

# Seniors Life Insurance

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Seniors Life Insurance and this Product Disclosure Statement (**PDS**) are issued by the insurer, Hannover Life Re of Australasia Ltd (**Hannover**) ABN 37 062 395 484 of Tower 1, Level 33, 100 Barangaroo Avenue, Sydney NSW 2000.

Hannover holds an Australian Financial Services Licence 530811 to settle and handle claims.

Seniors Life Insurance is distributed and promoted by Australian Seniors Insurance Agency (**Australian Seniors**), a trading name of Greenstone Financial Services Pty Ltd (**GFS**) ABN 53 128 692 884, Australian Financial Services Licence 343079 of 50 Norwest Boulevard, Norwest NSW 2153.

# Welcome to Australian Seniors

GFS has partnered with Hannover Life Re of Australasia Ltd (**Hannover**) which is the insurer of this Australian Seniors product and issuer of this PDS.

Hannover is a wholly-owned subsidiary of Hannover Re and is part of the Hannover Re Group worldwide. The life insurance business of Hannover has been operating in the Australian market since 1994, has a Standard and Poor's Insurer Financial Strength of AA- (Very Strong), and as at 31 December 2022, had total annual in force premium of AU\$1.9 billion.

Hannover is regulated by the Australian Prudential Regulation Authority (**APRA**) and the Australian Securities and Investments Commission (**ASIC**).

## Our promise to you

To ensure that you receive the highest standard of service when you take out life insurance, Hannover complies with the Life Insurance Code of Practice (**the Code**). We also ensure our partners, including GFS, comply with the Code in all their dealings with you.

## What does the Life Insurance Code of Practice cover?

The Code sets out the life insurance industry's key commitments and obligations. It covers many aspects of your relationship with GFS and Hannover, from buying insurance to making a claim, to providing options if you experience financial hardship or require additional support.

## Key Code promises

- We will be honest, fair, respectful, timely and transparent when we communicate with you, and we will use plain language unless medical or other technical terminology is needed.
- We will monitor sales and retention practices to ensure they are completed appropriately.
- If a sale occurs using unacceptable sales practices, we will fix it.
- Additional support is available if you have difficulty with buying insurance or making a claim.
- When you make a claim, we will explain the process to you and keep you informed on the progress of your claim.
- A decision on your claim will be made within the Code timeframes, and if in circumstances beyond our control, we cannot meet these timeframes, we will explain why and you will have access to our complaints process.
- If we deny your claim, we will explain the reasons in writing and let you know the next steps if you disagree with our decision.
- We will restrict the use of investigators and surveillance, to preserve your right to privacy.
- The independent Life Code Compliance Committee will monitor our compliance with the Code.
- If we do not correct the Code breaches, sanctions can be imposed on us.

## Getting a copy

You can find out more about the Code and how to get a copy on the Australian Seniors website at [seniors.com.au/code-of-practice](https://seniors.com.au/code-of-practice)

# Product Disclosure Statement

## Explaining this Product Disclosure Statement

This Product Disclosure Statement (**PDS**) is designed to help you decide if Seniors Life Insurance is right for you. It tells you the terms and conditions applying to a Seniors Life Insurance Policy and it also provides important information about keeping premium payments up to date, what to do if you want to make a change and how to go about making a claim.

Any advice given in this PDS is general only and does not take into account your individual objectives or financial situation. You should consider whether this product is right for you, in regard to your objectives, financial situation and needs. You should carefully read this PDS and any other documentation we send you.

Australian Seniors and GFS do not guarantee Seniors Life Insurance and they are not liable to pay benefits under a Seniors Life Insurance Policy. The assessment and payment of claims for benefits is the responsibility of the insurer, Hannover.

Both Australian Seniors and GFS have consented to being named in this PDS in the way shown and have not withdrawn their consent before the date of this PDS.

From time to time, Seniors Life Insurance may be updated. Updates which are not material will be made available to you on the Australian Seniors website at **seniors.com.au**. If there are material updates to your Policy, we will make these updates known to you in a Supplementary Product Disclosure Statement (**SPDS**).

If you request a paper copy, this will be provided to you free of charge.

In this PDS, some words or expressions have special meaning. They normally begin with capital letters and their meaning is explained in the **Definitions** on page 23 of this PDS.

