



Guardian Funeral
Insurance

Product Disclosure Statement
Issue date: 31 January 2021

guardian
INSURANCE™

There's more to life, with Guardian

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Welcome to Guardian Insurance

Guardian Insurance is a trading name of Greenstone Financial Services Pty Ltd ABN 53 128 692 884 (**GFS**), Australian Financial Services Licence 343079 of 50 Norwest Boulevard, Norwest NSW 2153. GFS distributes and promotes Guardian Funeral Insurance and has partnered with Hannover Life Re of Australasia Ltd ABN 37 062 395 484 (**Hannover**) of Tower 1, Level 33, 100 Barangaroo Avenue, Sydney NSW 2000. **Hannover is the insurer of this Guardian Insurance product and issuer of this Product Disclosure Statement.**

Hannover is a wholly-owned subsidiary of Hannover Re and is part of the Hannover Re Group worldwide. The life insurance business of Hannover has been operating in the Australian market since 1994, has a Standard and Poor's Insurer Financial Strength of AA- (Very Strong) and as at 31 December 2019 had total annual in force premium of AU\$1.7 billion. Hannover is regulated by the Australian Prudential Regulation Authority (APRA).

Our Promise To You

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

What does the Life Insurance Code of Practice cover?

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

Key Code Promises

- we will be honest, fair, respectful, timely and transparent (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**

Reading this Product Disclosure Statement

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

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

Before cancelling any existing Policy, you should check that you have been issued with a new Policy, otherwise you risk being uninsured.

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

Both Guardian Insurance 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.

In this PDS, some words or expressions have special meaning. They normally begin with capital letters and their meaning is explained in the 'Glossary' on page 20 of this PDS.

Also, in this PDS, references to 'you', 'your' and 'yours' means the person who is the Policyowner or Key Life Insured as the context requires. 'We', 'us' and 'our' mean Hannover Life Re of Australasia Ltd.

Introducing Guardian Funeral Insurance

Guardian Funeral Insurance offers a lump sum payment in the event of Death by any cause which occurs, or Terminal Illness which is first diagnosed, **at least 12 months after** the Acceptance Date (or reinstatement date if the Policy is reinstated).

This Policy also includes an Accidental Serious Injury Benefit, and an Accidental Death Benefit. **At any time** after the Acceptance Date, a lump sum payment will be paid in the event of an Accidental Death or an Accidental Serious Injury. What you are not covered for is explained on page 8 of this PDS.

With Guardian Funeral Insurance, you, and your Partner Life Insured under a joint plan, are protected 24 hours a day, 7 days a week, worldwide while your Policy is in force.

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. You can nominate beneficiaries to receive payment of the benefit payable on your death. How to make a nomination is explained on page 15 of this PDS.

This Funeral Insurance does not provide any funeral, burial or cremation services.

After considering this PDS, you can apply for a Guardian Funeral Insurance Policy by calling us on **1300 709 431** (Monday to Friday between 8am and 8pm AEST).

Your Insurance Policy

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

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

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

Any benefits, rights or obligations under this Policy cannot be assigned without obtaining Hannover's written permission beforehand.

The Insurance provided under this Policy is written out of the Hannover Australian Statutory Fund.

Purchasing a Policy

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

To purchase Guardian Funeral Insurance, you (and your Partner Life Insured, if applying) must, at the time you commence cover be:

- between 18 and 79 years of age; and
- Australian Resident(s).

What events are covered

Funeral Insurance Benefit

A Funeral Insurance Benefit Amount is payable if you, or your Partner Life Insured under a joint plan:

- dies from any cause, or is first diagnosed with a Terminal Illness, **at least 12 months** after the Acceptance Date or, if the Policy is reinstated after being cancelled, 12 months after the date on which this Policy is reinstated; or
- dies as a direct result of an Accident, within 90 days of that Accident, where the Accident occurs while the Life Insured is covered under this Policy.

