

Avant's Income Protection

Product Disclosure Statement and
General Insurance Policy Document

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Dr Melissa Radjenovic
Avant member

**When your income
protection covers
your chosen specialty
– that's peace of mind.**

Avant's Income Protection



Dr Melissa Radjenovic
Avant Member

Cover for your chosen specialty over your entire career

When illness, injury or litigation prevent you from practising in your own specialty, Avant's Income Protection is designed to support you by paying a *monthly benefit* of up to 75% of your *regular income*.

Doctor-specific benefits

- Cover if you can't perform the duties specific to your own specialty, irrespective of your ability to perform other medical duties.
- If you contract a blood-borne disease and your regulatory body restricts you from practising, you will be fully protected even if you are fit and healthy.
- Benefit from larger cover increases, more often and without medical tests. You can increase your cover by up to 30% every year.
- For Avant members, receive a monthly litigation support payment which supplements up to 50% of income lost as a result of medico-legal events.
- Maintain full cover if you take an overseas placement or undertake further training or study.

Market-leading features

- Provides more cover – up to 75% of your income.
- The ability to insure up to a further 10% of your income as contributions to super.
- Receive higher *monthly benefits* – up to \$60,000 per month.
- Enjoy cover that extends for longer – you can select cover that provides for full benefits up until you turn 70.
- Receive an additional \$1,000 a day in the event of hospitalisation for more than three consecutive days.
- Your benefit will be based on your best consecutive 12 months' income over the last three years.
- Reimbursement for rehabilitation programs to get you back into your specialty sooner.
- Maintain full cover if you're working part-time or providing full-time care for young children.

Simple options

- Waiting period options from 30 days up to two years.
- Select cover to age 60, 65 or 70.
- Choose between stepped and level premiums.
- Elect to pay premiums through your Self Managed Super Fund (SMSF).
- The flexibility to choose from a range of ownership options to suit your circumstances including self-ownership, SMSF ownership, ownership by practice partners, another individual or by a company or trust.

Please refer to the contents of this PDS for full terms and conditions.

About this Product Disclosure Statement

The purpose of this Product Disclosure Statement (PDS) is to provide you with information about Avant's Income Protection so you can make the best choices for you and your family.

Should you want information about other Avant Life Insurance products, please call us on **1800 128 268** or visit **avant.org.au/life**

Understanding what we mean



To help you understand what Income Protection is all about, general information about a benefit, feature, option or requirement is included at the start of each section and highlighted with a symbol of a stethoscope. The text below then provides further detail on the specific terms and conditions that apply.

While our aim is to provide straightforward explanations, some of the terms and words used have specific meanings, including some non-technical words commonly used. These words have been *italicised* and are explained in the 'Defined terms' section at the end of this document. You'll also note that we refer to Income Protection as a plan, rather than a policy. After all, isn't it part of your plan for protecting your future?

Who we are

Avant Mutual Group Limited (Avant Mutual) has chosen to work with NobleOak Life Limited (NobleOak) to provide this insurance cover to you. NobleOak is a friendly society and similar to Avant Mutual, NobleOak has been protecting its members for over 100 years. NobleOak and Avant Mutual have a shared philosophy of providing tailored insurance solutions and personal service to all members.

The benefits of Income Protection are provided by NobleOak and Avant Insurance Limited (Avant). Avant is the insurer for the Litigation Support Benefit and NobleOak is the insurer for all other benefits.

This PDS is issued by NobleOak and Avant. Avant and NobleOak each take full responsibility for the entirety of the PDS.

Avant Life Insurance is a registered business name of Doctors Financial Services Pty. Limited. ABN 56 610 510 328 (DFS). DFS provides administration services in respect of your insurance cover on behalf of NobleOak and Avant.

When reading this PDS, 'we/' 'us/' 'our' refers to NobleOak. 'You/' 'your' refers to the insured person or plan owner, as the context requires.

This PDS is not advice

It is important to note that information provided in this PDS is general in nature and does not take into account your individual financial situation, needs or objectives. You should consider how appropriate the cover discussed in this PDS is for your needs before making any decisions and seek professional advice where appropriate.

Up-to-date information

All the information contained in this PDS is current at the time of issue but it can change from time to time. If the change is not materially adverse, the updated information will be available on our website, **avant.org.au/life**. Alternatively, if the change is materially adverse, we will notify you as required by law.

