

# Supplementary Product Disclosure Statement (SPDS)

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## Notice of Policy Changes & Amendments

### Issue Date: 14 March 2019

This notice sets out important changes and amendments to the **Basic Funeral Cover Product Disclosure Statement (PDS)** for Kogan Life Insurance and is issued by Hannover Life Re of Australasia Ltd (ABN 37 062 395 484), with an issue date of **5 April 2018**. It is important that you read this SPDS and your original PDS together to familiarise yourself with the policy terms and conditions as they now apply. We recommend that you keep a copy of this document with your PDS.

This SPDS is provided to upgrade the **Children's Insurance** component of the cover.

### Changes to your PDS

The changes as outlined in the table below through to page 5 are made to your PDS. Any claim that occurs as the result of an insurable event on or after **25 January 2019** will be assessed against the terms as amended in this SPDS. Except where specifically noted in the table below through to page 5, all other information in your PDS remains valid and effective.

Section of the PDS	Description of Change
<b>Children's Insurance Option</b> (pages 9-10)	Remove the entire section and replace with the new section <b>Children's Insurance Option</b> that follows this table as <b>Addendum 1</b> .
<b>Children's Insurance Option</b> (pages 17-18)	Remove the entire section and replace with the new section <b>Children's Insurance Option</b> that follows this table as <b>Addendum 2</b> .

Section of the PDS	Description of Change
<p><b>Glossary</b> (pages 24-26)</p>	<p>Insert the following new definitions into the <b>Glossary</b> section of the PDS.</p> <p><b>Benign Tumour of the Brain or of the Spinal Cord</b> means the presence of a non-cancerous tumour on the brain or spinal cord causing a permanent neurological deficit with persisting symptoms. The diagnosis must be confirmed by a Medical Practitioner.</p> <p>“Permanent neurological deficit with persisting symptoms” means dysfunction in the nervous system that is present on clinical examination and expected to last throughout the Child Insured’s life. It includes outcomes such as:</p> <ul style="list-style-type: none"> <li>● a coma;</li> <li>● a lack of coordination;</li> <li>● a tremor;</li> <li>● an objectively documented significant loss of cognitive function</li> <li>● aphasia (inability to speak);</li> <li>● difficulty in walking;</li> <li>● dysarthria (difficulty with speech);</li> <li>● dysphagia (difficulty in swallowing);</li> <li>● hemiparesis;</li> <li>● hemiplegia;</li> <li>● hyperaesthesia (increased sensitivity);</li> <li>● hypertonicity;</li> <li>● monoparesis;</li> <li>● monoplegia;</li> <li>● numbness;</li> <li>● paralysis (localised weakness); and</li> <li>● visual impairment.</li> </ul> <p>The following do not constitute “Permanent neurological deficit with persisting symptoms”:</p> <ul style="list-style-type: none"> <li>● An abnormality seen on the brain or spinal cord or other scans without definite related clinical symptoms.</li> <li>● Neurological signs occurring without symptomatic abnormality, such as brisk reflexes without other symptoms.</li> <li>● Symptoms of psychological or psychiatric origin.</li> </ul>

Section of the PDS	Description of Change
<p><b>Glossary</b> (pages 24-26) (continued)</p>	<p><b>Cancer</b> means the confirmed diagnosis of the presence of one or more malignant tumours histologically characterised by the uncontrolled growth and spread of malignant cells, and the invasion and destruction of normal tissue beyond the basement membrane. The term malignant tumour also includes leukaemia, sarcoma and lymphoma. The diagnosis must be confirmed by a specialist Medical Practitioner in the field.</p> <p><b>Chronic Kidney Failure</b> means end stage renal failure presenting as chronic irreversible failure of the function of both kidneys, which requires permanent dialysis.</p> <p><b>Congenital Condition</b> means an illness, disability or defect existing at or from a Child Insured's birth.</p> <p><b>Major Organ Transplant</b> means either having undergone an organ transplant, or upon specialist medical advice, is placed on an official Australian acute care hospital waiting list to undergo an organ transplant from another human donor of one or more of the following:</p> <ul style="list-style-type: none"> <li>● bone marrow;</li> <li>● heart;</li> <li>● kidney;</li> <li>● liver;</li> <li>● lung; or</li> <li>● pancreas.</li> </ul> <p>The transplantation of all other organs or parts of any organ or any other tissue is excluded.</p> <p><b>Monoplegia</b> means the total and permanent loss of use of one limb caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.</p> <p><b>Severe Burns</b> means full thickness (third degree) or deep partial thickness (second degree) burns to at least:</p> <ul style="list-style-type: none"> <li>● 10% of the body surface area as measured by the Lund and Browder Body Surface Chart;</li> <li>● 50% of both hands, requiring surgical debridement and / or grafting; or</li> <li>● 50% of the face, requiring surgical debridement and/or grafting.</li> </ul> <p>The diagnosis must be confirmed by a specialist Medical Practitioner in the field.</p> <p><b>Terminal Illness</b> means the diagnosis, by a Medical Practitioner approved by us, of a terminal illness where life expectancy, after taking into account all reasonably available treatment, is 12 months or less.</p>

Section of the PDS	Description of Change
<b>Glossary</b> (pages 24-26) (continued)	<p><b>Total and Permanent Loss of Use of One Limb</b> means, in respect to the <b>Children’s Insurance Option</b>, the complete and irrecoverable loss of use of one limb. Limb in this context means an arm, leg, hand or foot. The diagnosis must be confirmed by a Medical Practitioner.</p>
<b>Glossary</b> (pages 24)	<p>Replace the definition of <b>Blindness</b> with the following:</p> <p><b>Blindness</b> means:</p> <ul style="list-style-type: none"> <li>• In respect to the <b>Accidental Serious Injury Benefit</b>, the permanent loss of sight in both eyes, due to injury or illness, such that visual acuity is at least 6/60 or less in both eyes, or the visual field is reduced to at least 20 degrees or less of arc, measured, in each case, after taking into account visual aids. The diagnosis must be confirmed by a Medical Practitioner.</li> <li>• In respect to the <b>Children’s Insurance Option</b>, the permanent loss of sight in the Child Insured, due to injury or illness, such that visual acuity is 6/60 or less in at least one eye, or the visual field is reduced to 20 degrees or less of arc, measured, in each case, after taking into account visual aids. If this is not met, other evidence confirming an equivalent severity of blindness will be considered. The diagnosis must be confirmed by a specialist Medical Practitioner in the field.</li> </ul>
<b>Glossary</b> (pages 24)	<p>Replace the definition of <b>Deafness</b> with the following:</p> <p><b>Deafness</b> means:</p> <ul style="list-style-type: none"> <li>• In respect to the <b>Accidental Serious Injury Benefit</b>, the confirmed diagnosis of the total and irreversible loss of hearing, both natural and assisted, in both ears, of 90 decibels or greater measured over the frequencies of 500 hertz, 1000 hertz, 2000 hertz and 3,000 hertz in 2 measurements at least 6 months apart. The diagnosis must be confirmed by a Medical Practitioner.</li> <li>• In respect to the <b>Children’s Insurance Option</b>, a confirmed diagnosis in the Child Insured of the total and irreversible loss of hearing, both natural and assisted, in one or both ears. The diagnosis must be confirmed by a specialist Medical Practitioner in the field.</li> </ul>
<b>Glossary</b> (pages 25)	<p>Replace the definition of <b>Encephalitis</b> with the following:</p> <p><b>Encephalitis</b> means a the diagnosis of a bacterial infection of the brain tissue in the Child Insured. The diagnosis must be confirmed by a specialist Medical Practitioner in the field.</p>
<b>Glossary</b> (pages 25)	<p>Replace the definition of <b>Major Head Trauma</b> with the following:</p> <p><b>Major Head Trauma</b> means an accidental head injury in the Child Insured, resulting in the admission to ICU for more than four consecutive days (96 hours). The diagnosis must be confirmed by a Medical Practitioner.</p>