Accidental Serious Injury Benefit

An Accidental Serious Injury Benefit Amount is payable if you, or your Partner Life Insured under a joint plan, suffer one of the following conditions as the direct result of an Accident:

- Blindness in Both Eyes (total and permanent, best corrected); or
- Deafness in Both Ears (total and permanent, best corrected) - including requiring cochlear implant; or
- Diplegia (total and permanent), Hemiplegia (total and permanent), Paraplegia (total and permanent), or Quadriplegia (total and permanent)/Tetraplegia (total and permanent); or
- Total and Permanent Loss of Use of Two Specified Limbs, where the Accident occurs while the Life Insured is covered under this Policy, within 12 months of that Accident, and before the Policy Anniversary following the Life Insured's 75th birthday.

The circumstances under which we will **not** pay the Benefit Amount are explained in the following section.

What is not covered under your Policy**Funeral Insurance Benefit**

To provide cover at a reasonable cost, Hannover must manage its insurance risk by excluding payment of a benefit in the circumstances explained below.

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

We will not pay a Terminal Illness benefit if a Life Insured is diagnosed with a Terminal Illness within 12 months of the Acceptance Date of the Policy, or within 12 months of the date on which this Policy is reinstated.

Accidental Serious Injury Benefit

We will not pay an Accidental Serious Injury Benefit Amount in respect of a Life Insured if the Life Insured suffers any of the following conditions:

- Blindness in Both Eyes (total and permanent, best corrected); or
- Deafness in Both Ears (total and permanent, best corrected) - including requiring cochlear implant; or
- Diplegia (total and permanent), Hemiplegia (total and permanent), Paraplegia (total and permanent), or Quadriplegia (total and permanent)/Tetraplegia (total and permanent); or
- Total and Permanent Loss of Use of Two Specified Limbs

as a result of:

- an intentional self-inflicted bodily injury, suicide or attempted suicide; or
- engaging in any criminal activities or illegal acts; 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
- being a pilot or crew member of any aircraft, or engaging in any aerial activity except as a passenger in a properly licensed aircraft; or
- war (whether declared or not) or war-like activity, or taking part in a riot or civil commotion.

Benefit Amount

The Benefit Amounts provided under your Policy will be shown in the Policy Schedule.

Funeral Insurance Benefit

You can apply for a Funeral Insurance Benefit Amount from \$3,000 up to a maximum of \$15,000.

Accidental Death Benefit

The Accidental Death Benefit Amount is two times the Funeral Insurance Benefit Amount. If an Accidental Death Benefit is payable after the Life Insured's 85th birthday, Bonus Cover (explained on page 11) will also apply to the Accidental Death Benefit Amount.

If you (or your Partner Life Insured under a joint plan) die as the direct result of an Accident, where the Accident occurs while the Life Insured is covered under this Policy, and death occurs within 90 days of the Accident, both the Accidental Death Benefit Amount and the Funeral Insurance Benefit Amount are payable.

For example: if the Funeral Insurance Benefit Amount is \$15,000, and you suffer an Accidental Death, a benefit of \$45,000 is payable – this includes a \$30,000 Accidental Death Benefit Amount plus a \$15,000 Funeral Insurance Benefit Amount.

Accidental Serious Injury Benefit

The Accidental Serious Injury Benefit Amount is three times the Funeral Insurance Benefit Amount (maximum of \$45,000).

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

Maximum Benefit Limits

To enable Hannover to manage the insurance risk on any one Life Insured, it is necessary to set a maximum limit on the cover provided for a Life Insured under all Guardian Funeral Insurance policies.

The maximum benefit limit for the Funeral Insurance Benefit is \$15,000. Entitlement to Bonus Cover (explained on page 11) is additional to this and will not affect the maximum benefit limit.

The maximum benefit limit for the Accidental Death Benefit is two times the Funeral Insurance Benefit. The maximum benefit limit for the Accidental Serious Injury Benefit is \$45,000.

