

BT Protection Plans

Enhancements Guide

Effective 28 August 2018



Important Notice

We're changing how we tell you about enhancements we make to your policy.

We will let you know when we improve the terms of your policy in future by updating our website or by sending you an email to let you know the update is available. If you wish to continue to receive information about future enhancements to your policy in writing please contact us on 1300 553 764.

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

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

The enhancements we have made to BT Protection Plans are effective from 28 August 2018 and have been provided automatically to you at no additional charge¹.

This Policy Enhancements Guide has been produced to help you understand many of the changes we have made. Please refer to your BT Protection Plans Product Disclosure Statement and Policy Document (PDS) and the Supplementary Product Disclosure Statement and Policy Addendum (SPDS) dated 28 August 2018 available from BT.com.au, along with your *Policy Schedule, Membership Certificate or Renewal Summary* for full details of the benefits and features provided under your policy.

If you have any questions, or would like to discuss your cover, please contact your financial adviser or our Customer Relations Team on 1300 553 764, Monday to Friday, 8.00am to 6.30pm (Sydney time), who will be able to help.

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

What's changed?

Policy terms and conditions

The following pages contain a summary of the most recent enhancements that were made to BT Protection Plans on 28 August 2018.

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

Please note that your claim will not be assessed under the new terms and conditions outlined in this Guide if your *sickness* first became apparent, or the *injury* was sustained, before these changes were introduced on 28 August 2018.

Understanding this Guide and the fine print...

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

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

'Policy Owner' means the person (or entity) shown as the Policy Owner in the *Policy Schedule, Renewal Summary or Membership Certificate*. For Policies held inside *superannuation*, the Policy Owner is the trustee of the *superannuation* fund.

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

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

You will notice that some words are in *italics*. These words have a particular meaning that can be found in your PDS. If you would like another copy of your PDS, please call us on 1300 553 764 or visit BT.com.au.

Not all enhancements specified in the following may apply to you or your policy. The colour coded icons on the following page will help you understand which terms and conditions may apply to you.

You can refer to the enclosed *Renewal Summary* to identify which enhancements apply to your cover.

LI

Standalone

Standalone Living

+LI

Living Benefit

(as an additional benefit to a Term Life or Term Life as Superannuation Policy, unless specified otherwise)

TPD

Standalone

Standalone TPD

+TPD

TPD Benefit

(as an additional benefit to a Term Life or Term Life as Superannuation Policy, unless specified otherwise)

IP

Own

Income Protection

with the *own occupation IP* definition

IP

Home

Income Protection

with the *home duties IP* definition

IP

General

Income Protection

with the *general cover IP* definition

IPS

Own

Income Protection as Superannuation

with the *own occupation IP* definition

IPP

Own

Income Protection Plus

with the *own occupation IP* definition

IPP

Home

Income Protection Plus

with the *home duties IP* definition

BOH

Business Overheads

KPI

Key Person Income

CB

Children's Benefit

Benefit Enhancements



Waiting Period Definition

We have streamlined the waiting period requirements. Previously the waiting period restarted if the Insured Person returned to work during the waiting period, for more than 5 days (for Policies with a 30 day waiting period) or 10 days (for Policies with a waiting period of 90 days or more).

The definition of *Waiting Period* has been updated as follows:

Waiting period means the minimum period of time which must elapse before any benefit entitlement under an Income Protection, Income Protection as Superannuation, Income Protection Plus, Business Overheads or Key Person Income Policy may accrue. Your waiting period is shown in the *policy schedule* or *membership certificate*.

For occupation categories AA, A, P, S, BB, B, or C:

The Insured Person must be continuously *totally disabled* or *partially disabled* throughout the entire waiting period.

The waiting period will end if the Insured Person ceases to be *totally disabled* or *partially disabled* at any time during the waiting period.

If the Insured Person becomes *totally disabled* or *partially disabled* again, the waiting period will start from the beginning.

For occupation category E:

- Total Disability Benefit: the Insured Person must be continuously *totally disabled* throughout the entire waiting period.
- Partial Disability Benefit: the Insured Person must be *totally disabled* for at least 14 of the first 19 days of the waiting period and *totally disabled* or *partially disabled* for the balance of the waiting period.