Section of the PDS	Description of Change
<b>Glossary</b> (pages 26)	Replace the definition of <b>Meningitis (and/or Meningococcal Disease)</b> with the following:  <b>Meningitis (and/or Meningococcal Disease)</b> means the diagnosis of a bacterial infection of the meninges of the brain or meningococcal septicaemia in the Child Insured. The diagnosis must be confirmed by a specialist Medical Practitioner in the field.
<b>Glossary</b> (pages 26)	Replace the definition of <b>Paralysis</b> with the following:  <b>Paralysis</b> means the total and permanent loss of use of one or more limbs through injury or illness caused by permanent damage to the nervous system. This includes but is not limited to: <ul style="list-style-type: none"> <li>● Diplegia;</li> <li>● Hemiplegia;</li> <li>● Monoplegia,</li> <li>● Paraplegia, and</li> <li>● Quadriplegia/Tetraplegia.</li> </ul> The diagnosis must be confirmed by a Medical Practitioner.
<b>Glossary</b> (pages 26)	Replace the definition of <b>Total and Permanent Loss of Use of Two Limbs</b> with the following:  <b>Total and Permanent Loss of Use of Two Limbs</b> means, in respect to the <b>Accidental Serious Injury</b> benefit, the complete and irrecoverable loss of the use of two limbs. Limb in this context means an arm, leg, hand or foot. The diagnosis must be confirmed by a Medical Practitioner.

## Addendum 1

### Children's Insurance Option

If you (and/or the Partner Life Insured) are a parent or legal guardian of a child, you can apply to add Children's Insurance to your Basic Funeral Cover Policy.

Your child must be an Australian Resident and between 2 and 17 years of age.

The Children's Insurance benefit is \$10,000 for each Child Insured and is payable once only per child in any one of the following circumstances occurring before the Policy Anniversary following the child's 21st birthday:

**Death from any cause** – should the Child Insured die from any cause, or is diagnosed with a Terminal Illness, at least three months after the day cover starts, providing we have paid no Children's Insurance Benefit Amount in relation to a serious injury or illness for that Child Insured.

**Death due to an Accident** – should the Child Insured die as the direct result of an Accident within 90 days of the Accident (please refer to the definition of 'Accident' on page 8 of the PDS).

**Serious injury or illness** – should the Child Insured suffer one of the following conditions as a result of injury or illness while covered under the Policy:

- a Benign Tumour of the Brain or of the Spinal Cord;
- Blindness;
- Cancer;
- Chronic Kidney Failure;
- Deafness;
- Encephalitis;
- a Major Head Trauma;
- a Major Organ Transplant;
- Meningitis (and/or Meningococcal Disease);
- Paralysis;
- Severe Burns; or
- a Total and Permanent Loss of Use of One Limb.

The condition must be diagnosed by a Medical Practitioner and confirmed by our medical advisers. The benefit is not payable if the condition is directly or

indirectly as a result of any one of the following:

- a Congenital Condition;
- the intentional act of the owner of the Policy, or other person who would otherwise be entitled to all or part of the benefit; or
- an injury which occurs, or an illness which becomes apparent, before the insurance for the Child Insured starts, or during the first three months after the insurance starts.

We will not pay a Children's Insurance benefit in respect of a Child Insured if the Child Insured dies or is diagnosed with a Terminal Illness which becomes apparent before or during the first three months after the Children's Insurance starts or, if reinstated, the first three months after the Children's Insurance for the Child Insured is reinstated.

If a Child Insured is covered under more than one Basic Funeral Cover Policy, the Benefit Amount is only payable once under the oldest policy.

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## Addendum 2

### Children's Insurance Option

If you (and/or the Partner Life Insured) are a parent or legal guardian of a child aged between 2 and 17 years of age who is an Australian Resident, you can apply for Children's Insurance cover for the child. If you have Children's Insurance, each Child Insured is shown in the Policy Schedule.

The Children's Insurance Benefit Amount is \$10,000 for each Child Insured. Only one Children's Insurance Benefit Amount is payable per Child Insured, on the first covered event to occur before the Children's Insurance ends for that child.

We will pay a Children's Insurance benefit if a covered event occurs to a Child Insured while the Policy is in force, except in circumstances set out in **What is not covered under your Children's Insurance?** on page 7 of this SPDS.

The covered events are:

**Death from any cause** - We will pay the Children's Insurance Benefit Amount as a lump sum in the event the Child Insured dies from any cause, or is diagnosed with a Terminal Illness, at least three months after the day cover starts, provided we have paid no Children's Insurance Benefit Amount in

relation to a serious injury or illness for that Child Insured.

**Accidental Death** – We will pay the Children’s Insurance Benefit Amount as a lump sum in the event of Accidental Death of the Child Insured while covered under the Policy, provided we have paid no Children’s Insurance Benefit Amount in relation to a serious injury or illness for that Child Insured.

**Serious injury or illness** - We will pay the Children’s Insurance Benefit Amount as a lump sum in the event the Child Insured suffers:

- a Benign Tumour of the Brain or of the Spinal Cord;
- Blindness;
- Cancer;
- Chronic Kidney Failure;
- Deafness;
- Encephalitis;
- a Major Head Trauma;
- a Major Organ Transplant;
- Meningitis (and/or Meningococcal Disease);
- Paralysis;
- Severe Burns; or
- a Total and Permanent Loss of Use of One Limb

while covered under the Policy. The condition must be diagnosed by a Medical Practitioner and confirmed by our medical advisers.

### **Limit**

Only one Children’s Insurance Benefit Amount of \$10,000 is payable per Child Insured under all Basic Funeral Cover policies. If a Child Insured is covered for Children’s Insurance under more than one Basic Funeral Cover Policy, we will only pay the \$10,000 Benefit Amount on acceptance of the claim under the oldest

cover and will refund the premiums paid referable to the Children’s Insurance for that Child Insured under all other Basic Funeral Cover policies.

### **The cost of your Children’s Insurance**

The premium you are required to pay for this option for each Child Insured is shown in your Policy Schedule. The premium must be paid in Australian currency.

**Guarantee** – We guarantee that the premium you pay for each Child Insured:

- will never increase after the Commencement Date; and
- will reduce by 5% after each continuous period of five years your Policy is in force.