If the Life Insured is covered under more than one Guardian Funeral Insurance Policy, we will apply the maximum benefit limits above to the **total** of the benefits payable for the Life Insured under **all** Guardian Funeral Insurance policies.

If you have exceeded the maximum benefit limit, we will reduce the Benefit Amount to bring it back in line with the maximum benefit limit. Any reduction in the Benefit Amount will be applied to the Guardian Funeral Insurance Policy or policies most recently commenced, and we will refund the premiums paid referable to the amount by which the Benefit Amount is reduced.

When cover starts

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

We guarantee to continue your Policy until cover ends (explained below), provided you pay your premiums when due.

When cover ends**Funeral Insurance Benefit**

Cover under the Funeral Insurance Benefit for a Life Insured ends on the earliest of any of the following events:

- the date of payment of the Funeral Insurance Benefit for that Life Insured; or
- the Life Insured's 100th Birthday; or
- the date you elect to take up the Early Cash Out Option (explained on page 12) for that Life Insured; or
- if you cancel the Policy; or
- if we cancel the Policy.

Accidental Serious Injury Benefit

Cover under the Accidental Serious Injury Benefit for a Life Insured ends on the earliest of any of the following events:

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

Joint plan

Where the Policy ends 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 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 Policyowner, and it will be issued as a single plan under the same terms as this Policy and takes effect subject to payment of the first premium.

Additional Benefits from Age 85

Bonus Cover From a Life Insured's 85th birthday, we will automatically add 25% Bonus Cover to that Life Insured's Funeral Insurance Benefit Amount, which was in force immediately prior to their 85th birthday.

No additional premiums will be charged for Bonus Cover.

Where Bonus Cover applies, if a claimable event under the Funeral Insurance Benefit occurs after the Life Insured's 85th birthday, or when the Life Insured celebrates their 100th birthday, we will pay both the Funeral Insurance Benefit Amount in force immediately prior to the 85th Birthday, and the Bonus Cover.

Bonus Cover is not available where the Early Cash Out Option (explained on page 12) has been elected for that Life Insured.

For example: John's Guardian Funeral Insurance Policy provided a Benefit Amount of \$15,000 immediately prior to his 85th birthday. From John's 85th birthday, premiums are no longer payable and Bonus Cover is automatically added to his Policy.

If John dies when he is 90:

- we will pay \$18,750 - this includes the Funeral Insurance Benefit Amount in force immediately prior to John's 85th birthday (\$15,000), plus the 25% Bonus Cover (\$3,750); or
 - as a result of an Accident, we will pay \$56,250 – this includes:
 - the Funeral Insurance Benefit (\$15,000) plus the Bonus Cover (\$3,750) which is a total of \$18,750 as described above; and
 - the Accidental Death Benefit, which is two times the Funeral Insurance Benefit (\$37,500); or
 - if John celebrates his 100th birthday, we will pay \$18,750.
-

Early Cash Out Option

At any time after a Life Insured's 85th birthday, you may elect the Early Cash Out Option and end cover for that Life Insured. If you elect this option, we will pay you 75% of that Life Insured's Funeral Insurance Benefit Amount in force immediately prior to their 85th birthday.

If you have a single plan, and you elect this option, your Policy will end.

If you have a joint plan, and you terminate your cover under this option, but not your Partner Life Insured's cover, your Policy will remain in force, continuing to provide cover for your Partner Life Insured.

Risks associated with electing the Early Cash Out Option

Before you elect the Early Cash Out Option, 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 exceed 75% of the Funeral Insurance Benefit Amount at the time you make your election.

For example: John's Funeral Insurance Benefit Amount was \$15,000 immediately prior to his 85th birthday. From John's 85th birthday, premiums are no longer payable and the Early Cash Out Option is available.