Your contract

If you purchase Avant's Income Protection, your contract with us will be made up of this PDS, your application for insurance, the Avant Benefit Fund Rules and the relevant appendices. You may request a copy of the Avant Benefit Fund Rules at any time.

This PDS is subject to and governed by the laws of New South Wales. Premiums and any benefits are payable in Australia, in Australian dollars.

The Life Insurance Code of Practice

The Life Insurance Code of Practice outlines the standards that we're committed to in providing life insurance services to you. The code can be found at **fsc.org.au**

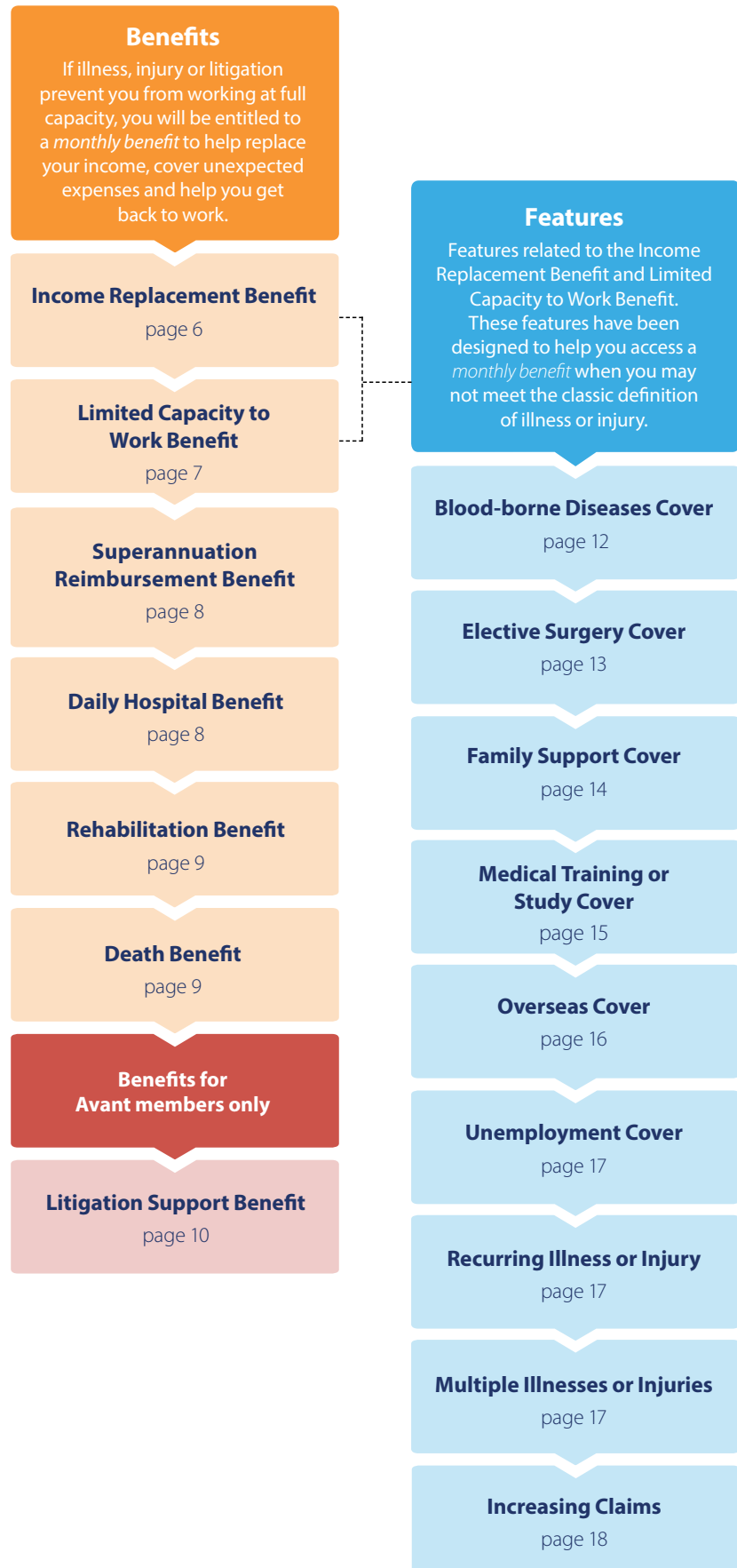
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Income Protection

A quick overview of Avant's Income Protection including its benefits, features and options



Additional features

These features help you to easily adjust your cover as a result of changes to your income or personal life, ensure your cover is the latest available and provide other useful features like waiving your premiums when you are receiving a *monthly benefit*.

