

BT Protection Plans and BT Protection Plans Reserve

Enhancements Guide

Effective 1 April 2019

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.

These updates are part of your contract with us. Essentially, this means that in the event you need to make a claim, you are covered for more features and benefits at no extra charge¹.

This Policy Enhancements Guide (Guide) sets out the terms and conditions of the most recent enhancements, which we made to BT Protection Plans on 1 April 2019.

Please refer to your BT Protection Plans Product Disclosure Statement and Policy Document (PDS), as well as your *Policy Schedule, Membership Certificate or Renewal Summary* for full details of the benefits and features provided under your policy.

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

What's changed?

Policy terms and conditions

The following pages contain the detailed terms and conditions of the most recent enhancements that were made to BT Protection Plans on 1 April 2019. These changes are detailed in the blue box sections of each update.

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

Please note that your claim will not be assessed under the new terms and conditions outlined in this Guide if the *sickness* first became apparent, or the *injury* was sustained, before these changes were introduced on 1 April 2019.

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**.

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

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.

You can also use your *Policy Schedule*, *Membership Certificate* or *Renewal Summary* to check the types of cover.

LI Standalone	Standalone Living Insurance
+LI	Living Benefit (as an additional benefit to a Term Life or Term Life as Superannuation Policy)
IP Own	Income Protection with the <i>own occupation IP</i> definition
IP Home	Income Protection with the <i>home duties IP</i> definition
IP General	Income Protection with the <i>general cover IP</i> definition
IPS Own	Income Protection as Superannuation with the <i>own occupation IP</i> definition
IPP Own	Income Protection Plus with the <i>own occupation IP</i> definition
IPP Home	Income Protection Plus with the <i>home duties IP</i> definition
BOH	Business Overheads
KPI	Key Person Income
CB	Children's Benefit

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.

Benefit Enhancements

Child Support Benefit



Expiry date of the Child Support Benefit has been extended by two years from the *review date* following each *dependant child's* 16th birthday to the *review date* following each *dependant child's* 18th birthday.

Expiry date of the Child Support Benefit is now:

The Child Support Benefit will end of the earliest of the:

- *date the Child Support Benefit is paid in respect of that dependant child;*
- *review date* on or following the *dependant child's* 18th birthday; and
- date the Living Benefit for the Insured Person ends for any reason.

Elective Surgery Benefit



We will waive the waiting period exclusion for the Elective Surgery Benefit when replacing a policy that offered comparable benefits (and where the waiting period has been served under that policy).

Exclusions applicable to the Elective Surgery Benefit have been updated to:

4.3 Exclusions

This benefit will not apply to surgery that takes place within 6 months after the later of:

- the *commencement date*;
- the date we increase the *insured monthly benefit* (other than a *CPI* increase); and
- the date the policy was last reinstated

The above exclusion does not apply to the Policy if it replaces another similar income protection policy offering a benefit comparable to the Elective Surgery Benefit, issued by another insurer or another policy issued by us, and all of the following apply:

- We were specifically told about the intended replacement of the other policy and we agreed to issue this Policy on the basis that it replaced the other policy.
- The insured monthly benefit being issued by us is the same as, or less than, the existing cover being replaced¹.
- The other policy and equivalent sum insured were continuously in force for at least 90 days immediately prior to the issue of this Policy.
- The other policy was cancelled immediately after the issue of this Policy.
- No claim is pending or payable under the other policy.

¹ Where the *insured monthly benefit* being issued under this Policy exceeds that of the other policy, the above exclusion will continue to apply to the *insured monthly benefit* that is in excess of the sum insured of the other policy.

Crisis Benefit



We will waive the waiting period exclusion for the Crisis Benefit when replacing a policy that offered comparable benefits (and where the waiting period has been served under that policy).

Exclusions applicable to the Crisis Benefit have been updated to:

19.3 Exclusions

We will not pay a Crisis Benefit if the condition first becomes apparent, or the surgery first occurs, within 90 days after the later of the:

- *commencement date*
- date we increase the *insured monthly benefit* (other than a *CPI* increase) but only in respect of the increase; and
- date this Policy was last reinstated.

The above exclusion does not apply to the Policy if it replaces another similar income protection policy offering a benefit comparable to the Crisis Benefit, issued by another insurer, or another policy issued by us, and all of the following apply:

- We were specifically told about the intended replacement of the other policy and we agreed to issue this Policy on the basis that it replaced the other policy.
- The insured monthly benefit being issued by us is the same as, or less than, the existing cover being replaced.
- The other policy and equivalent sum insured were continuously in force for at least 90 days immediately prior to the issue of this Policy.
- The other policy was cancelled immediately after the issue of this Policy.
- No claim is pending or payable under the other policy.

We also will not pay a Crisis Benefit if your waiting period is 360 days or 720 days.