If John elects to take the Early Cash Out Option, we will pay \$11,250. However, if John decides not to elect the Early Cash Out Option, he will be eligible to claim \$18,750 - **being the Funeral Insurance Benefit (\$15,000), plus the 25% Bonus Cover (\$3,750)** - on death, or diagnosis of a Terminal Illness, or if he celebrates his 100th birthday.

You can call us on **1300 709 431** (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.

Cost of Guardian Funeral Insurance

How we calculate your premiums

Premiums are the cost of your Insurance.

Your premiums are level which means they are designed to stay consistent year on year, but will change if you apply to change your cover, or we change the premium rates for your Policy (see the section on Premium rate changes below).

The premium is calculated separately for each Life Insured and is based on:

- the age of the Life Insured at the Commencement Date; and
- the Benefit Amount provided for the Life Insured; and
- the Insurance Plan chosen by you (joint plan or single plan).

When a Life Insured reaches age 85, and the Policy is still in force, cover for that Life Insured will continue, and premiums for that Life Insured are no longer payable. If you have a joint plan and your Partner Life Insured is aged less than 85, premiums for your Partner Life Insured are still payable, until they reach age 85.

For a premium quote, or to understand more about the cost of your Insurance, please contact Guardian Insurance on **1300 709 431** (Monday to Friday between 8am and 8pm AEST) or visit **guardianinsurance.com.au**

Payment methods, frequency & due date

The premium must be paid in Australian currency.

You can pay your premium by automatic debit from your bank, credit union or building society account, or by 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 calling **1300 709 431** (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.

Premium rate changes

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

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.

Making a claim If you (or your legal personal representative on your death) wish to claim under this Policy, please call **1300 308 578** (Monday to Friday between 8am and 8pm AEST) or write to:

Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Or email:

claims@guardianinsurance.com.au

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. We encourage you to lodge your claim within 120 days of the insured event, as this will assist in reducing any delays within the claim assessment.

Before a claim can be fully assessed we must receive proof, provided at your (or your estate's) expense and to our reasonable satisfaction, that the insured event has occurred. In addition: proof must be supported by one or more appropriate Medical Practitioners (where relevant in the case of an Accident); 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 on page 15) 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 can call us on **1300 709 431** or complete a Nomination of Beneficiaries Form (available from guardianinsurance.com.au) and return it to:

Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Or email:

enquiries@guardianinsurance.com.au

For convenience, a Nomination of Beneficiaries Form is included on page 25.

Conditions of Nominations:

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 Guardian Insurance of your nominations;
 - you may vary the nomination at any time by calling us on **1300 709 431** (Monday to Friday between 8am and 8pm AEST) or by properly completing and signing a new Nomination of Beneficiaries Form and returning it to Guardian Insurance. The variation takes effect when it is received by Guardian Insurance;
 - payment of benefits will be made on the basis of the latest valid nomination received by Guardian Insurance;
 - if a nominee is a minor when payment is made, the payment will be made to the minor's legal guardian or to a trustee for the benefit of the minor; and
 - if a nominee pre-deceases you, that nominee's share is payable to your legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995. The remaining nominations, if any, will continue to be effective. 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.
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General Information

Your 30-day money back guarantee

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

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

Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Or email:

enquiries@guardianinsurance.com.au

Or alternatively you can call us on **1300 709 431**.

Provided your request is received within the prescribed time we will refund any premiums you have paid, unless you have lodged a claim with us in that time.

If you wish to discuss your Policy, including to make alterations to your cover, you can contact us on **1300 709 431** (Monday to Friday between 8am and 8pm AEST).