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Options

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Interim cover

You are covered with these benefits, features and selected options from the time you submit your completed application and authorise payment, until your application is approved, declined or withdrawn.

Complimentary Interim Cover

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2. Benefits

Income Replacement Benefit (Total Disability Benefit)



When illness or injury prevents you from working or from working in your chosen medical specialty, your ability to provide for yourself or family can be negatively impacted. The Income Replacement Benefit is a monthly payment that replaces up to 75% of your lost income. Payments will commence at the end of your chosen waiting period and will continue until you return to work or until age 60, 65 or 70 depending on the benefit period you choose.

Eligibility

If you suffer an illness or injury when:

- *gainfully employed*
- on long service leave
- on an overseas placement
- on a study or family support break; or
- unemployed for no longer than 36 months while continuing to be a *registered medical practitioner*,

you may qualify for an Income Replacement Benefit under one of the following three definitions.

1. Duties-based definition – solely because of illness or injury, you are:
 - not capable of doing one or more duties that are important and essential to producing income in your *regular occupation*
 - not working in any *gainful employment*; and
 - under the regular care and following the advice of an *independent medical practitioner* in relation to that illness or injury.
2. Percentage-based definition – solely because of illness or injury, you:
 - have suffered a reduction of 80% or more in your ability to generate monthly earnings from your *regular occupation*
 - are not working in any other *gainful employment*; and
 - are under the regular care and following the advice of an *independent medical practitioner* in relation to that illness or injury.
3. Hours-based definition – solely because of illness or injury, you are:
 - unable to work for more than 10 hours per week
 - not capable of generating more than 20% of your *pre-disability income*

- not working in any other *gainful employment*; and
- under the regular care and following the advice of an *independent medical practitioner* in relation to that illness or injury.

If you're no longer a *registered medical practitioner* and you've been unemployed for no longer than 12 months at the time of illness or injury, you may qualify for an Income Replacement Benefit under the following definition.

4. Home duties-based definition – solely because of illness or injury, you are:
 - unable to perform all *home duties*; and
 - under the regular care and following the advice of an *independent medical practitioner* in relation to that illness or injury.

Benefit amount

Provided you meet one of the above definitions, your *monthly benefit* will be the lower of:

- the *monthly sum insured* shown on your *plan schedule*; or
- 75% of your *pre-disability income* up to \$26,667 (\$320,000 per annum); plus
- 50% of any *pre-disability income* between \$26,667 and \$46,667 (\$320,000 to \$560,000 per annum); plus
- 20% of any *pre-disability income* greater than \$46,667 (\$560,000 per annum).

The Income Replacement Benefit commences after your selected waiting period (see page 24). We will aim to make your first payment two weeks after the end of this period. All other payments will be paid monthly in arrears.

Should an illness or injury result in payment of the Income Replacement Benefit, or Limited Capacity to Work Benefit for more than two years, future *monthly benefit* payments and Superannuation Reimbursements combined for that illness or injury will be capped at \$30,000 per month plus any increases as a result of Cover Indexation.

Limited Capacity to Work Benefit (Partial Disability Benefit)



While the ability to work in a reduced capacity following illness or injury can assist you to meet your financial obligations, there may still be a shortfall. The Limited Capacity to Work Benefit helps to cover this shortfall by providing a monthly top up to your income. Payments will commence at the end of your chosen waiting period and will continue until you return to work or until age 60, 65 or 70 depending on the benefit period you choose.

Eligibility

If you suffer an illness or injury when:

- *gainfully employed*
- on long service leave
- on an overseas placement
- on a study or family support break; or
- you're unemployed,

you may qualify for a Limited Capacity to Work Benefit if, solely because of illness or injury, you:

- are working in your *regular occupation* in a reduced capacity or any other occupation;
- are under the regular care and following the advice of an *independent medical practitioner* in relation to that illness or injury; and
- have suffered a reduction of 20% or more in the ability to:
 - generate a *regular income*
 - perform the *regular income*-producing duties; or
 - maintain the same number of hours worked, in your *regular occupation*.

Benefit amount

Provided you meet the above definition, your Limited Capacity to Work *monthly benefit* will be:

$$\frac{\text{pre-disability income} - \text{post-disability income}}{\text{pre-disability income}}$$

the monthly amount we would pay if you were claiming a Income Replacement Benefit

The Limited Capacity to Work Benefit commences after your selected waiting period (see page 24). We will aim to make your first payment two weeks after the end of this period. All other payments will be paid monthly in arrears.