Specified medical event enhancements and updates

We regularly review the *specified medical events* and *specified children's events* to ensure that they remain in line with latest advancements in medical testing and treatments.

Cancer – excluding specified early stage cancers



The definition of the 'Cancer – excluding specified early stage cancers' *specified medical event* and *specified children's event* has been updated to state the definition provides coverage for specific blood cancers and appendix cancer at a certain severity.

The definition of the 'Cancer – excluding specified early stage cancers' is now:

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;
- essential thrombocythemia and polycythemia vera, where the Insured Person has developed uncontrolled symptoms associated with myeloproliferative neoplasms, which requires cytoreductive therapy or chemotherapy; and
- pseudomyxoma peritonei, where the diagnosis is confirmed by histological evidence, and which requires debulking surgery, aggressive cytoreduction or intraperitoneal chemotherapy.

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);
- 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.

Cardiac arrest – occurs out of hospital and of specified severity



The definition of the 'Cardiac arrest – occurs out of hospital and of specified severity' *specified medical event* has been updated to accept more forms of evidence in addition to ECG or ECG rhythm strip.

The 'Cardiac arrest – occurs out of hospital and of specified severity' definition is now:

Cardiac arrest – occurs out of hospital and of specified severity

Cardiac arrest occurring out of hospital not associated with any medical procedure and documented by an ECG or ECG rhythm strip showing cardiac asystole or ventricular fibrillation. If an ECG is not available, we will consider other evidence acceptable to us that unequivocally confirms out of hospital cardiac arrest has occurred. Such evidence may include Automated External Defibrillator (AED) data, and ambulance and hospital medical reports confirming cardiac arrest.

Multiple sclerosis – with multiple episodes



'Multiple sclerosis – with multiple episodes' *specified medical event* has been updated to remove the need for more than one episode of confirmed neurological deficit.

As a result of this change the definition name has been changed to 'Multiple Sclerosis'. The definition is now:

Multiple sclerosis

The unequivocal diagnosis of multiple sclerosis made by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigation.

Pneumonectomy – removal of a complete lung



The definition of the 'Pneumonectomy – removal of a complete lung' *specified medical event* has been updated to remove the exclusion which applied to smoking tobacco or use of other drugs not prescribed by a doctor.

The definition of 'Pneumonectomy – removal of a complete lung' is now:

Pneumonectomy – removal of a complete lung

The undergoing of surgery to remove an entire lung. This treatment must be deemed the most appropriate treatment and medically necessary by an appropriate medical specialist and supported by our medical advisers.

Deafness (both ears) – permanent and irreversible



The definition of 'Deafness (both ears) – permanent and irreversible' *specified medical event* has updated to clarify that cochlear implants are not considered as 'assisted'.

The definition of 'Deafness (both ears) – permanent and irreversible' is now:

Deafness (both ears) – permanent and irreversible

Permanent and irreversible loss of hearing in both ears. Loss of hearing (both natural and assisted) must be across all frequencies at every decibel below 91dB as a result of *sickness* or *injury*, as certified by an appropriate medical specialist. For the purpose of this definition, hearing that has been treated by cochlear implant is not considered 'assisted'.

Deafness (one ear) – permanent and irreversible



The definition of 'Deafness (one ear) – permanent and irreversible' *specified medical event* has been updated to clarify that cochlear implants are not considered as 'assisted'.

The definition of 'Deafness (one ear) – permanent and irreversible' is now:

Deafness (one ear) – permanent and irreversible

Permanent and irreversible loss of hearing in one ear. Loss of hearing (both natural and assisted) must be across all frequencies at every decibel below 91dB as a result of *sickness* or *injury*, as certified by an appropriate medical specialist. For the purpose of this definition, hearing that has been treated by cochlear implant is not considered 'assisted'.

Other Changes

We have made minor wording changes to the below sections of the PDS.

Monthly Earnings

Wording has been updated to clarify that 'self-employed' includes (but is not limited to) those who hold ownership in a business.

Paying your premium

We have updated wording to state Term Life as Superannuation or Income Protection as Superannuation policies receive a 15% tax rebate benefit when funded by a partial rollover from a taxed complying superannuation fund.

Complaints

All references to Financial Ombudsmen Service (FOS) and The Superannuation Complaints Tribunal (SCT) have been removed as they were replaced by The Australian Financial Complaints Authority (AFCA) effective 1 November 2018.

BT Reserve Enhancements

The following enhancements are specific to BT Reserve. Please note that some definitions differ from the corresponding definition in the Definitions section of the BTPP PDS.

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' is now:

Waiting Period

Waiting period means the minimum period of time which must elapse before any Income Protection, Income Protection as Superannuation or Income Protection Plus benefit entitlement 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; and
- 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 more information

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This information is current at 1 April 2019 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. BT60021 0919