Also, in this PDS, references to 'you', 'your', and 'yours' means unless otherwise stated, the person who is the Policyowner or Key Life Insured as the context requires. Where a joint plan is applicable, reference to a Life Insured includes you, and/or the Partner Life Insured as the context requires. 'We', 'us' and 'our' means Hannover Life Re of Australasia Ltd.

## Who is this Policy for?

To understand who this product has been designed for, and if the Insurance Cover is likely to be consistent with your needs, objectives and financial situation, you can review the Target Market Determination which is available at **seniors.com.au** or you can request a free paper copy by contacting Australian Seniors at **1800 004 005**.

# This Product Disclosure Statement (PDS) is separated into two parts:

**Part 1: Seniors Life Insurance At a Glance**

The At a Glance section provides an overview of Seniors Life Insurance. Full details of Seniors Life Insurance can be found in Part 2.

**Part 2: Seniors Life Insurance Policy, from page 11**

This section of the PDS explains Seniors Life Insurance in full, including:

- events covered under the Policy;
- events not covered;
- terms and conditions;
- general information; and
- claims.

**Important Information:** It is important to read the information contained within both parts of this document to ensure the product suits your needs.



# Part 1: Seniors Life Insurance At a Glance



## Who can apply?

You can apply for a single plan or if you would like to include your partner, this will be a joint plan.

To be eligible to apply, you must:



be between 45 and 79 years old and



be an Australian Resident/s.

Once you have considered this PDS, you can apply over the phone by calling us Monday to Friday on **1800 004 005**.

See page 12 for full details.

## What am I covered for?

- **Life Insurance Benefit:** Upon your death, your beneficiaries will receive your chosen Benefit Amount.
- **Accidental Death Benefit:** If your death was due to an Accident, your beneficiaries will receive 2x the Benefit Amount in addition to the Life Insurance Benefit.
- **Terminal Illness Benefit:** If you are diagnosed with a Terminal Illness, you will receive the Benefit Amount.

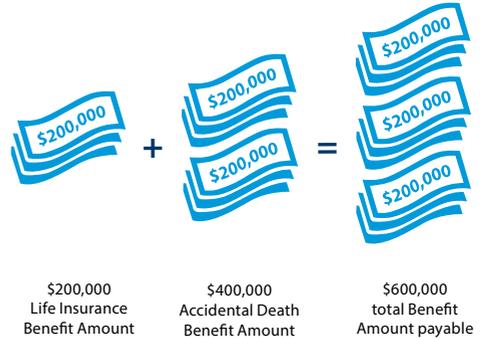
We may advance 20% of the Life Insurance Benefit whilst your death claim is being processed. Claims information is required to enable this.

See page 12 for full details.

## How much can I be covered for?

You can choose to be covered for an amount between **\$10,000 to \$200,000**.

For a Life Insurance Benefit Amount of \$200,000, a total benefit of \$600,000 is payable for Accidental Death.



See page 13 for full details.

## Is there a cooling off period?

If you cancel your Policy within the first 30 days from the Commencement Date and you have not made a claim during this time, we will give you a full refund of any premiums you have paid within 15 business days.

See page 18 for full details.

## How much will my Cover cost?

Premiums are the cost of your Insurance.



### How your premiums are calculated

Premiums are determined by:

- age at the Commencement Date
- sex at birth
- chosen Benefit Amount
- smoking status



### How your premium is structured

Your Policy has stepped premiums. This means your premiums increase each year on your Policy Anniversary.



### Your premium payment frequency options

Premiums for your Policy can be paid fortnightly, monthly, or annually.

## What happens if I do not pay my premiums?

We will remind you if you have missed a payment. However, if you do not pay your premiums for more than one month, we will need to take necessary steps to cancel your Policy.

## When will a Benefit Amount not be paid?

We will not pay a Benefit Amount if:

- ✗ you do not meet your duty to take reasonable care;
- ✗ the Policy has ended; or
- ✗ if you die or are diagnosed with a Terminal Illness as a result of an intentional self-inflicted injury in the first 13 months of:
  - the Policy Acceptance Date; or
  - the date the Policy has been reinstated after it cancelled.

See page 12 for full details.

## When will my Cover end?

Your Cover will end on the earliest of any of the following events:

- ✗ on your 85<sup>th</sup> birthday;
- ✗ the date of your death;
- ✗ the date of a Terminal Illness payment; or
- ✗ the date you or we cancel the policy as explained on page 19.