Should an illness or injury result in payment of the Income Replacement Benefit or Limited Capacity to Work Benefit for more than two years, future *monthly benefit* payments and Superannuation Reimbursements combined for that illness or injury will be capped at \$30,000 per month plus any increases as a result of Cover Indexation.

If you are not working to your full capacity as a result of causes other than your illness or injury, your *monthly benefit* will be calculated on what you could reasonably be expected to earn if you were working to the extent of your capability.



Superannuation Reimbursement Benefit



When illness or injury prevents you from working or from working in your chosen medical specialty, this not only affects your ability to provide for yourself or family, but can also negatively impact on your financial security in retirement as a result of reduced superannuation contributions. The Superannuation Reimbursement Benefit is a monthly payment that reimburses you for the payments you contribute into superannuation, up to 10% of your lost income. Payments will commence at the end of your chosen waiting period and will continue until you return to work or until age 60, 65 or 70 depending on the benefit period you choose.

Eligibility

If you are receiving an Income Replacement Benefit or a Limited Capacity to work benefit then you may also qualify for a Superannuation Reimbursement Benefit provided:

- Your *monthly benefit* as calculated for an Income Replacement Benefit is lower than your *monthly sum insured* shown on your *plan schedule*; and
- You are contributing to your superannuation while you are eligible to receive Income Replacement Benefits or Limited Capacity to Work Benefits.

Benefit amount

Provided you meet the above eligibility requirement, your monthly Superannuation Reimbursement Benefit will be the lower of:

- 10% of your *pre-disability income*;
- the monthly superannuation contributions paid by you while you are eligible to receive Income Replacement Benefits or Limited Capacity to Work Benefits;

- your *monthly sum insured* as shown on your *plan schedule* less the *monthly benefit* we would pay if you were claiming an Income Replacement Benefit;
- your *monthly sum insured* as shown on your *plan schedule* less the *monthly benefit* we would pay if you were claiming a Limited Capacity to Work Benefit and
- \$2,667.

If no superannuation contributions are evidenced or made for some or all of the claim duration, then the Superannuation Reimbursement will not apply for that period.

The Superannuation Reimbursement Benefit commences after your selected waiting period (see page 24). We will aim to make your first payment two weeks after the end of this period. All other payments will be paid monthly in arrears.

Should an illness or injury result in payment of the Income Replacement Benefit or Limited Capacity to Work Benefit for more than two years, future *monthly benefit* payments and Superannuation Reimbursements combined for that illness or injury will be capped at \$30,000 per month plus any increases as a result of Cover Indexation.

Daily Hospital Benefit



Being in hospital for any length of time can have a financial impact that extends beyond lost income. It may mean day care arrangements for your children, additional travel costs or even the cost of boarding a pet. The Daily Hospital Benefit recognises loss of income and the additional costs associated with a hospital stay, by paying a benefit of \$1,000 per day for a period up to 90 days.

Eligibility

If you're unable to work and require bed rest within a hospital for at least three consecutive days, you may qualify for the Daily Hospital Benefit.

Benefit amount

The Daily Hospital Benefit payment is \$1,000 per day, for each day you require bed rest within a hospital, for a period up to 90 days. It is paid monthly in arrears and will be accrued from the first day of bed rest.

This benefit is paid in addition to any other benefit you receive under your Income Protection plan.

Rehabilitation Benefit



Returning to full time work as soon as possible after a significant illness or injury is a goal we all strive for. The Rehabilitation Benefit helps you to return to work sooner by reimbursing you for any workplace modifications, rehabilitation programs and/or other approved expenses which are not covered by Medicare or private health insurance.

Eligibility

If we are paying you an Income Replacement Benefit or Limited Capacity to Work Benefit and you participate in a rehabilitation program, make workplace modifications or incur rehabilitation costs so you can return to work in your full capacity, we may reimburse these costs to you.

We must agree in writing before you commence a rehabilitation program, purchase any equipment or incur other costs associated with your rehabilitation. Only expenses that will not be reimbursed by another source, such as Medicare or private health, will be approved.

Any rehabilitation costs you seek reimbursement for should be recommended by an independent tertiary qualified vocational or rehabilitation specialist.

Benefit amount

The Rehabilitation Benefit provides a payment of up to 100% of your *monthly sum insured* for approved rehabilitation and/or retraining programs. Payment is made monthly in arrears, for up to a maximum of 12 months over the life of your Income Protection plan.