### **What is not covered under your Children’s Insurance?**

We will not pay a Children’s Insurance benefit in respect of a Child Insured if the Child Insured suffers from:

- a Benign Tumour of the Brain or of the Spinal Cord;
- Blindness;
- Cancer;
- Chronic Kidney Failure;
- Deafness;
- Encephalitis;
- a Major Head Trauma;
- a Major Organ Transplant;
- Meningitis (and/or Meningococcal Disease);
- Paralysis;
- Severe Burns; or
- a Total and Permanent Loss of Use of One Limb

as a result of:

- a Congenital Condition;
- the intentional act of the Policyowner or person who will otherwise be entitled to all or part of the Benefit Amount; or
- an injury which occurs, or an illness which becomes apparent, before the Children's Insurance for the Child Insured starts, or during the first three months after the Children's Insurance starts or, if reinstated, the first three months after the Children's Insurance for the Child Insured is reinstated.

We will not pay a Children's Insurance benefit in respect of a Child Insured if the Child Insured dies or is diagnosed with a Terminal Illness which becomes apparent before or during the first three months after the Children's Insurance starts or, if reinstated, the first three months after the Children's Insurance for the Child Insured is reinstated.

We will pay for any new and unrelated occurrence of :

- a Benign Tumour of the Brain or of the Spinal Cord;
- Blindness;
- Cancer;
- Chronic Kidney Failure;
- Deafness;
- Encephalitis;
- a Major Head Trauma;
- a Major Organ Transplant;
- Meningitis (and/or Meningococcal Disease);
- Paralysis;
- Severe Burns; or
- a Total and Permanent Loss of Use of One Limb

suffered by a Child Insured after this three-month period, while the Child Insured is covered under the Policy.

### **When your Children's Insurance starts and ends**

If your application for Children's Insurance is accepted by us, cover for the child starts on the Acceptance Date. The Children's Insurance ends for a Child Insured when the first of the following occurs:

- the date of death of the Child Insured;
- the date of payment of a Children's Insurance Benefit Amount for the Child Insured;
- the date you die\*;
- the date on which we pay the Funeral Insurance Benefit Amount for the Key Life Insured\*;
- the date you cancel the Policy;
- the date you take up the Early Cash Payment Option on the Key Life Insured\*;
- the date we cancel the Policy;
- the date you cancel this cover for the Child Insured; or
- the Policy Anniversary following the Child Insured's 21st birthday.

Events marked by an \* indicate that although the Policy will end should that event occur, if there is a Partner Life Insured, the Children's Insurance can continue under a new Policy issued to the Partner Life Insured (see **When cover starts and ends** on page 16 of the PDS).

Please contact Kogan Life Insurance on **1300 513 484** (Monday to Friday between 8am and 8pm AEST), if you would like to discuss these changes in any further detail.





## **Basic Funeral Cover**

Product Disclosure Statement and Policy Booklet  
Issue date: 5 April 2018

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Basic Funeral Cover is 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.

Basic Funeral Cover is promoted by Kogan Life Insurance, a trading name of Kogan Australia Pty Ltd (Kogan) ABN 53 152 570 351 AR 001256858 of 139 Gladstone St, South Melbourne VIC 3205, and distributed by Greenstone Financial Services Pty Ltd (GFS) ABN 53 128 692 884 AFSL 343079 of 58 Norwest Blvd, Bella Vista NSW 2153. Kogan Life Insurance is an authorised representative of GFS.

# Welcome to Kogan Life Insurance

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As one of Australia's leading online retailers of consumer goods, Kogan has a strong focus on providing great value products and services to its customers. Taking a similar approach to its retail business model, Kogan has partnered with Greenstone Financial Services (GFS) and Hannover Life Re of Australiasia Ltd (Hannover) to develop life insurance products that are designed to appeal to customers looking for great value personal insurance.

Basic Funeral Cover is promoted by Kogan Life Insurance, a trading name of Kogan, is distributed by GFS, and is issued by Hannover, the insurer of this product.

Hannover is a wholly-owned subsidiary of Hannover Re and is part of the Hannover Re Group worldwide. Hannover Re Group is one of the largest life reinsurers in the world, and has a Standard and Poor's Insurer Financial Strength of AA- (Very Strong), and has maintained this rating for a number of years. The life insurance business of Hannover has been operating in the Australian market since 1958, and as at 31 December 2017, had total annual in force premium in excess of AU\$1 billion.

Hannover is regulated by the Australian Prudential Regulatory Authority (APRA).

## **Our Promise to You**

To ensure that you receive the highest standard of service when you take out life insurance, we comply 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 (using plain language) in our communications with you.
- we will monitor sales to ensure they are completed appropriately.
- if an inappropriate sale occurs, we will discuss with you how this can be remedied.
- 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 exceptional circumstances we cannot meet these timeframes, 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 ensure your legitimate 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 get a copy of the Code and a full list of insurance companies that are covered by the Code, on the Financial Services Council website at [fsc.org.au](https://www.fsc.org.au)

# Product Disclosure Statement

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Any advice given in this Product Disclosure Statement (**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 and any other documentation we send you.

Basic Funeral Cover and this PDS is 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.

Basic Funeral Cover is promoted by Kogan Life Insurance, a trading name of Kogan Australia Pty Ltd (**Kogan**) ABN 53 152 570 351 AR 001256858, and distributed by Greenstone Financial Services Pty Ltd (**GFS**) ABN 53 128 692 884 AFSL 343079. Kogan Life Insurance is an authorised representative of GFS. Kogan and GFS do not guarantee Basic Funeral Cover and they are not liable to pay benefits under a Basic Funeral Cover Policy. The assessment and payment of claims for benefits is the responsibility of the insurer, Hannover.

Both Kogan 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, Basic Funeral Cover may be updated. Updates which are not materially adverse to you may be found on the Kogan Life Insurance website at [koganlifeinsurance.com.au](http://koganlifeinsurance.com.au). If you request a paper copy, this will be provided to you free of charge.

## Reading this PDS

In this PDS:

- some words or expressions, shown in *italics*, have a special meaning which affects the insurance cover and/or benefits provided under a Basic Funeral Insurance policy. An explanation of these words or expressions may be found in the Glossary which begins at page 24.
- references to **we**, **us** and **our** mean the insurer, Hannover.

## Applying for a Policy

After considering this PDS, you can apply for a Basic Funeral Cover Policy by calling **1300 513 484** (Monday to Friday between 8am and 8pm AEST).

You can apply for a single plan on your own life, or you can apply for a joint plan to include your spouse, partner or de facto (Partner Life Insured). As long as you, and your partner under a joint plan, are an *Australian Resident* aged between 18 and 79, we guarantee to accept your application.

## Policy Terms

If your application is accepted, we will issue you a Policy comprising a booklet setting out the terms and conditions applying and a policy schedule with details relevant to your benefits and those of your Partner Life Insured under a joint plan.

This PDS is a general description of the benefits provided under a Basic Funeral Cover Policy – you need to refer to your Policy booklet and Schedule for full details of how your insurance will operate. For convenience, a copy of the Policy booklet is included in this document pack from page 13.