No benefits will be payable for any event that occurs after the Cover ends.

See page 13 for full details.

### How do I make a claim?

You or your beneficiaries can make a claim by contacting us via:

**Phone:** 1300 306 775

**Email:** claims@seniors.com.au

**Mail:** Australian Seniors  
Reply Paid 6728  
Baulkham Hills NSW 2153

See page 16 for full details.

### How do I make a complaint?

We hope you never have a reason to complain however, if you do need to lodge a complaint, please contact us using one of the following:

**Phone:** 1800 004 005

**Mail:** Australian Seniors  
Reply Paid 6728  
Baulkham Hills NSW 2153

**Email:** service@seniors.com.au

See page 20 for full details.



## Part 2: Seniors Life Insurance Policy



### Introducing Seniors Life Insurance

Seniors Life Insurance provides a lump sum payment in the event of death or diagnosis of a Terminal Illness, while insured under this Policy.

This Policy also includes an additional Accidental Death Benefit Amount which is payable if you, or your Partner Life Insured under a joint plan, die as the direct result of an Accident within 90 days of the Accident.

With Seniors Life Insurance, the Life Insured is protected 24 hours a day, 7 days a week, worldwide.

A full explanation of these benefits, and the terms and conditions of Life Insurance is contained in this PDS.

### Your Policy

If your application is accepted by us, we will issue you a Policy Schedule. Your Policy consists of the Policy Schedule and:

- this PDS (which includes the terms and conditions applying under your Policy);
- the application/s; and
- any amendments or endorsements we issue to you.

Please keep these documents in a safe place for future reference.

Your Seniors Life Insurance Policy may not be transferred or assigned to another person. The Cover provided under this Policy is written out of the Hannover Australian Statutory Fund.

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## **Purchasing a Policy**

You can apply for a single plan on your own life (Key Life Insured), or you can apply for a joint plan to also include your spouse, partner, or de facto (Partner Life Insured).

A Life Insured must be an Australian Resident/s and between 45 and 79 years of age at the time of application.

When you apply for a Policy, we have a process called underwriting to decide if we can offer you Cover.

We will ask you questions about your health and medical history. The answers you give us are important for us to make our decision.

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## **What events are covered**

### **Life Insurance Benefit**

We will pay a Life Insurance Benefit Amount if the Life Insured:

- dies from any cause; or
- is diagnosed with a Terminal Illness.

### **Accidental Death Benefit**

We will pay the Accidental Death Benefit Amount if a Life Insured dies as a direct result of an Accident within 90 days of the Accident whilst covered under this Policy.

In the event of a claim, notification of the claim and claim proofs, must be provided to us, as explained on page 16 of this PDS.

In some circumstances, a Benefit Amount is not payable, as explained in **What events are not covered** on page 12.

Terminal Illness and Accidental Death are defined terms with particular meanings. You should refer to the **Definitions** on page 23 where we explain what these meanings are. It is important that you read and understand the meanings of these terms as they may not be the same as commonly understood.

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## **What events are not covered**

To provide cover at a reasonable cost, we need to manage our risk by excluding payments for benefits in circumstances explained below.

We will not pay a Benefit Amount, if the Life Insured dies, or contracts or suffers a Terminal Illness, as a result of a self-inflicted injury which occurs within 13 months of:

- the Acceptance Date of the Policy; or
  - where we have agreed to reinstate the Policy after it was cancelled.
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## **When your Policy starts**

If your application for Seniors Life Insurance is accepted by us, then Cover starts for a Life Insured on the Acceptance Date set out in the Policy Schedule. Your first premium is deducted from the Commencement Date, which is also set out in the Policy Schedule.

We guarantee to continue your Policy until Cover ends, as explained in **When your Policy ends**, provided you pay your premiums when due.

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**When your Policy ends**

Cover for a Life Insured will end on the earliest of any of the following events:

- on their 85<sup>th</sup> birthday;
- the date of their death;
- the date of payment of a Terminal Illness claim;
- the date they cancel the Policy; or
- the date we cancel the Policy.

If Cover ends because the Key Life Insured reaches age 85, Cover for the Partner Life Insured will continue, and the Key Life Insured will remain as Policyowner.