Insurance risks

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

- you need to select the 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;
 - it is possible that you will pay more in total premiums than the value of the cover, depending on how long you hold cover for;
 - 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;
 - Guardian Funeral Insurance is designed purely for protection. This means that, unless the Early Cash Out Option applies (explained on page 12) if you cancel your Policy (after the 30-day cooling-off period), or we cancel your Policy, you will not receive anything back;
 - the amount of cover may not adequately cover the life insured if they suffer illness or injury; and
 - we may not pay a benefit in some circumstances (refer to the information for “**What is not covered under your Policy**”) because an exclusion applies under your Policy.
-

Changing your Insurance

You can call us on **1300 709 431** (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
- under a joint plan, transfer ownership to your Partner Life Insured. If this Policy is purchased as a single plan, this Policy cannot be assigned to any other person or entity.

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

Cancelling your Policy

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

Within six months of the date that the Policy is cancelled, you can apply to reinstate cover, however your application will be subject to the eligibility requirements as at the date of your application, may require new terms and conditions, or your application to reinstate cover could be declined.

Cover for a Life Insured will be cancelled if the Life Insured is on a temporary work visa and ceases to reside in Australia.

You must tell us if the Life Insured is on a temporary work visa and ceases to reside in Australia.

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

Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Or email:

enquiries@guardianinsurance.com.au

If you wish to discuss your Policy or make alterations to your cover you can contact us on **1300 709 431** (Monday to Friday between 8am and 8pm AEST).

Before cancelling any existing Policy, we recommend that you consider your risk of being uninsured and checking that you have been issued with a new Policy.

Up to date information

From time to time, Guardian Funeral Insurance may be updated. Updates which are not materially adverse to you may be found on the Guardian Insurance website at **guardianinsurance.com.au**. If you request a paper copy, this will be provided to you free of charge.

Questions or Complaints

How to contact us

If you wish to discuss your Policy or make alterations to your cover you can contact us on **1300 709 431** (Monday to Friday between 8am and 8pm AEST).

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 709 431**

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

Writing: Customer Support Complaints

Guardian Insurance

Reply Paid 6728

Baulkham Hills NSW 2153

Email: enquiries@guardianinsurance.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, you may be eligible to refer your matter to the Australian Financial Complaints Authority (AFCA) providing your matter is within the scope of AFCA Terms of Reference.

AFCA is an independent dispute resolution service provided free of charge.

You may contact AFCA at:

Australian Financial Complaints Authority

Mail: GPO Box 3, Melbourne VIC 3001

Phone: 1800 931 678

Website: afca.org.au

Email: info@afca.org.au

Privacy Notice

In this section “**we**”, “**our**” and “**us**” means Hannover and anyone (including Guardian Insurance) 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.

Guardian Insurance may use your personal information (but not sensitive information) to assist us in developing and identifying products and services that may interest you and (unless you ask us not to by calling us on **1300 709 431** Monday to Friday between 8am and 8pm AEST) telling you about products and services offered by Guardian Insurance.

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

By applying for cover, you consent to sensitive information (including health 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, including how to access your information or complain about a breach of your privacy by accessing Guardian Insurance’s Privacy Policy at guardianinsurance.com.au or Hannover’s Privacy Policy at hannover-re.com/privacyau or you can request a copy. If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy, please call **1300 709 431** (Monday to Friday between 8am and 8pm AEST).

Glossary

Acceptance Date	means the date an application for a Life Insured is accepted by us and cover starts, as set out in the Policy Schedule.
Accident	means an event resulting in bodily injury occurring while the Life Insured is covered under this Policy, where the injury is directly and solely caused by an unintentional accidental, violent, external and visible means without any other contributing causes and where the injury is not intentionally 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. The Benefit Amount at the Acceptance Date for each benefit for each Life Insured is shown in the Policy Schedule.
Blindness in Both Eyes (total and permanent, best corrected)	<p>in respect to the Accidental Serious Injury Benefit, means the complete and irreversible loss of sight in both eyes due to Injury with any of the following in the better eye:</p> <ul style="list-style-type: none">● best corrected visual acuity is 6/60 or less (this means that even with visual aids you need to be at 6 metres or less to see what someone with normal vision can see at 60 metres); or● visual field is reduced to 20 degrees or less of arc (this means that your field of vision is less than 20 degrees in diameter). Blindness due to cataracts is excluded. The diagnosis must be confirmed by an appropriate Specialist Medical Practitioner in that field.
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 in Both Ears (total and permanent, best corrected) - including requiring cochlear implant

in respect to the Accidental Serious Injury Benefit, means a confirmed diagnosis of profound irreversible hearing loss as a result of injury with any one of the following:

- best corrected hearing threshold of 81 decibels in the better ear, averaged at frequencies 500 hertz, 1000 hertz, 2000 hertz and 3,000 hertz; or
- requiring or undergoing cochlear implant due to loss of hearing in both ears.

The diagnosis must be made by an appropriate Specialist Medical Practitioner in that field.

Diplegia (total and permanent)

means total and permanent loss of use of symmetrical parts of the body (such as both arms or both sides of the face) caused by permanent damage to the nervous system as a result of injury. The diagnosis must be confirmed by a Medical Practitioner.

Hemiplegia (total and permanent)

means the total and permanent loss of use of one side of the body (such as one arm and one leg of the same side) caused by permanent damage to the nervous system as a result of injury. The diagnosis must be confirmed by a Medical Practitioner.

Insurance

means, in respect of a Life Insured, the Insurance benefits that have been applied for by the Policyowner and accepted by us as indicated on the Policy Schedule.

Insurance Plan

means the Insurance Plan nominated by the Policyowner in the application, subject to acceptance by us. The Insurance Plans available under the Policy are:

- **single plan** – this plan applies if the Key Life Insured is the only person nominated in the application, in which case you are the Policyowner.
 - **joint plan** – this plan applies if there is a Key Life Insured and a Partner Life Insured nominated in the application, in which case the Key Life Insured is the Policyowner.
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Key Life Insured

means a 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.

Medical Practitioner

means a medical practitioner registered with the Australian Health Practitioner Regulation Agency (AHPRA), who must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.

Paraplegia (total and permanent)

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

Partner Life Insured	means a Life Insured who is not the Policyowner. A partner may be a legal spouse or de facto of the Policyowner and may be of the same gender as the Policyowner.
PDS	is an abbreviation of Product Disclosure Statement.
Policy	means the legal contract between you and us. This PDS, the current Policy Schedule, and, amendments, or endorsements to the Policy specified in the Policy Schedule make up the Policy.
Policy Anniversary	means the applicable anniversary of the Commencement Date of your Policy.
Policy Schedule	means the Policy Schedule issued with your Policy and updated from time to time. A new Policy Schedule will replace previous Policy Schedules.
Policyowner	means when you purchase this Policy as the Key Life Insured, you are automatically the Policyowner.
Quadriplegia (total and permanent)/ Tetraplegia (total and permanent)	means the total and permanent loss of use of both arms and both legs caused by permanent damage to the nervous system as a result of injury. The diagnosis must be confirmed by a Medical Practitioner.
Specialist Medical Practitioner	means a medical practitioner who practices in a speciality field and is listed on Australian Health Practitioner Regulation Agency's (AHPRA) Specialist Register. The Specialist Medical Practitioner must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.
Terminal Illness	means the diagnosis, by a Medical Practitioner, of an illness where life expectancy, after taking into account all reasonably available treatment, is 12 months or less.
Total and Permanent Loss of Use of Two Specified Limbs	means, in respect to the Accidental Serious Injury Benefit, complete and irrecoverable loss of use of two limbs as a result of injury. Limb in this context means an entire arm, leg, hand or foot. The diagnosis must be confirmed by a Medical Practitioner.

Direct Debit Service Agreement

1. Hannover Life Re of Australasia Ltd ABN 37 062 395 484 (“Debit User”) will initiate direct premium debit payments in the manner referred to in the 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 709 431** (Monday to Friday between 8am and 8pm AEST), or write to the Debit User at Reply Paid 6728, Baulkham Hills NSW 2153.
5. Customer queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in this document on page 18. 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 7 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 up to 5 beneficiaries to receive benefits payable under your Policy on your death. The option to nominate a beneficiary is subject to the conditions listed below.