## The benefits of Basic Funeral Cover

**Death from any cause** – a Funeral Insurance Benefit is payable if you, or your partner under a joint plan, die from any cause at least 12 months after the day cover starts;

or

**Death due to an accident** – an Accidental Death Benefit, and the Funeral Insurance Benefit, is payable if you, or your partner under a joint plan, die as the direct result of an accident within 90 days of the accident.

While the lump sum benefit is designed to assist with the cost of your funeral and other final expenses, the benefit may be used for any purpose. This insurance does not provide any funeral, burial or cremation services. You can nominate beneficiaries to receive payment of the benefit payable on your death. How to make a nomination is explained in the information we send you with your Policy.

**Accidental Serious Injury Insurance** – an Accidental Serious Injury Benefit is payable if you, or your partner under a joint plan, suffer one of the following conditions as the direct result of an accident within 12 months of the accident and before the Policy Anniversary following the Life Insured's 75th birthday:



- *Blindness;*
- *Deafness;*
- *Diplegia;*
- *Hemiplegia;*
- *Paraplegia;*
- *Quadriplegia/Tetraplegia;*
- *Total and Permanent Loss of Use of Two Limbs.*

The condition must be diagnosed by a *Medical Practitioner* within 12 months of the accident and confirmed by our medical advisers. The benefit is only payable once for a Life Insured and is not payable if the condition is directly or indirectly the result of any one of the following:

- an intentional self-inflicted bodily injury;
- suicide or attempted suicide;
- engaging in any professional sport;
- war (whether declared or not) or war-like activity;
- being a pilot or crew member of any aircraft, or engaging in any aerial activity except as a passenger in a properly licensed aircraft;
- engaging in any criminal activities or illegal acts;
- the consumption of drugs;
- engaging in any motor sports as a rider, driver and/or passenger;
- taking part in a riot or civil commotion;
- the consumption of intoxicating liquor including driving with an alcohol level above the prescribed limit.

## Definition of “accident”

Where a benefit is payable due to death or serious injury as the direct result of an accident, “accident” means an event resulting in bodily injury occurring while your policy is in force where the injury is directly and solely caused by accidental, violent, external and visible means, without any other contributing causes, and the injury is not self-inflicted.

## Benefit Amount

You can apply for a Funeral Insurance Benefit from \$3,000 to \$15,000. The Accidental Death Benefit is two times the Funeral Insurance Benefit amount (maximum of \$30,000). If you are eligible to claim, both the Accidental Death Benefit and the Funeral Insurance Benefit is payable. For example, if you chose a \$15,000 Funeral Insurance Benefit, a benefit of \$45,000 is payable – a \$30,000 Accidental Death Benefit plus a \$15,000 Funeral Insurance Benefit.

The Accidental Serious Injury Benefit is three times the Funeral Insurance Benefit amount (maximum of \$45,000). If you, or your partner, are covered under more than one Basic Funeral Cover Policy, the maximum benefits apply to the total payable for the Life Insured under all such policies.



## Funeral Insurance Benefit Guarantee

If the Funeral Insurance Benefit (plus Accidental Death Benefit, if applicable) is less than 80% of the total premiums payable under the policy on your life (or on the life of a Partner Life Insured, if applicable) we will increase the benefit payable to 80% of the total premiums paid for the Life Insured under the Policy to the date of death if the Policy is in force when that life insured dies.

## 24/7 Protection

You, and your partner under a joint plan, are protected 24 hours a day, 7 days a week, worldwide while your Policy is in force.

## Early Cash Payment Option

At any time after you (and/or your partner under a joint plan) reach 85 years of age, you may elect to end your cover (and/or your partner's cover under a joint plan) and we will pay you an amount equal to the relevant Life Insured's Funeral Insurance Benefit Amount.

If you terminate your cover under this option, but not your partner's cover if you have a joint plan, your Policy will end, but we can issue a new policy to your partner if your partner wants to continue his or her cover (and any Children's cover).

## Children's Insurance Option

If you (and/or the Partner Life Insured) are a parent or legal guardian of a child, you can apply to add Children's Insurance to your Basic Funeral Cover Policy. Your child must be an *Australian Resident* aged between 2 and 17 years of age.

The Children's Insurance benefit is \$10,000 for each Child Insured and is payable once only per child in any one of the following circumstances occurring before the Policy Anniversary following the child's 21st birthday:

**Death from any cause** – should the Child Insured die from any cause at least 12 months after the day cover starts.

**Death due to an accident** – should the Child Insured die as the direct result of an accident within 90 days of the accident (please refer to the definition of "accident" on page 8).

**Serious injury or illness** – should the Child Insured suffer one of the following conditions:

- *Blindness;*
- *Deafness;*
- *Encephalitis;*
- *Major Head Trauma;*
- *Meningitis;*
- *Paralysis;*
- *Total and Permanent Loss of Use of Two Limbs.*

The condition must be diagnosed by a *Medical Practitioner* and confirmed by our medical advisers. The benefit is not payable if the condition is directly or indirectly the result of any one of the following:

- a congenital condition;
- the intentional act of the owner of the Policy, or other person who would otherwise be entitled to all or part of the benefit;
- an injury which occurs, or an illness which becomes apparent, before the insurance for the child starts, or during the first three months after the insurance starts.

If a child is covered under more than one Basic Funeral Cover Policy, the benefit is only payable once under the oldest Policy.

## Cost of Basic Funeral Cover

Premiums are the cost of your insurance. Your premium is calculated based on the age of each Life Insured (you under a single plan and both you and your partner under a joint plan) when your Policy starts.

If you include the Children's Insurance option, the cost of this insurance is added to the premium payable.

For a premium quote, or for more information on the cost of Basic Funeral Cover, please call **1300 513 484** (Monday to Friday between 8am and 8pm AEST) or visit [koganlifeinsurance.com.au](http://koganlifeinsurance.com.au)

You can pay the premium by automatic debit from your bank, credit union or building society account, or by credit card.

Provided the cover remains unchanged, your premium is guaranteed never to increase and will reduce by 5% after each continuous period of five years your Policy is in force.

## General Information

### Your 30 day money back guarantee

You have 30 days from the Commencement Date, or the date any optional benefit starts, to make sure you are happy with the Policy and decide whether you want to keep the Policy, or the Children's Insurance option, if included. This is known as the "cooling off" period. If you want to cancel your Policy, or the Children's Insurance option (if included) within this 30 day period, you may do so provided you have not made a claim under your Policy. The Policy booklet explains how to exercise your cooling off cancellation.

### Insurance risks

In considering whether to acquire Basic Funeral Cover, there are a number of insurance risks you should be aware of, including:

- you need to select the correct insurance product and apply for the appropriate level of cover for your needs. If you do not have enough cover, it might cause you or your family to suffer financial hardship even after receiving the benefit payment;
- 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;
- over time, your circumstances may change and you may find that you are less able to afford to pay the premium; and

- Basic Funeral Cover is designed purely for protection. This means that, unless the Early Cash Payment Option applies (refer to page 9), if you cancel your Policy (after the 30 day cooling off period), or we cancel your Policy, you will not receive any premiums you've paid back.