If Cover ends solely as a result of the Key Life Insured's death or payment of a Terminal Illness claim, the Partner Life Insured can retain their Cover. We will issue a new policy with the Partner Life Insured named as the Policyowner. The new policy will be issued as a single plan and on the same terms as the original Policy, provided the first premium is paid. The timing of the 13-month exclusion under **What events are not covered**, will be based on the Acceptance Date of the original Policy.

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**Benefit Amount****Life Insurance Benefit**

A Life Insured can apply for a Benefit Amount from \$10,000 up to a maximum of \$200,000. The Benefit Amount provided under your Policy will be shown in the Policy Schedule.

**Advanced payment**

While assessing a claim for death, we may advance 20% of the Life Insurance Benefit Amount. This is to assist with the costs associated with a funeral or other similar expenses. We may make this payment without waiting for full claim proofs. For this payment to be made, we must have satisfactory documented evidence of the Life Insured's age, death and be reasonably satisfied that the benefit will be payable under their Policy.

We will not make an advance payment if the death is as a result of a self-inflicted injury occurring within 13 months of the Acceptance Date or reinstatement date.

If we make the advance payment, the Benefit Amount for that Life Insured will be reduced by the amount advanced.

Payment of the advanced amount is not an acceptance of the claim.

**Accidental Death Benefit**

The Accidental Death Benefit is two times the Life Insurance Benefit Amount (maximum of \$400,000). If a Life Insured dies as a direct result of an Accident within 90 days of the Accident, both the Accidental Death Benefit Amount and the Life Insurance Benefit Amount are payable on an eligible claim.

For example, if the Life Insurance Benefit Amount is \$200,000, a benefit of \$600,000 is payable — a \$400,000 Accidental Death Benefit Amount plus the \$200,000 Life Insurance Benefit Amount.

The Benefit Amount for each Life Insured will be shown in the Policy Schedule.

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**Maximum benefit limits**

To enable the insurer to manage the insurance risk on any one Life Insured, it is necessary to set a maximum limit on Cover provided for a Life Insured under all Seniors Life Insurance and Seniors Term Life Insurance policies. The maximum Benefit Amounts for a Life Insured are set out below:

- Life Insurance Benefit Amount \$200,000
- Accidental Death Benefit Amount \$400,000

If the Life Insured is covered under more than one Seniors Life Insurance Policy or Seniors Term Life Insurance Policy, we will apply this maximum limit to the total of the Benefit Amounts payable for the Life Insured under all in force Seniors Life Insurance and Seniors Term Life Insurance policies.

If the maximum Benefit Amount limit for a Life Insured has been exceeded, we will reduce the Benefit Amount to bring it back in line with the maximum allowed Benefit Amount for that Life Insured. Any reduction in the Benefit Amount will be applied to the Seniors Life Insurance Policy or Policies most recently commenced, and we will refund the premiums paid referable to the amount by which the Benefit Amount is reduced.

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# Cost of Seniors Life Insurance

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## How we calculate your premiums

Premiums are the cost of providing the Cover under your Policy. As explained below, if you do not pay the Policy premium when due, your Policy will be cancelled. The premium you are required to pay when the Policy starts is shown in the Policy Schedule.

Your premium is a stepped premium, which means that it will increase each year at each Policy Anniversary. We will send you an updated Policy Schedule, 30 days prior to your Policy Anniversary, for each year your Policy remains in force, setting out your updated premium.

Your premium is determined at the Commencement Date and then increases annually on the Policy Anniversary in accordance with the current premium rate schedule at that time and is based on the Life Insured's:

- age at the Commencement Date;
- sex at birth;
- Benefit Amount; and
- smoking status.

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## Payment methods, frequency, and due date

Your premium will be debited on the agreed date you have chosen, either fortnightly, monthly, or annually. The date on which your first premium is deducted will become your Policy Commencement Date. You can pay either by automatic debit from your bank, credit union, or building society account or by credit card.

You can ask us at any time to change the way you pay your premiums by calling us on **1800 004 005**.

All payments made in connection with this Policy must be made in Australian dollars.

If you are having difficulty making your premium payments, please contact us and we will tell you about the options we can provide to assist you to retain your Cover.

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## Premium rate changes

We may increase the premium rates applying to your Policy, but only if we change the premium rates applying to all (or the same group of) Seniors Life Insurance policyowners/customers. We will send written notice of any change to you (to your last address notified to us) at least 90 days before the effective date of the change.