If you choose not to nominate a beneficiary using this form or do not submit a valid nomination (explained below) any benefit payable from your Policy will be settled in accordance with provisions outlined in your Product Disclosure Statement and the Life Insurance Act 1995.

Conditions

The following conditions apply:

- Only the Policyowner can sign the Nomination of Beneficiaries Form; and
- You can nominate a maximum of 5 beneficiaries under your policy; and
- Nominations must be a natural person; and
- Nominations must be in writing on a Nomination of Beneficiaries Form; and
- If a nominee pre-deceases you, the portion otherwise payable to them will be payable to your estate; and
- If at time of payment, a nominated beneficiary is a minor, the payment will be made to the minor's legal guardian or trust for the benefit of the minor; and
- Payment of benefits will be made on the basis of the latest valid nomination received by us prior to the death of the policy owner; and
- You may vary the nomination at any time by properly completing and signing a new Nomination of Beneficiaries Form and forwarding it to Guardian Insurance. The new nomination takes effect once they are confirmed in writing by the insurer.

Helpful tips when completing the Nomination of Beneficiaries Form

- If you make an alteration or correction to the Form, please ensure you initial each change.
- Please note that when completing the Proportion of Benefit Section, it must equal 100%; we cannot accept dollar amounts, fractions, or statements such as 'All', 'Half', or 'The Rest'.
- We require complete phone numbers for all nominees, except if they are under 18 years of age.
- We are unable to accept any additional instructions on the Form, other than the fields included.

Example of how to nominate a Beneficiary(ies)

Full Name of Beneficiary	Address	Phone Number	Date of Birth	Relationship to Policyowner	Proportion of Benefit
Mr Travis Smith	1 Sample Street, Smithville NSW	02 1234 5678	01/05/1980	Brother	30%
Ms Sarah Jones	35 Sample Street, Smithville NSW	02 5678 1234	30/06/1995	Daughter	70%
			/ /		%
	SAMPLE				%
			/ /		%
Your Policy Number	750123456		Total (must add up to 100%)		100%
Name of Policyowner	Mrs Sandi Jones				
Signature of Policyowner	Sandi Jones			Date:	11/06/2020

Nomination of Beneficiaries Form

Privacy

Greenstone Financial Services Pty Ltd (“GFS”, “we”, “us” or “our”) collects the following personal information in order to record your nominated beneficiaries and to assist in the management of future claims. You confirm that you have gained consent from the individuals to provide this information. This information will be shared with your insurer and any of its service providers, including claims assessors should you lodge a claim under your Policy. If you fail to provide the requested information, or do not provide the information in full, your nomination will be deemed invalid and will not be processed. We are unlikely to send your information to any foreign jurisdiction. You can obtain a copy of our Privacy Policy, which contains information about accessing and correcting information and how to complain about a breach of the Privacy Principles, on our website or you can request a copy by contacting us on **1300 709 431** (Monday to Friday between 8am and 8pm AEST).

Full Name of Beneficiary	Address	Phone Number	Date of Birth	Relationship to Policyowner	Proportion of Benefit
			/ /		%
			/ /		%
			/ /		%
			/ /		%
			/ /		%
Your Policy Number			Total (must add up to 100%)		100%
Name of Policyowner					
Signature of Policyowner			Date:	/ /	

Please return this form to Guardian Insurance. Email to: claims@guardianinsurance.com.au, mail to: Customer Support, Reply Paid 6728, Baulkham Hills NSW 2153 (no stamp required), or fax to: 1300 260 792



For more information call 1300 709 431
Monday to Friday 8am–8pm (AEST)
Or visit guardianinsurance.com.au