**Please be aware that we can cancel your Policy if you do not pay the premiums when due or, if you are on a temporary work visa and you cease to reside in Australia.**

### **Risks associated with taking up the Early Cash Payment Option**

You have the option to take up the Early Cash Payment Option when you (or your partner under a joint plan) reach age 85 – see the **Early Cash Payment Option** section on page 9.

Before you elect to take the Early Cash Payment Option (this option is available after you (and/or the Partner Life Insured under a joint plan) reach age 85), you should consider the benefits otherwise available under your Policy at that time and the risks that may apply in making this decision, including:

- the amount available on death will often exceed the Funeral Insurance Benefit Amount at the time you make your election. Please call **1300 513 484** (Monday to Friday between 8am and 8pm AEST) to find out the amount payable on your death, or on the death of the Partner Life Insured;

- any premiums you have paid after your 85th birthday will not be refundable if you subsequently elect to take up this offer; and
- unless you have a joint plan and a Partner Life Insured to whom we can issue a new Policy, cover for any Child Insured under this Policy will end because your Policy will terminate.

### **Tax**

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

This information is based on 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.

### **Questions or complaints**

We hope that you never have reason to complain, but if you do, we will do our best to work with you to resolve it. You can contact us by phone – **1300 513 484** (Monday to Friday between 8am and 8pm AEST) or by writing to us:

**Writing:** Customer Service Complaints  
Kogan Life Insurance  
PO Box 6728  
Baulkham Hills NSW 2153

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

Usually when you have a concern, we can resolve it immediately on the phone. If not, we will treat it as a complaint and our dispute resolutions team will take steps to resolve it as soon as possible.

In the unlikely event that your complaint is not resolved to your satisfaction, or a final response has not been provided within 45 days of it being referred to our dispute resolutions team, you may be eligible to refer your matter to the Financial Ombudsman Service (**FOS**), providing your matter is within the scope of the FOS Terms of Reference. FOS is an independent dispute resolution service provided free of charge. We will inform you of your rights to refer your complaint to FOS, and how to contact FOS, when we provide a response to your complaint.

# Policy Booklet – Basic Funeral Cover

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Your Basic Funeral Cover Policy is issued by Hannover Life Re of Australasia Ltd (**Hannover**) ABN 37 062 395 484 of Tower 1, Level 33, 100 Barangaroo Avenue, Sydney NSW 2000 and is referable to the Hannover Australian statutory fund.

Your Policy consists of this booklet, which explains the terms and conditions of the insurance cover provided, and your Policy Schedule which sets out the details of your cover, including any special conditions applying. The Policy Schedule which is issued with this booklet will be updated when the details of your cover change, with the new Schedule replacing the previous Schedule. Please keep these documents in a safe place.

In this booklet:

- Hannover is referred to as “we”, “our” or “us”;
- “you” or “your” refers to the owner of this Policy;
- some words or expressions have a special meaning – they normally begin with capital letters and their meaning is explained in the Glossary on page 24 of this booklet.

Basic Funeral Cover is promoted by Kogan Life Insurance, a trading name of Kogan Australia Pty Ltd (Kogan) ABN 53 152 570 351 AR 001256858, and distributed by Greenstone Financial Services Pty Ltd (GFS) ABN 53 128 692 884 AFSL 343079 of 58 Norwest Blvd, Bella Vista NSW 2153.

This Policy is not guaranteed by Kogan or GFS, nor are they responsible for the assessment of claims and the payment of benefits under the Policy. The assessment and payment of claims for benefits is the responsibility of the insurer, Hannover.

## Single or Joint Plan

When you applied for this Policy, you nominated whether you sought a single plan on your own life, or a joint plan so your spouse, partner or de facto is also covered as a Life Insured, as indicated in the Policy Schedule.

To be accepted for cover under this Policy, each Life Insured must be an Australian Resident aged between 18 and 79 years of age.

## Basic Funeral Cover Benefits

We will pay the benefits explained below, as long as the Policy is in force for the Life Insured at the date of the insured event, except in circumstances set out in the **What is not covered under your Policy** section on page 15. The Benefit Amount for each Life Insured is shown in the Policy Schedule and cannot be changed.

### Death from any cause

We will pay the Funeral Insurance Benefit Amount if a Life Insured dies from any cause, where death occurs at least 12 months after the Acceptance Date or, if the Policy is reinstated, 12 months after the date of reinstatement of this Policy;

or

### Death due to an Accident

We will pay the Accidental Death Benefit Amount and the Funeral Insurance Benefit Amount if a Life Insured suffers Accidental Death on or after the Acceptance Date.

### Accidental Serious Injury Benefit

We will pay the Accidental Serious Injury Benefit Amount as a lump sum in the case of:

- Blindness; or
- Deafness; or
- Diplegia; or
- Hemiplegia; or
- Paraplegia; or
- Quadriplegia/Tetraplegia; or
- Total and Permanent Loss of Use of Two Limbs,

occurring to the Life Insured as the direct result of an Accident, where the injury occurs within 12 months of the Accident.

The Accidental Serious Injury must occur while your Policy is in force and before the Policy Anniversary following the Life Insured's 75th birthday. It must be diagnosed by a Medical Practitioner within 12 months of the Accident and must be confirmed by our medical advisers.

### Benefit Limits

Subject to the guarantee explained below, the following benefit limits apply to each Life Insured:

- Funeral Insurance Benefit Amount – \$15,000.
- Accidental Death Benefit Amount – \$30,000.
- Accidental Serious Injury Benefit Amount – \$45,000.

If the Life Insured is covered under more than one Basic Funeral Cover Policy, we will apply these limits to the total of the benefits payable for the Life Insured under all Basic Funeral Cover policies.

Any reduction in Benefit Amounts will be applied to the policies most recently commenced and we will refund the premiums paid referable to the reduced benefits.

Only one Accidental Serious Injury Insurance Benefit Amount is payable per Life Insured. A successful claim under the Accidental Serious Injury Benefit will not reduce the Funeral Insurance Benefit Amount.

**Guarantee** – We guarantee that the benefit we pay on the Life Insured's death will be the higher of the Funeral Insurance Benefit Amount (plus Accidental Death Benefit, if applicable) or 80% of the total premiums paid for the Life Insured, if the Policy is in force when the Life Insured dies.

## What is not covered under your Policy

During the first 12 months after the Acceptance Date for a Life Insured, a Funeral Insurance Benefit Amount will only be paid if the Life Insured suffers Accidental Death. This means that no benefit is payable if the Life Insured dies as a result of any other cause during this limitation period. The same limitation applies for 12 months after the date the Policy is reinstated.

We will not pay an Accidental Serious Injury Insurance Benefit Amount in respect of a Life Insured if the Life Insured suffers Quadriplegia/Tetraplegia, Paraplegia, Hemiplegia, Diplegia, Blindness, Deafness, or Total and Permanent Loss of Use of Two Limbs directly or indirectly as a result of:

- an intentional self-inflicted bodily injury; or
- engaging in any criminal activities or illegal acts; or
- suicide or attempted suicide; or
- the consumption of drugs (unless it was under the direction of a Medical Practitioner and not in connection with treatment for substance abuse, drug addiction or dependence); or
- the consumption of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit whilst driving; or
- engaging in any professional sport (meaning the Life Insured's livelihood is substantially dependent on income received as a result of playing sport); or
- engaging in any motor sports as a rider, driver and/or passenger; or
- war (whether declared or not) or war-like activity, or taking part in a riot or civil commotion; or
- being a pilot or crew member of any aircraft, or engaging in any aerial activity except as a passenger in a properly licensed aircraft.