In addition, the Rehabilitation Benefit can be used to cover the cost of any approved additional out-of-pocket expenses related to your rehabilitation (for example, travel costs and workplace or home modifications).

This benefit is paid in addition to any other benefit you receive under your plan.

Death Benefit



The utilities, mortgage and other bills don't immediately stop in the event of death. Should the worst happen, Avant Income Protection will provide a lump sum payment which will assist your family with meeting these costs.

Eligibility

If you die while this plan is in place, we will make a lump sum payment to the plan owner or your estate.

Benefit amount

The Death Benefit payment will be equal to three times your *monthly sum insured* up to a maximum of \$40,000.

Benefit for Avant members only

The Litigation Support Benefit is only available to medical practitioners who are voting members of Avant Mutual and insured by Avant under a Practitioner Indemnity Insurance Policy (PIIP) or Intern Indemnity Insurance Policy (IIIP).

Litigation Support Benefit



Avant understands more than most that there can be significant personal and financial stress in the event of a medico-legal claim against a doctor. If your income has been negatively impacted as a result of such a claim, the Litigation Support Benefit will lessen possible financial strain by providing a monthly payment of up to 50% of your *pre-litigation income*.

Eligibility

The Litigation Support Benefit will provide you with a benefit if a claim or matter under a PIIP or IIIP has been indemnified, you're a voting member of Avant Mutual at the time of making a claim and Avant is providing you with legal representation as a result of a:

- voluntary restriction
- ordered restriction
- Health Complaints Body investigation
- civil claim; or
- criminal case

and your earnings drop below 50% of your *pre-litigation income*.

The Litigation Support Benefit does **not** provide a benefit if:

- the claim relates to an incident which occurred prior to applying for your Income Protection plan; or
- you are pursuing another party; irrespective of whether the claim or matter is accepted under your PIIP or IIIP.

If you become a voting member of Avant Mutual and Avant provides you with insurance under a PIIP or IIIP after your plan's commencement date, you may apply to have the Litigation Support Benefit added to your Income Protection plan.

Benefit amount

Provided you meet the eligibility requirements, your *monthly benefit* will be the lower of:

- the *monthly sum insured* stated on your *plan schedule*; or
- 50% of your *pre-litigation income* less any *post-litigation income*.

If you are not working to your capacity as a result of causes other than a case or trial, your *monthly benefit* will be calculated on what you could reasonably be expected to earn if you were working to the extent of your capacity.

The Litigation Support Benefit commences after your selected waiting period (see page 24). We will aim to make your first payment two weeks after the end of this period. All other payments will be paid monthly in arrears.

The Litigation Support Benefit payment will stop upon the:

- final determination of the investigation
- final determination or settlement of a civil claim
- withdrawal, for any reason, of Avant's support for you under your PIIP or IIIP
- payment of benefits for 12 months for any one event; or
- payment of \$500,000 in benefits over any rolling three-year period or in relation to any one event.

If you're found guilty of a criminal offence, either during a criminal investigation or trial, or part of the final determination, you must repay Avant any benefit you have received under the Litigation Support Benefit in relation to that claim.



3. Features

Blood-borne Diseases Cover



The contraction of a blood-borne disease may impact a doctor's ability to work and earn an income even though you may otherwise be fit and healthy. We therefore understand that it's important for doctors to have certainty of cover for blood-borne diseases and from all forms of contraction; not just needle stick injuries or workplace accidents. As Avant's Income Protection is designed specifically for doctors, we provide you this cover with our Blood-borne Diseases feature.

Workplace injuries have transmitted many diseases involving viruses, bacteria, fungi, and other micro-organisms to healthcare workers. Many of these diseases were transmitted in rare, isolated events, however all diseases are included under the Blood-borne Diseases Cover irrespective of the source of infection.

If you contract a blood-borne disease while *gainfully employed* as a medical professional and you are restricted by AHPRA, the Medical Board of Australia, your hospital credentialing committee or any other medical governing body from performing important and essential duties in your *regular occupation*, we will consider you injured. You may therefore be eligible for either the Income Replacement Benefit or Limited Capacity to Work Benefit should you have a reduction in income.