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## Tax

In most cases, your premium will not be tax-deductible and tax will not be payable on any Benefit Amount paid under your Policy.

This information is based on the continuance of present tax laws and our interpretation of those laws. Your individual situation may differ, and you should seek qualified professional advice in relation to your particular circumstances.

# Claims

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## Making a claim

If you (or your beneficiary or legal personal representative on your death) wish to claim under this Policy, please contact us by using one of the following:

**Phone:** 1300 306 775

**Email:** [claims@seniors.com.au](mailto:claims@seniors.com.au)

**Mail:** Australian Seniors  
Reply Paid 6728  
Baulkham Hills NSW 2153

You will be sent a form to be completed, signed, and returned. We may also require your treating doctor or specialist to complete a form at your (or your estate's) expense.

The Policy and the Cover for the Benefit Amount must be in force when the insured event occurs for a claim to be eligible under the Cover provided.

Claims should be made as soon as possible after the event giving rise to the claim. We encourage you to lodge your claim within 120 days of the insured event and this will assist in reducing any delays within the claim assessment.

Before a claim can be fully assessed, we must receive proof, provided at your (or your estate's) expense. This proof must be to our reasonable satisfaction, that the insured event has occurred. In addition, in some cases it will be necessary for us to obtain:

- proof to be supported by one or more appropriate Medical Practitioners; and
- all relevant information, including any test, examination, or laboratory results, to be provided to us.

To enable us to determine if a claim is payable under the terms of your Policy, we may require the Life Insured to undergo (at our expense) examinations or other reasonable tests, and where necessary, a post-mortem examination. These may be needed to confirm the occurrence of an insured event. In addition, we may conduct investigations to assess the validity of the claim. This could involve the use of investigation agents and surveillance, legal advisers and the collection of personal data.

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**Benefit payments**

Unless a valid benefit nomination applies, we make all Benefit Amount payments to you, or on your death:

- under a single plan, to your legal personal representative, or other person that we are permitted to pay under the *Life Insurance Act 1995* (the Act); or
- under a joint plan, to your surviving Partner Life Insured.

If the Benefit Amount exceeds \$100,000 and a Beneficiary has not been nominated, we will be required to obtain documentation under the Act at an additional cost to your legal personal representative before we can pay the Benefit Amount.

Benefit Amounts in connection with your Policy will be paid in Australian dollars.

The payment of the Benefit Amount in accordance with the above and or to a nominated beneficiary in respect of a Life Insured is full and final discharge of our liability under the Policy for that Cover.

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**Benefit nominations**

As the Policyowner, we recommend that you nominate a beneficiary or beneficiaries to receive payment of the Benefit Amount on your death.

To make a nomination please call us Monday to Friday on **1800 004 005**, or complete a **Nomination of Beneficiaries Form** which can be downloaded from **seniors.com.au** and email **service@seniors.com.au** or mail to:

Australian Seniors  
Reply Paid 6728  
Baulkham Hills NSW 2153

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# General information

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## Your 30-day money back guarantee

You have 30 days from the Commencement Date to decide whether you want to keep the Policy, provided you have not made a claim under the Policy. This is known as the 'cooling off' period.

If you wish to cancel your Policy within the cooling off period, please either send a written request providing your instruction to cancel along with your full name and Policy number to one of the following:

**Writing:** Australian Seniors  
Reply Paid 6728  
Baulkham Hills NSW 2153

**Email:** [service@seniors.com.au](mailto:service@seniors.com.au)

**Phone:** 1800 004 005

If your request is received within 30 days of your Policy Commencement Date, we will refund any premiums you have paid within 15 business days, provided you have not made a claim.

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## Insurance risks

In considering whether to buy Seniors Life Insurance, there are a number of insurance risks you should be aware of, including:

- you need to select the type of insurance benefit and apply for the appropriate level of cover for your needs. If you do not have the appropriate type and level of cover, it might cause you or your family to suffer financial hardship even after receiving payment of the benefit amount;
- if you are replacing a contract or policy with another contract or policy, you should consider all the terms and conditions of each policy before making a decision to change. Your new cover may not provide the same level or scope of cover and you may need to re-serve waiting periods. Your new cover may not provide the required protection if you make any errors or omissions in your new application;
- your health circumstances may have changed which may mean that new cover is not available;
- before cancelling any existing policy, you should check that you have been issued with a new policy, otherwise you risk being uninsured;
- over time, your circumstances may change and you may find that you are less able to afford to pay the premium; and
- we may not pay a benefit in some circumstances (refer to information for **What events are not covered**) because an exclusion applies under your Policy.