## What we will pay you under your Basic Funeral Cover

The amount payable for a Life Insured under the Funeral Insurance Benefit is the greater of the Funeral Insurance Benefit Amount (plus the Accidental Death Benefit Amount, if applicable), or 80% of the total premiums paid for the Funeral Insurance Benefit under the Policy for the Life Insured under the Policy.

The total benefit payable for a Life Insured under the Accidental Serious Injury benefit will be three times the Funeral Insurance Benefit Amount.

## When can you elect to terminate your cover and receive the Early Cash Payment Option

At any time after your (or if applicable, the Partner Life Insured) 85th birthday, you can elect to terminate your cover (or the cover of a Partner Life Insured) by notifying us in writing. Please phone **1300 513 484** (Monday to Friday between 8am and 8pm AEST) or write to Kogan Life Insurance, PO Box 6728, Baulkham Hills NSW 2153. We will pay you an amount equivalent to the relevant Life Insured's Funeral Insurance Benefit Amount.

The Life Insured's cover will then end and, in the case of the Key Life Insured, the Policy will end. If there is a Partner Life Insured when the Policy ends, then cover for the Partner Life Insured (and any Child Insured) can continue under a new Policy - see the **When cover starts and ends** section on page 16.

### Important Note:

Before you elect to terminate your cover (or the cover of a Partner Life Insured) under the Early Cash Payment Option, you should call Kogan Life Insurance on **1300 513 484** (Monday to Friday between 8am and 8pm AEST) to find out what the amount payable on your death (or on the death of the Partner Life Insured) under the Policy is at that time, as it will often be greater than the Funeral Insurance Benefit Amount. You can then consider what is the best decision for you.

## When cover starts and ends

Cover for a Life Insured starts on the Acceptance Date and your first premium is deducted from the Commencement Date.

Cover for a Life Insured ends on the earliest of:

- the Life Insured's death; or
- the date you terminate the cover; or
- the date you elect to take up the Early Cash Payment Option for the Key Life Insured or Partner Life Insured (if applicable).

Cover also ends if you cancel the Policy, or on the date that the Policy is cancelled by us. We will cancel your Policy if you do not pay the premiums when due, or if you are on a temporary work visa and cease to reside in Australia.

As long as the Policy is in force, Accidental Serious Injury Insurance ends for a Life Insured when the first of the following occurs:

- the date you elect to terminate the Life's Insured's Funeral Benefit; or
- the date of payment of an Accidental Serious Injury Insurance Benefit Amount for the Life Insured; or
- the Policy Anniversary following the Life Insured's 75th birthday

Where the Policy ends solely as a result of the Key Life Insured's cover ending, if there is a Partner Life Insured who wishes to retain cover, the Benefit Amount for the Partner Life Insured, and any Child Insured under this Policy, can continue (provided we receive payment of the first premium) under a new policy.



The new policy will be issued to the Partner Life Insured in his or her name as the owner, and it will be issued under the same terms as this Policy and takes effect subject to payment of the first premium.

All premiums paid for the Partner Life Insured under this Policy will be carried over to the new policy issued to the Partner Life Insured when they become owner of the new policy.

## Children's Insurance Option

If you (and/or the Partner Life Insured) are a parent or legal guardian of a child aged between 2 and 17 years of age who is an Australian Resident, you can apply for Children's Insurance cover for the child. If you have Children's Insurance, each Child Insured is shown in the Policy Schedule.

The Children's Insurance Benefit Amount is \$10,000 for each Child Insured. Only one Children's Insurance Benefit Amount is payable per Child Insured, on the first covered event to occur before the Children's Insurance ends for that child.

We will pay a Children's Insurance Benefit Amount if a covered event occurs to a Child Insured while the Policy is in force, except in circumstances set out within the **What is not covered under your Children's Insurance** section on page 18.

The covered events are:

**Death by any cause** – We will pay the Children's Insurance Benefit Amount as a lump sum in the case of death of the Child Insured due to any cause while covered under the Policy and 12

months or more after the Acceptance Date. The same limitation applies for 12 months after the date the Children's Insurance for the Child Insured is reinstated.

**Accidental Death** – We will pay the Children's Insurance Benefit Amount as a lump sum in the case of Accidental Death of the Child Insured while covered under the Policy.

**Serious injury or illness** – We will pay the Children's Insurance Benefit Amount as a lump sum in the event the Child Insured suffers Paralysis, Blindness, Deafness, Total and Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma while covered under the Policy. The condition must be diagnosed by a Medical Practitioner and confirmed by our medical advisers.

### Limit

Only one Children's Insurance Benefit Amount of \$10,000 is payable per Child Insured under all Basic Funeral Cover policies. If a Child Insured is covered for Children's Insurance under more than one Basic Funeral Cover Policy, we will only pay the \$10,000 Benefit Amount on acceptance of the claim under the oldest cover and will refund the premiums paid referable to the Children's Insurance for that Child Insured under all other Basic Funeral Cover policies.

## Cost of your Children's Insurance

The premium you are required to pay for this option for each Child Insured is shown in your Policy Schedule. The premium must be paid in Australian currency.

**Guarantee** – We guarantee that the premium you pay for each Child Insured:

- will never increase after the Commencement Date; and
- will reduce by 5% after each continuous period of five years your Policy is in force.

## What is not covered under your Children's Insurance

We will not pay a Children's Insurance Benefit Amount if the Child Insured suffers Paralysis, Blindness, Deafness, Total and Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma as a result of:

- a congenital condition; or
- the intentional act of the Policyowner or person who will otherwise be entitled to all or part of the Benefit Amount; or
- an injury which occurs, or an illness which becomes apparent, before the Children's Insurance for the Child Insured starts, or during the first three months after the Children's Insurance starts or, if reinstated, the first three months after the Children's Insurance for the Child Insured is reinstated.

We will pay for any new and unrelated occurrence of Paralysis, Blindness, Deafness, Total and Permanent Loss of Use of Two Limbs, Encephalitis, Meningitis or Major Head Trauma

suffered by a Child Insured after this three month period, while the Child Insured is covered under the Policy.

## When your Children's Insurance starts and ends

If your application for Children's Insurance is accepted by us, cover for the child starts on the Acceptance Date. The Children's Insurance ends for a Child Insured when the first of the following occurs:

- the date of death of the Child Insured; or
- the date of payment of a Children's Insurance Benefit Amount for the Child Insured; or
- the date you die\*; or
- the date on which we pay the Funeral Insurance Benefit for the Key Life Insured\*; or
- the date you cancel the Policy; or
- the date you take up the Early Cash Payment Option on the Key Life Insured\*; or
- the date we cancel the Policy; or
- the date you cancel this cover for the Child Insured; or
- the Policy Anniversary following the Child Insured's 21st birthday.