For the purpose of this feature, blood-borne diseases include:

Type of Infection	Infection Source	Loss of income as a result of restrictions requiring you to:	
		Cease work	Restrict work
HIV, Hepatitis B or Hepatitis C	Workplace needlestick or sharps injury	You're covered	You're covered
	Workplace splash accident	You're covered	You're covered
	Puncture injury	You're covered	You're covered
	All other sources of infection	You're covered	You're covered
Tropical and rural based infections such as dengue fever, Ross River virus or Q fever	Workplace needlestick or sharps injury	You're covered	You're covered
	All other sources of infection	You're covered	You're covered
Other infectious conditions	All sources of infection	You're covered	You're covered

Elective Surgery Cover



Elective surgery is often necessary to maintain your quality of life, practise medicine in your chosen specialty and earn an income. If elective surgery leads to a reduction in income, you can rest assured that you will have cover after an initial qualifying period, or from day one, if the elective surgery is required as a result of an *accident*.

If as a result of elective surgery performed:

- on the advice of an *independent medical practitioner*
- to improve your appearance as a result of an illness or injury; or
- to donate a body organ or bone marrow to someone else,

you will be eligible for either an Income Replacement Benefit or a Limited Capacity to Work Benefit where the applicable benefit would otherwise have been payable except that your inability to work was due to the surgery, rather than an illness or injury.

Benefits will **not** be paid for elective surgery if it occurs within 90 days of applying for your Income Protection plan, reinstatement or an increase to your *monthly sum insured* (in this case, you may still be entitled to a *monthly benefit*, however, it will be limited to your *monthly sum insured* prior to the increase). Where elective surgery is the result of an *accident* that occurred after your plan commenced or reinstatement, these restrictions will not apply.



Family Support Cover



Becoming the primary carer of a child generally means a reduced income. We understand this is likely to be a temporary situation while your children are young and that it should not affect your cover if a serious illness or injury occurs. Should you choose to maintain your current cover, we will base any benefit you are entitled to on your income and occupation prior to the family support break, even if you have not been working or your income is now reduced.

Alternatively, you may choose to reduce your premiums by reducing your cover. However, to ensure you have the protection you need when you return to work, Family Support Cover allows you to reinstate your original cover without the need to provide updated medical information.

If you cease working in *gainful employment* or reduce the hours you work to be the primary carer of a child who is no older than six years, you may choose to maintain your Income Protection plan at its current level or reduce your *monthly sum insured*.

Maintain your *monthly sum insured*

If you maintain your current *monthly sum insured*, your cover will continue as if your *regular occupation* had continued, provided you continue to be a *registered medical practitioner*. Should you be eligible for an Income Replacement Benefit or Limited Capacity to Work Benefit, we will take into account the income you earned before your family support break, regardless of whether your income is now reduced.

This means that in the event of a claim, your *pre-disability income* will be based on the higher of:

- the best 12 continuous months of income in the prior three years; or
- the best 12 continuous months of income in the three years prior to commencing a family support break.

This applies even where:

- you have been a primary carer for a period greater than three years; and
- you return to work on a part-time basis after commencing a family support break.

Reduce your *monthly sum insured*

Should you choose to reduce your *monthly sum insured*, you can reinstate the original amount at any time prior to the end of your family support break, without the need to provide updated medical information.

Each time a reduction or reinstatement of the original *monthly sum insured* is requested, the reason for the family support break must be provided to us. Your premium will be adjusted to reflect the revised level of cover. No minimum premium will apply.

Any cover you reinstate after a family support break will be subject to a 90-day qualification period. This means that the benefit paid will be based on your *monthly sum insured* prior to reinstatement for the first 90 days after reinstating your cover.

Family Support Cover ceases when you stop being a primary care giver or your youngest child turns seven.

Assessed based on duties of your *regular occupation*

In the event of injury or illness while you are performing the role of the primary care giver and working part time, you will be assessed against the duties of your *regular occupation*.

In the event of injury or illness while you are performing the role of the primary care giver and not working, if, due to the injury or illness, you cannot perform your duties as the primary care giver, you will be assessed against the duties of your *regular occupation*. At the end of your scheduled maternity or paternity leave period (or after 12 months if you do not have a scheduled return-to-work date) if you have not fully recovered, you will be assessed against your ability to perform the duties of your *regular occupation*.

Medical Training or Study Cover



In order to advance your career, there will be periods when you engage in further medical training or study. Should you suffer an illness or injury while completing training or study and you're eligible for a benefit under Avant's Income Protection, the benefit you receive will be based on your income prior to starting training or study, even if your income is now reduced.

The Medical Training or Study Cover feature applies if you cease, change, reduce employment or take a salary reduction, to complete a fellowship or period of medically related study or research.