For the Severe Disability Benefit, the Insured Person must be *severely disabled* throughout the entire waiting period.

The waiting period will end if the Insured Person ceases to be *severely disabled* at any time during the waiting period.

If the Insured Person becomes *severely disabled* again, the waiting period will start from the beginning.

Advancement Benefit (partial payment) Angioplasty – single or double vessel

LI

+LI

Standalone

For the Living Benefit Plus option, the 6-month waiting period between subsequent Angioplasty – single or double vessel procedures under the Advancement Benefit has been removed.

The terms for Advancement Benefit (partial payment) Angioplasty – single or double vessel have been updated to:

Advancement Benefit (partial payment) Angioplasty – single or double vessel

If you have selected the Living Benefit Plus option for the Insured Person and it appears on the most recent *policy schedule* or *renewal summary* under that Insured Person, an Advancement Benefit for Angioplasty – single or double vessel, will be paid for the first and each subsequent time this *specified medical event* occurs.

Child Support Benefit

LI

+LI

Standalone

The 'Child Support Benefit' no longer excludes a *specified children's event* giving rise to the claim that is caused directly or indirectly by an intentional self-inflicted *injury* or attempted suicide (whether sane or insane).

Remaining exclusions are:

Exclusions

The Child Support Benefit will not be paid if the:

- *specified children's event* giving rise to the claim directly or indirectly caused by a *congenital condition*; or
- *specified children's event* giving rise to the claim occurs within 3 months of the *commencement date* or last reinstatement of the Living Benefit.

Child Support Benefit

LI

+LI

Standalone

Cover for an eligible *dependant child* now commences earlier under the 'Child Support Benefit'. The benefit now starts from their 2nd birthday rather than from the *review date* following their 2nd birthday.

Child Support Benefit

The Child Support Benefit in respect of each *dependant child* will commence on the later of the following:

- the *dependant child's* 2nd birthday; and
- the *commencement date* of the Living Benefit to which the Child Support Benefit is attached.

Children's Benefit

CB

The 'Children's Benefit' no longer excludes a *specified children's event* giving rise to the claim that is caused directly or indirectly by an intentional self-inflicted *injury* or attempted suicide (whether sane or insane).

Remaining exclusions are:

Exclusions

The Children's Benefit will not be paid:

- if the *specified children's event* giving rise to the claim is directly or indirectly caused by a *congenital condition*; or
- for cancer and stroke, if the *specified children's event* giving rise to the claim occurs within 3 months of the *commencement date* or last reinstatement of the Policy.

TPD Continuation Benefit



The 'TPD Continuation Benefit' has been enhanced to remove the need for an Insured Person over the age of 65 to provide ongoing evidence of employment. The definition has been updated to:

TPD Continuation Benefit

11.2 This option will only apply if:

- the Insured Person meets the eligibility criteria set out in section 11.1;
- we have accepted the application for this benefit for an Insured Person; and
- the Insured Person continues to actively work on a full time basis.

You must notify us of any changes to your employment status. If you are not eligible for the TPD Continuation Benefit, then you will be assessed under the *general cover TPD* definition.

Medical definition enhancements



We regularly review our medical definitions to ensure that they remain in line with latest advancements in medical testing and treatments.

Burns (severe) – covering specified surface area

The definition of the 'Burns (severe) – covering specified surface area' medical definition has been updated as follows:

Burns (severe) – covering specified surface area

Tissue *injury* caused by third degree or full thickness burns to:

- a. at least 20% of the body surface area as measured by the 'rule of 9' or the Lund & Browder Body Surface Chart (or equivalent classification); or
- b. at least 50% of both hands, requiring surgical debridement and/or grafting; or
- c. at least 50% of both feet, requiring surgical debridement and/or grafting; or
- d. the face, requiring surgical debridement and/or grafting.

Cancer – excluding specified early stage cancers



The definition of the 'Cancer – excluding specified early stage cancers' medical definition has been updated as follows:

Cancer – excluding specified early stage cancers

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

- a. all skin cancers except:
 - melanomas of 1.0 millimetre or more Breslow thickness, or Clark Level 3 or more depth of invasion, or with evidence of ulceration; and
 - non-melanoma skin cancers that have spread to the bone, lymph node, or another distant organ;
- b. all tumours which are histologically described as a papillary microcarcinoma of the thyroid, pre-malignant or showing the malignant changes of 'carcinoma in situ', including cervical dysplasia rated as CIN 1, 2 or 3.