Events marked by an \* indicate that although the Policy will end should that event occur, if there is a Partner Life Insured, the Children's Insurance can continue under a new policy issued to the Partner Life Insured – see the **When cover starts and ends** section on page 16.

## Premium

The premium you are required to pay when the Policy starts is shown in the Policy Schedule. The premium for each Life Insured is calculated at the Commencement Date and is based on the age of each Life Insured at that time and the Benefit Amount for each Life Insured. The premium must be paid in Australian currency.

**Guarantee** – We guarantee that:

- the premium you pay will never increase unless you add Children's Insurance after the Commencement Date; and
- the premium you pay will reduce by 5% after each continuous period of five years your Policy is in force.

You can pay your premium by automatic debit from your bank, credit union or building society account, or by charge to your credit card. Your premium will be debited on the date of your choice, either fortnightly, monthly or annually. You may apply at any time to change the method of payment of premiums by phoning **1300 513 484** (Monday to Friday between 8am and 8pm AEST).

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

## Making a Claim

If you (or your legal personal representative on your death) wish to claim under this Policy, please phone **1300 513 483** (Monday to Friday between 8am and 8pm AEST) or write

to Kogan Life Insurance, PO Box 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.

Claims should be made as soon as possible after the event giving rise to the claim. If you do not notify us within 120 days after the event giving rise to the claim, and we are disadvantaged by the delay, we may be able to reduce the amount we would otherwise pay, or we may be able to refuse to pay the claim.

Before a claim is fully assessed, we must receive proof, provided at your (or your estate's) expense and to our satisfaction, that the insured event has occurred. In addition:

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

We reserve the right to require the Life Insured to undergo, at our expense, examinations or other reasonable tests (including, where necessary, a post-mortem examination) 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.

## Benefit Payments

Unless a valid Benefit Nomination (explained below) applies, we make all benefit 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; or
- under a joint plan, to your surviving Partner Life Insured.

Benefits will be paid in Australian currency.

## Benefit Nominations

You can nominate beneficiaries to receive payment of the Funeral Insurance Benefit Amount (and, any Accidental Death Benefit Amount) on your death. To make a nomination, you need to complete a Nomination of Beneficiaries Form (available from [koganlifeinsurance.com.au](http://koganlifeinsurance.com.au)) and return it to Kogan Life Insurance, PO Box 6728, Baulkham Hills NSW 2153 (For convenience, a Nomination of Beneficiaries Form is included on page 29).

All the following conditions apply to nominations:

- there must not be more than five nominees;
- nominations must be of a natural person;
- you must advise Kogan Life Insurance of your nominations;
- you may vary the nomination at any time by properly completing and signing a new Nomination of

Beneficiaries Form and returning it to Kogan Life Insurance. The variation takes effect when it is received at Kogan Life Insurance;

- payment of benefits will be made on the basis of the latest valid nomination received at Kogan Life Insurance;
- if a nominee is a minor when payment is made, the payment will be made to the minor's legal guardian on trust for the benefit of the minor; and
- if a nominee pre-deceases you, that nominee's share is payable to the your legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995.

The payment of the benefit in accordance with the above in respect of a Life Insured is full and final discharge of our liability under the Policy for that benefit.

## Changing your Insurance

You can phone us on **1300 513 484** (Monday to Friday between 8am and 8pm AEST) to discuss changing your insurance cover. You may need to confirm in writing if you wish to:

- change from a joint plan to a single plan (you are not able to change your Policy from a single plan to a joint plan); or
- add a Child Insured to the Policy and/ or remove a Child Insured from the Policy.

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

## Your 30 day money back guarantee

You have 30 days from:

- the Commencement Date to decide whether you want to keep the Policy, or
- the date a Children's Insurance Option starts to decide whether you want to keep the optional benefit,

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 and/or optional benefits within the cooling off period, please send a written request providing your instruction to cancel along with your full name and Policy number to Kogan Life Insurance, PO Box 6728, Baulkham Hills NSW 2153. If your request is received within 30 days of your Commencement Date, we will refund any premiums you have paid. If you wish to discuss the matter or make alterations to your cover, you can contact us on **1300 513 484** (Monday to Friday between 8am and 8pm AEST).

## Questions or complaints

We hope that you never have reason to complain, but if you do, we will do our best to work with you to resolve it. Our complaints resolution process has three steps.

### 1 - Immediate Response

Usually when you have a concern, we can resolve it immediately on the phone. If we can't immediately resolve your concern, we will treat it as a complaint and take steps to resolve your matter as soon as possible. Please contact us using one of the following means:

**Phone:** **1300 513 484**

(Monday to Friday between 8am and 8pm AEST)

**Writing:** Customer Service Complaints  
Kogan Life Insurance  
PO Box 6728  
Baulkham Hills NSW 2153

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

Please supply your Policy number to enable the enquiry to be dealt with promptly. Your enquiry or complaint will be dealt with by someone with appropriate authority.

### 2 - Internal Dispute Resolution

If we haven't resolved your matter to your satisfaction, at your request, we will escalate your complaint for review by our Internal Dispute Resolution team. All escalated matters will be acknowledged within two business days of being escalated. After full consideration of the matter, a written final response will be provided 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 45 days, you may be eligible to refer your matter to the Financial Ombudsman Service (FOS), providing your matter is within the scope of the FOS Terms of Reference.

The FOS is an independent dispute resolution service provided free of charge.

You may contact the FOS at:

#### **Financial Ombudsman Service**

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

**Phone:** 1800 367 287

**Fax:** (03) 9613 6399

**Website:** [fos.org.au](http://fos.org.au)

**Email:** [info@fos.org.au](mailto:info@fos.org.au)

## Privacy Notice

In this Notice, “we”, “our” and “us” means Hannover Life Re of Australasia Ltd and anyone collecting information on our behalf.

We collect the personal information requested 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.

Your personal information is collected for the purpose of processing your application, administering your Policy (if issued) and assessing and paying any claims under the Policy. Your information may also be used to consider any other application you may make in the future, or to perform our administrative operations. 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 will be unable to provide the requested insurance services or you may be deemed to not have complied with your duty of disclosure.

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). We may also share your personal information (but not sensitive information) with Kogan who will collect, use and disclose it in accordance with their privacy policy (available at [kogan.com/au/privacy-policy](http://kogan.com/au/privacy-policy)), including using your information to

tell you about other products and services offered by Kogan and its related companies. We are unlikely to send your personal information to any foreign jurisdiction and we take steps to ensure our service providers do not either.

By applying for cover, you consent to sensitive information about you being collected and it being 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, and disclosing it to any of the third parties listed above for these purposes. Your sensitive information will not be disclosed for any other purpose. Third parties are prohibited from using your personal information for purposes other than those for which it is supplied.

You can read more about how we collect, use and disclose your personal information in our Privacy Policy, including how to complain about a breach of the Privacy Principles. Kogan’s Privacy Policy is available at [koganlifeinsurance.com.au](http://koganlifeinsurance.com.au) 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 **1300 513 484** (Monday to Friday between 8am and 8pm AEST).