The Seniors Life Insurance Policy is designed purely for protection and is not a savings plan. This means that, if you survive beyond age 85, no benefit is payable to you and there is no refund of the premiums you have paid. If you cancel your Policy (after the 30-day cooling off period), or we cancel your Policy, you will not receive back any of the premiums you have paid. You will also not be able to make a claim for an event arising after the date your Policy is cancelled.

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## Changing your Cover

Once your Policy has been accepted by us, you can request the following changes to your Policy:

- update your personal details;
- decrease a Life Insured's Benefit Amount; or
- change a Life Insured's status from a smoker to a non-smoker, for the purpose of determining your premium rating. You will need to provide a declaration that the Life Insured has not smoked for at least 12 months.

From the Acceptance Date of the Policy, the following changes cannot be made to your Policy:

- increase a Life Insured's Benefit Amount; or
- the addition of a Partner Life Insured.

You may be eligible to purchase an additional Policy if you require more Cover or Cover for a partner. You can call us Monday to Friday on **1800 004 005** or visit our **My Account** page at **seniors.com.au** to discuss changing your Cover.

Any change and the terms and conditions relating to the change are subject to approval and written confirmation by us.

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## Cancelling your Policy

If your premium remains unpaid for more than one month from when it is due, your Policy will be cancelled. Prior to cancelling your Policy, we will provide a written notice (to your last address notified to us) setting out the premium payments that are overdue and the timeframe you have to pay any overdue payments.

Within six months of the date that the Policy is cancelled by us, you can apply to reinstate Cover. However, your application will be subject to underwriting and may require new terms and conditions. Your application to reinstate your Policy may also be declined.

Cover for a Life Insured will be cancelled if the Life Insured is on a temporary work visa and ceases to reside in Australia. You are required to tell us if you or your Partner Life Insured is on a temporary work visa and ceases to reside in Australia.

If you wish to discuss or cancel your Policy, please send a written request providing your instruction to cancel along with your full name and Policy number to:

**Writing:** Australian Seniors  
Reply Paid 6728  
Baulkham Hills NSW 2153

**Email:** [service@seniors.com.au](mailto:service@seniors.com.au)

**Phone:** **1800 004 005**

Upon receiving your request to cancel, we will cancel your Policy. Where you have paid your premium on an annual basis, we will refund the annual premium less the amount which covered the period for which you were insured.

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# Questions or complaints

**How to contact us** We hope that you never have a reason to complain, but if you do, we will do our best to work with you to resolve it. To lodge a complaint or if you require assistance to lodge a complaint, please contact us using one of the following means:

**Phone:** 1800 004 005

**Mail:** Customer Support Complaints  
Australian Seniors  
Reply Paid 6728  
Baulkham Hills NSW 2153

**Email:** mail@seniors.com.au

Our complaint resolution process has three steps:

## 1– Initial response

Usually when you have a complaint, we can resolve it immediately on the phone. If we cannot immediately resolve your complaint to your satisfaction, we will refer your complaint to our centralised complaints team who will acknowledge receipt of your complaint within 24 hours (or one business day) where reasonable. If we are still unable to resolve your complaint within five days or your complaint is in relation to hardship or the value or decline of a claim, we will escalate your complaint for review by our Internal Dispute Resolution team.

## 2– Internal dispute resolution

All matters escalated to our Internal Dispute Resolution team will be responded to in writing. After full consideration of the matter, a written final response will be provided within 30 days that will outline the decision reached and the reasons for the decision.

## 3– External dispute resolution

In the unlikely event that your complaint is not resolved to your satisfaction, or a final response has not been provided within the required time frame, you can refer your matter to the Australian Financial Complaints Authority (AFCA) provided your matter is within the scope of AFCA's Complaint Resolution Scheme Rules. AFCA is a free, fair and independent dispute resolution scheme.

You may contact AFCA at:

### **Australian Financial Complaints Authority**

**Phone:** 1800 931 678

**Mail:** GPO Box 3 Melbourne VIC 3001

**Website:** afca.org.au

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

# Privacy notice

In this section, 'we', 'our' and 'us' means Hannover and anyone (including GFS and Australian Seniors) collecting information on our behalf and are subject to the Australian Privacy Principles under the Privacy Act 1988 (Cth).