Provided you maintain your existing *monthly sum insured*, your cover will continue as if your *regular occupation* had continued. Should you be eligible for an Income Replacement Benefit or Limited Capacity to Work Benefit, we will take into account the income you earned before your training, study or research, regardless of whether your income is now reduced.

This means that in the event of a claim your *pre-disability income* will be based on the higher of:

- the best 12 continuous months in the prior three years; or
- the best 12 continuous months in the three years prior to change of employment.

Medical Training or Study Cover is provided for a maximum of three years.

Once you've resumed your *regular occupation* or three years has elapsed, any benefit you're eligible for will be based on the best 12 continuous months in the prior three years.

Assessed based on duties of your *regular occupation*

In the event of injury or illness while you are completing a fellowship or period of medically-related study or research and working part time, you will be assessed against the duties of your *regular occupation*.

In the event of injury or illness while you are completing a fellowship or period of medically-related study or research and not working, if due to the injury or illness you cannot undertake your fellowship or continue your medically-related study or research, you will be assessed against the duties of your *regular occupation*. At the end of your fellowship or period of medically-related study or research if you have not fully recovered, you will be assessed against your ability to perform the duties of your *regular occupation*.

Overseas Cover



We recognise the overseas career opportunities and goals of doctors today. To support you while you're realising these opportunities, this feature ensures any benefit paid as a result of illness or injury will be based on your income prior to taking the overseas position. This applies even if your overseas position resulted in a reduction of income.

The Overseas Cover feature applies if you change employment to work for any of the following organisations:

- Doctors Without Borders
- the Australian Defence Force
- special medical placements overseas.

Provided you maintain your existing *monthly sum insured*, your cover will continue as if your *regular occupation* had continued. Should you be eligible for an Income Replacement Benefit or Limited Capacity to Work Benefit, we will take into account the income you earned before taking the overseas position, regardless of whether your income is now reduced.

This means that in the event of a claim, your *pre-disability income* will be based on the higher of:

- the best 12 continuous months in the prior three years; or
- the best 12 continuous months in the three years prior to your change of employment.

The Overseas Cover feature is provided for a maximum of three years.

Once you've resumed your *regular occupation* or three years has elapsed, any benefit you're eligible to receive will be based on the best 12 continuous months of earnings in the prior three years.

Assessed based on duties of your regular occupation

In the event of injury or illness while working overseas for Doctors Without Borders, the Australian Defence Force or any other special medical placement, you will be assessed against the duties of your *regular occupation* while you remain overseas.

If you return to Australia and you have not fully recovered, you will be assessed against your ability to perform the duties of the *regular occupation* you last engaged in for reward and were qualified to perform prior to working overseas.

Unemployment Cover



The aim of Income Protection is to be there for you through thick and thin. If you're unemployed, either with or without a current registration to practise medicine, there are still circumstances under which you may qualify for the benefits provided by Avant's Income Protection plan.

The Unemployment Cover feature applies if you're:

- unemployed and a *registered medical practitioner* – provided you've been unemployed for no longer than three years and you're not retired
- unemployed but no longer a *registered medical practitioner* – provided you've been unemployed for no longer than one year and you're not retired.

If you meet one of the above requirements, your cover will continue as if you were still working in your *regular occupation*.

Should you be eligible for an Income Replacement Benefit or Limited Capacity to Work Benefit, we will take the income you earned before unemployment into account.

This means that in the event of a claim, your *pre-disability income* will be based on the best 12 continuous months in the prior three years.

If you have retired or have been unemployed for more than one year and are no longer a *registered medical practitioner* you will not be eligible for an Income Replacement Benefit, Limited Capacity to Work Benefit or Superannuation Reimbursement Benefit.

Recurring Illness or Injury



As a doctor, you know that some illnesses or injuries return. If this is the case for you, we will waive the waiting period and resume your monthly payments.

If you return to work after receiving an Income Replacement Benefit or Limited Capacity to Work Benefit and you suffer a relapse of the same or a related illness or injury within 12 months of your claim ending, we will waive the waiting period and treat the relapse as a continuation of your original claim and benefit period.

In this instance, we will apply the higher of the *pre-disability income* used for your original claim or your *pre-disability income* at the relapse date, when determining your *monthly benefit*.

If the relapse occurs more than 12 months after the date we last paid an Income Replacement Benefit or Limited Capacity to Work Benefit, we will treat it as a new claim and the waiting period will start again.