# Glossary

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**Acceptance Date** means:

- in respect of a Life Insured, the date an application for a Life Insured is accepted by us and cover starts, as set out in the Policy Schedule; and
- in respect of a Child Insured, the date that Children's Insurance for that child is accepted by us, as set out in the Policy Schedule.

**Accident** means an event resulting in bodily injury occurring while this Policy is in force, 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.

**Accidental Death** means death occurring as the direct result of an Accident and where death occurs within 90 days of the Accident.

**Australian Resident** means a person who resides in Australia at the time of application and either holds Australian or New Zealand citizenship, or 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.

**Benefit Amount** means the amount payable on the applicable insured event under this Policy in respect of a Life Insured and Child Insured (as applicable). The Benefit Amount for each benefit for each Life Insured and Child Insured is shown in the Policy Schedule.

**Blindness** means the permanent loss of sight in both eyes, due to injury or illness, such that:

- visual acuity is at least 6/60 or less in both eyes, or
- the visual field is reduced to at least 20 degrees or less of arc,

measured, in each case, after taking into account visual aids. The diagnosis must be confirmed by a Medical Practitioner.

**Child Insured** means a child accepted by us as set out in the Policy Schedule.

**Commencement Date** 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.

**Deafness** means the confirmed diagnosis, by a Medical Practitioner, of the total and irreversible loss of hearing, both natural and assisted, in both ears, of 90 decibels or greater measured over the frequencies of 500 hertz, 1000 hertz, 2000 hertz and 3,000 hertz in two measurements at least six months apart.

**Diplegia** means total and permanent loss of use of symmetrical parts of the body through injury caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.



**Encephalitis** means the severe inflammation of brain tissue which results in significant and permanent neurological impairment which is at least a 25% impairment of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' (most recent edition). The diagnosis must be confirmed by a Medical Practitioner.

**Hemiplegia** means the total and permanent loss of use of one side of the body caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.

**Key Life Insured** means the person named in the Policy Schedule as the Key Life Insured.

**Life Insured** 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.

**Major Head Trauma** means a head injury due to an Accident resulting in permanent neurological deficit, resulting in the Child Insured:

- suffering at least a 25% impairment of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' (most recent edition); or
- being permanently and irreversibly unable to perform any one of the following "activities of daily living" (below) without the assistance of another person or special equipment:

Activity	Description
Washing	bathing and showering
Dressing	dressing and undressing
Eating	eating and drinking
Continence	maintaining continence with a reasonable level of personal hygiene
Mobility	getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or walking aid

The impairment or inability, as applicable, must have existed for at least six months and must be confirmed by a Medical Practitioner.

**Medical Practitioner** is a qualified, practicing medical specialist, licensed to practice his or her medical specialty within Australia or New Zealand, and whose specialty qualifies him or her to make a diagnosis or prognosis related to the injury or illness of a Life Insured or Child Insured and, in the case of a Child Insured, must be a pediatrician. The Medical Practitioner must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.

**Meningitis (and/or meningococcal disease)** means Meningitis or meningococcal septicemia causing at least a 25% impairment of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' (most recent edition). The diagnosis must be confirmed by a Medical Practitioner.

**Paralysis** means total and permanent loss of use of two or more limbs through injury or illness caused by permanent damage to the nervous system. This includes, but is not limited to, Paraplegia, Quadriplegia/ Tetraplegia, Hemiplegia and Diplegia. The diagnosis must be confirmed by a Medical Practitioner.

**Paraplegia** means the total and permanent loss of use of both legs caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.

**Partner Life Insured** 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.

**Policy** means the legal contract between you and us. This booklet, the current Schedule, and any special conditions, amendments, or endorsements make up the Policy.

**Policy Anniversary** means the applicable anniversary of the Commencement Date of your Policy.

**Policyowner** means you. You are also the Key Life Insured. This Policy may not be transferred or assigned to another person.

**Quadriplegia/Tetraplegia** means the total and permanent loss of use of both arms and both legs caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.

**Schedule** means the Schedule issued with this Policy and updated from time to time. A new Schedule will replace previous Schedules.

**Total and Permanent Loss of Use of Two Limbs** means complete and irrecoverable loss of the use of two limbs. Limb in this context means an arm, leg, hand or foot. The diagnosis must be confirmed by a Medical Practitioner.



# Direct Debit Service Agreement

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1. Hannover Life Re of Australasia Ltd ABN 37 062 395 484 ("Debit User") will initiate direct debit premium payments in the manner referred to in the 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 on **1300 513 484** (Monday to Friday between 8am and 8pm AEST) or write to the Debit User at PO Box 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 21. 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 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 above.
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.

# Nomination of Beneficiaries Form

**As the Policyowner, you have the option to nominate a beneficiary or beneficiaries to receive benefits payable under your Policy on your death. The option to nominate a beneficiary is subject to the conditions listed below.**

Unless a valid nomination applies (explained below):

- we make all benefit payments to you, the Policyowner; or
- if the Policyowner dies, for a Joint Plan, the Insurance benefit will be paid to the surviving Partner Life Insured, or for a Single Plan, the Insurance benefit will be paid to the Policyowner's legal personal representative, or other person that Hannover Life Re of Australasia Ltd (Hannover) is permitted to pay under the Life Insurance Act 1995.

## Nominations

As Policyowner, you can nominate beneficiaries to receive payment of any benefits on your death. To make a nomination, you need to complete a Nomination of Beneficiaries Form and return it to Kogan Life Insurance PO Box 6728, Baulkham Hills NSW 2153.

## Conditions

The following conditions apply:

- There must not be more than five nominees. Nominations must be of a natural person; and
- Nominations must be in writing on a Nomination of Beneficiaries Form; and
- You may vary the nomination at any time by properly completing and signing a new Nomination of Beneficiaries Form and returning it to Kogan Life Insurance. The variation takes effect when it is received at Kogan Life Insurance; and
- Payment of benefits will be made on the basis of the latest valid nomination received at Kogan Life Insurance; and
- If a nominee is a minor when payment is made, the payment will be made to the minor's legal guardian on trust for the benefit of the minor; and
- If a nominee pre-deceases the Policyowner, that nominee's share is payable to the Policyowner's legal personal representative, or other person that Hannover is permitted to pay under the Life Insurance Act 1995.

Full Name of Beneficiary	Address	Phone Number	Date of Birth	Relationship to Policyowner	Proportion of Benefit
			DD / MM / YYYY		%
			DD / MM / YYYY		%
			DD / MM / YYYY		%
			DD / MM / YYYY		%
			DD / MM / YYYY		%
Your Policy Number					
Name of Policyowner					
Signature of Policyowner					

Signature of Policyowner

Date: DD / MM / YYYY

**Please return this form to Kogan Life Insurance PO Box 6728, Baulkham Hills NSW 2153**







For more information about  
Basic Funeral Cover

**Call 1300 513 484**

Monday to Friday between 8am and 8pm (AEST)

Visit [koganlifeinsurance.com.au](http://koganlifeinsurance.com.au)