We collect personal information (including sensitive information) in several ways, including via telephone, our website, paper or electronic forms or email. Whenever we deal with you, we request personal information in the application for insurance directly from you and we assume that, where you disclose information about others, you have obtained their permission to do so. In some instances, we may collect information from other sources. This may include from another party involved in a claim, family members, or anyone you have authorised to deal with us on our behalf, including your representatives.

We only collect personal information that is necessary to provide products and services to you, or otherwise permitted by the law.

By applying for insurance, you consent to your personal information (including health information) being collected and used to consider your application for insurance, assess a claim, using it or giving it to related companies for research and analysis, to design or underwrite new insurance products. Your personal information may be disclosed to third parties who assist in the provision of insurance services (i.e. reinsurers, related companies, our advisers, persons involved in claims, medical service providers, external claims data collectors and verifiers, your employer, your agents and other persons where required by law). Third parties are prohibited from using your personal information for purposes other than those for which it is supplied. Your personal information may be disclosed to the Australian Financial Complaints Authority (**AFCA**) or other dispute resolution providers, government bodies, regulators, law enforcement agencies and any other parties where required by law.

Your personal information may also be used to consider any other insurance application you may make in the future with us, or to perform our administrative operations (such as responding to your enquiries, providing you with support at your request, providing you a quote for insurance, responding to your enquiries, for training and quality assurance purposes) and performing internal support functions (such as risk management). If you do not consent to us collecting and using your personal information in this manner, or do not provide the requested information in full, we may be unable to provide you with all our services.

From time to time, Australian Seniors may use your personal information to assist them in developing and identifying products and services that may interest you and (unless you ask them not to by calling them on **1800 004 005**, Monday to Friday) telling you about products and services offered by them.

We may disclose your personal information to parties located in other countries as listed in Hannover's Privacy Policy.

You can read more about how we collect, use and disclose your personal information, including how to access your information or complain about a breach of your privacy by accessing Australian Seniors' Privacy Policy at [seniors.com.au/privacy-policy](https://seniors.com.au/privacy-policy) or Hannover's Privacy Policy at [hannover-re.com/privacyau](https://hannover-re.com/privacyau) or you can request a copy. If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy, or have any other query relating to privacy, please call **1800 004 005** (Monday to Friday).

# Your duty to take reasonable care

When applying for insurance, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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

This duty also applies when extending or making changes to existing Cover, and reinstating Cover.

## If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your Insurance Plan. Your Policy could be voided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we (at a later date) investigate whether the information given to us was true. For example, we may do this when a claim is made.

## Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond;
- answer every question;
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it; and
- review your application carefully, whether you or someone else helped you complete your application (for example, your interpreter or authorised third party), and any other documentation we provide you that was used in the assessment of your application.

## Changes before your cover starts

Before your Cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

## If you need help

It is important that you understand this information and the questions we ask. Ask us for help if you have difficulty understanding the process of buying Cover or answering our questions.

If you are having difficulty due to a disability, understanding English or for any other reason, we are here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you while speaking with us.