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

- the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment; or
 - breast conserving surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy). The surgery and treatment must be undertaken specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment as confirmed by an appropriate specialist *doctor* acceptable to us. Chemotherapy means the use of drugs as prescribed by an appropriate specialist *doctor* specifically designed to kill or destroy cancer cells;
- c. chronic lymphocytic leukaemia (less than RAI stage 1); and
 - d. prostatic tumours which are histologically described as TNM classification T1 (including T1a, T1b, T1c) with a Gleason score of 5 or less, or are of another equivalent or lesser classification.

Prostate cancer is covered if it results directly in total prostatectomy. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment.

Other Changes

Temporary Incapacity

We have clarified that benefits from an Income Protection Policy held inside *superannuation*, together with all earned income and replacement of earned income, cannot exceed income prior to temporary incapacity.

Applying for Variations to your Policy

We may now accept certain variations to your Policy by means other than in writing. Please contact us if you would like to make changes to your policy.

New Complaints Tribunal – Australian Financial Complaints Authority

From 1 November 2018, the Australian Financial Complaints Authority will replace the existing Financial Ombudsman Service (FOS), and Superannuation Complaints Tribunal (SCT).

Until 31 October 2018, if you have a complaint about your Policy which is not answered to your satisfaction or within 45 days, you may continue to lodge your complaint directly with:

Financial Ombudsman Service

GPO Box 3
Melbourne VIC 3001
Telephone: 1800 367 287
Website: www.fos.org.au
Email: info@fos.org.au

Superannuation Complaints Tribunal

Locked Bag 3060
Melbourne VIC 3001
Telephone: 1300 884 114

From 1 November 2018, if you have a complaint about your Policy which is not answered to your satisfaction or within 45 days, you may raise the matter directly with:

Australian Financial Complaints Authority

GPO Box 3
Melbourne VIC 3001
Telephone: 1800 931 678
Website: www.afca.org.au
Email: info@afca.org.au

Additional information

Will these enhancements impact my premiums?

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

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

Do the enhancements change what I am protected against?

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

Award winning life insurance solutions

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



World Finance Global Insurance Awards

Winner: Best Life Insurance Company, Australia 2015 – 2017



Australian Insurance Awards (AB+F)

Winner: Life Insurance Company of the Year
Best Claims Outcome and
Customer Experience
2016 & 2017



**2018
FINALIST**
Life Insurance
Company of the Year

NZIF Australian Insurance Industry Awards

Finalist: Life Insurance Company of the Year
2017 & 2018



AFA Life Company of the Year Awards

Winner: Underwriting & New Business Team
of the Year

Finalist: Overall Platinum Award-Life
Company of the Year
Claims Team of the Year
Service Quality Award
2017



CANSTAR Innovation Excellence Awards
Winner: Claims Medical e-Certificates 2018



AFA/Beddoes Institute Claimant Choice Awards

Winner: Best application Process
Best Claims Staff
Return to Health & Wellness
Finalist: Best Turnaround Time 2017



SMSF Adviser Awards

Winner: SMSF Insurance Provider 2018



Money Management Adviser Choice Risk Awards

Winner: Inside Super Disability Income Product
Trauma Product – Silver
Business Overhead Product – Bronze
Risk Company of the Year – Bronze 2017

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For more information



bt.com.au



1300 553 764 Monday to Friday 8:00am – 6:30pm (Sydney time)



GPO Box 5467 Sydney NSW 2001



Speak to your financial adviser today

This information is current at 28 August 2018 but is subject to change.

The Insurer of BT Protection Plans is Westpac Life Insurance Services Limited ABN 31 003 149 157, AFSL Number 233728 ('the Insurer').

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

This information has been prepared without taking into consideration your personal needs and financial circumstances. You should consider the appropriateness of this information with regard to your objectives, financial situation and needs. Before making a decision in relation to BT Protection Plans, you should review your BT Protection Plans Product Disclosure Statement ('PDS') and consider whether the product is right for you. The PDS explains conditions, terms, limits and exclusions. If you need another copy of your PDS, call us on 1300 553 764.

