Life. HCF receives commission from HCF Life for the sale of life insurance products plus an additional commission of HCF Life's underwriting profit each year calculated

as premium less claims and expenses. TSA receives a fixed hourly rate for provision of staff to provide general advice about, and arrange the issue, variation, and disposal of, life insurance products issued by HCF Life. For more information on this, contact HCF on 13 13 34. You may request more information about these remuneration arrangements within a reasonable time after You are given this Financial Services Guide and before You purchase the life insurance product.

HCF is a not-for-profit organisation and all of the income it receives is applied for the benefit of its members.

HCF holds professional indemnity insurance, for the benefit of TSA, that complies with the compensation requirements of section 912B of the Corporations Act. This includes cover for claims in relation to the conduct of representatives and employees who no longer work for HCF but who did at the time of the relevant conduct.

COMPLAINTS PROCESS

Should You have a complaint about any of the services We offer in this Financial Services Guide please contact Us on 13 13 34. If We have not resolved Your request, complaint within 30 days or You are not satisfied with Our response, You can contact The Australian Financial Complaints Authority (AFCA). AFCA is an independent body available free of charge to consumers and can be contacted at:

Call: **1800 931 678 (free call)**

Visit: **afca.org.au**

Email: **info@afca.org.au**

Write: **Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001**

Telco Services Australia Pty Ltd
ABN 31106 527 422
AFS Representative Number 001239613
31 Troode St, West Perth, WA 6005
Phone number: 13 13 34

The Hospitals Contribution Fund of Australia Ltd.
ABN 68 000 026 746 AFSL 241 414
HCF Life Insurance Company Pty Ltd.
ABN 37 001 831 250 AFSL 236 806
HCF House, 403 George St, Sydney, NSW, 2000
Phone number: 1800 560 855

OUR PRIVACY STATEMENT

HCF Life is committed to best practice privacy protection.

We collect personal information, including sensitive information such as health information, about you and any insured persons under the Policy from you, the Policy Owner, and/or other third parties detailed in the HCF Privacy Policy (which covers HCF Life), so we can:

- comply with applicable laws
- manage our relationship with you
- provide life insurance related products and services to you (including through third parties)
- manage and pay claims and benefits
- assess your life insurance and related needs
- investigate fraudulent or improper claims and assess risks
- research and develop products, services and benefits that may better serve your needs
- assess your possible interest in and tell you about other HCF products and services
- administer our business and deal with complaints.

The types of organisations and individuals we disclose personal information to include:

- third party organisations who deliver services on our behalf or to us, some of whom may be located overseas
- research companies contracted to us to ask your opinion on improving our service, benefits or product offerings
- other insurers or reinsurers
- government, including law enforcement agencies
- related HCF companies
- the named policy owner who has your authority
- any other authorised individual.

If you do not provide the personal information we request, we may not be able to provide you with our products or services.

You can ask us at any time to stop direct marketing to you by emailing service@myhcf.com.au or calling **13 13 34**.

For more information about the personal information we collect and how we handle it, how to access and correct your personal information or how to make a complaint and how we will respond to complaints, please read the HCF Privacy Policy.

To view the HCF Privacy Policy:

- Visit hcf.com.au/privacy
- Visit your local branch.

All new policy owners should ensure that all members on the policy are made aware of the HCF Privacy Policy.

RECOVER COVER THAT'S UNCOMMON CARE APPLY TODAY

APPLYING FOR CRITICAL ILLNESS INSURANCE IS EASY

To apply, all you need to do is:

1. Call, visit a branch or go online to complete your application
2. Leave the rest to us.



1800 560 855

MON-FRI 8AM-8PM,
SAT 9AM-1PM AEST/AEDT



hcf.com.au/recover-cover



Visit a branch