# Definitions

<b>Acceptance Date</b>	means the date an application for a Life Insured is accepted by us and Cover starts, as set out in the Policy Schedule.
<b>Accident</b>	means an event resulting in bodily injury occurring while the Life Insured is covered under this Policy, where the injury is directly and solely caused by accidental, violent, external and visible means without any other contributing causes and where the injury is not self-inflicted.
<b>Accidental Death</b>	means death occurring as the direct result of an Accident and where death occurs within 90 days of the Accident.
<b>Australian Resident</b>	means a person who resides in Australia at the time of application and either holds Australian or New Zealand citizenship; holds an Australian permanent residency visa; or has been in Australia continuously for six months or more on a temporary work visa and resides in Australia.
<b>Benefit Amount</b>	means the amount payable on the applicable insured event under this Policy in respect of a Life Insured. The Benefit Amount at the Acceptance Date for each benefit for each Life Insured is shown in the Policy Schedule.
<b>Commencement Date</b>	means the date on which your first premium payment is deducted. The date you select for the first premium deduction is set out in the Policy Schedule.
<b>Cover</b>	means, in respect of a Life Insured, the benefits that have been applied for by the Policyowner and accepted by us as indicated on the Policy Schedule.
<b>Insurance Plan</b>	<p>means the Insurance Plan nominated by the Policyowner in the application, subject to acceptance by us.</p> <p>The Insurance Plans available under the Policy are:</p> <ul style="list-style-type: none"><li>■ <b>single plan</b> – this Insurance Plan applies if the Key Life Insured is the only person nominated in the application, in which case, you are the Policyowner.</li><li>■ <b>joint plan</b> – this Insurance Plan applies if there is a Key Life Insured and a Partner Life Insured nominated in the application, in which case the Key Life Insured is the Policyowner.</li></ul>
<b>Key Life Insured</b>	means the person named in the Policy Schedule as the Key Life Insured.
<b>Life Insured</b>	means, as the context requires, the Key Life Insured and, if applicable, the Partner Life Insured. The Lives Insured are set out in the Policy Schedule.
<b>Medical Practitioner</b>	means a Medical Practitioner registered with the Australian Health Practitioner Regulation Agency ( <b>AHPRA</b> ), who must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.
<b>Partner Life Insured</b>	means a person named in the Policy Schedule as the Partner Life Insured. A partner may be a legal spouse or de facto of the Key Life Insured and may be of the same gender as the Key Life Insured.
<b>PDS</b>	is an acronym of Product Disclosure Statement.

<b>Policy</b>	means the legal contract between you and us. This PDS, the current Policy Schedule, and any amendments or endorsements to the Policy specified in the Policy Schedule make up the Policy.
<b>Policyowner</b>	means you. You are also the Key Life Insured. This Policy may not be transferred or assigned to another person.
<b>Policy Anniversary</b>	means the applicable anniversary of the Commencement Date of your Policy.
<b>Policy Schedule</b>	means the Policy Schedule issued with your Policy and updated from time to time. A new Policy Schedule will replace previous Policy Schedules.
<b>Specialist Medical Practitioner</b>	means a Medical Practitioner who practices in a specialty field and is listed on Australian Health Practitioner Regulation Agency's (AHPRA) Specialist Register. The Specialist Medical Practitioner must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.
<b>Terminal Illness</b>	means the diagnosis, by a Specialist Medical Practitioner (practicing in an area related to the illness), of a Terminal Illness where life expectancy is 24 months or less, after taking into account all reasonably available standard treatment.



# Direct debit service agreement

This agreement is issued by Hannover to help you understand your rights and responsibilities when making a premium payment by direct debit. It allows Hannover to debit your nominated account to meet the premiums for your Policy.

This direct debit service agreement is administered by GFS on behalf of the product issuer, Hannover.

The terms of the agreement are set below.

1. Hannover Life Re of Australasia Ltd ABN 37 062 395 484 (**Debit User**) will initiate direct premium debit payments in the manner referred to in the Policy Schedule (contained in the Direct Debit Request).
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give the customer at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.
4. If the customer wishes to defer any payment or alter any of the details referred to in the Policy Schedule, they must either contact the Debit User Monday to Friday on **1800 004 005** or write to the Debit User at Reply Paid 6728, Baulkham Hills NSW 2153.
5. Customer queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in this document on page 25. Queries about claims in regards to disputed debit payments should also be directed to the Debit User and may also be directed to the customer's financial institution nominated in the Policy Schedule.
6. Direct payment debiting is not available on the full range of accounts at all financial institutions. If in doubt, the customer should check with their financial institution before completing the Direct Debit Request.
7. The customer should ensure that their account details given in the Policy Schedule are correct by checking against a recent statement from their financial institution at which their account is held.
8. It is the customer's responsibility to have sufficient cleared funds available, by the premium due date, in the account to be debited to enable debit payments to be made in accordance with the Direct Debit Request.
9. By authorising the Direct Debit Request, the customer warrants and represents that he/she/they is/are duly authorised to request and instruct the debiting of premium payments from the account described in the Policy Schedule.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with the financial institution nominated in the Policy Schedule.
11. If a debit payment is returned unpaid, the customer may be charged a fee by the financial institution nominated in the Policy Schedule for each returned item.
12. Customers wishing to cancel the Direct Debit Request or to stop individual payments must give at least seven days' written notice to the Debit User at the address referred in point 4.
13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User and its service providers will keep details of the customer's account and debit payments confidential.







Call **1800 004 005**  
or visit **seniors.com.au**