Multiple Illnesses or Injuries



Even if you've already received an Income Replacement Benefit or Limited Capacity to Work Benefit, you will still be entitled to the same benefits if a new and unrelated illness or injury results in loss of income.

A new waiting period and benefit period will apply to any unrelated illness or injury that prevents you from working after receiving an Income Replacement Benefit or Limited Capacity to Work Benefit.

If a new illness or injury occurs:

- within 12 months of your original benefit period ending, your *monthly benefit* and Superannuation Reimbursement Benefit will be determined by applying the higher of the *pre-disability income* used for your original claim or your *pre-disability income* at the relapse date
- after 12 months of your original benefit period ending, your *monthly benefit* and Superannuation Reimbursement Benefit will be determined by applying your *pre-disability income* at the date of your new illness or injury.

Increasing Claims



To ensure your benefit payments are as valuable to you as they were when payment commenced, each year your *monthly benefit* and Superannuation Reimbursement Benefit limit will increase in line with the Consumer Price Index (CPI). Any increase will be applied on the yearly anniversary of the date you were eligible to receive benefits.

After each 12 continuous months of receiving the Income Replacement Benefit or Limited Capacity to Work Benefit, your *monthly benefit* will increase by the percentage increase in the *CPI* for the previous year. At the same time your Superannuation Reimbursement limit will also be increase by the same percentage.

Future Needs Guarantee



As you progress through your medical career, it is likely that your income will increase too. It's therefore important that your cover can increase as your needs change. To make increases to your cover as easy and straightforward as possible, your Income Protection plan allows you to increase your cover each year without the need to provide updated medical information.

If your income increases, you can increase your cover each year without having to provide further medical information.

You may increase your cover within 30 days of your plan *anniversary date* up until the *anniversary date* immediately after you turn 55 or within 30 days of submitting your personal tax return (and if relevant, business tax returns) for the prior year up until your *anniversary date* after you turn 55.

If you are 20 to 35 years old the Future Needs Increase available is the lower of:

- 30% of your *monthly sum insured*; or
- the actual increase in your monthly earnings.

If you are 36 to 55 years old the Future Needs Increase available is the lower of:

- 15% of your *monthly sum insured*; or
- the actual increase in your monthly earnings.

This increase is in addition to any increase in cover as a result of Cover Indexation (see 'Cover Indexation' on page 19 for further details).

Monthly sum insured approved at time of application	Maximum yearly increase if you are aged 20 to 35	Maximum yearly increase if you are aged 36 to 55
\$15,000 or less	You can increase your <i>monthly sum insured</i> each and every year by up to 30% until it reaches \$30,000 without the need for any further medical information.	You can increase your <i>monthly sum insured</i> each and every year by up to 15% until it reaches \$30,000 without the need for any further medical information.
\$15,001 to \$30,000	You can increase your <i>monthly sum insured</i> each and every year by up to 30% until it reaches double your original <i>monthly sum insured</i> without the need for any further medical information. E.g. If you started with a <i>monthly sum insured</i> of \$20,000 you can increase it each year until it reaches \$40,000.	You can increase your <i>monthly sum insured</i> each and every year by up to 15% until it reaches double your original <i>monthly sum insured</i> without the need for any further medical information. E.g. If you started with a <i>monthly sum insured</i> of \$20,000 you can increase it each year until it reaches \$40,000.
\$30,001 or more	You can increase your <i>monthly sum insured</i> each and every year by up to 30% until it reaches \$60,000 without the need for any further medical information.	You can increase your <i>monthly sum insured</i> each and every year by up to 15% until it reaches \$60,000 without the need for any further medical information.

This feature is **not** available if:

- you have a premium loading higher than 50% or you have more than one medical exclusion shown on your *plan schedule*
- you are eligible, or about to be eligible, for a claim under your Income Protection plan; or
- you are no longer *gainfully employed*.

If you have not applied for an increase under this feature in the previous three years, the maximum increase you can apply for under the Future Needs Guarantee is \$2,000. You may need to provide us with appropriate financial evidence to support your nominated increase.

It is possible to apply for a higher increase to cover or if you wish, a decrease. However, if you choose to increase your cover, we may request that you provide updated medical information.

Cover Indexation



Just as any benefit paid will increase each year in line with the CPI, so too will your *monthly sum insured*. You have the option of declining this increase each year before it occurs.

Cover Indexation means that your *monthly sum insured* is automatically increased each year in line with the CPI. This feature helps to protect your cover against the effects of inflation.

Each year, you will be given the opportunity to decline the increase. If you do **not** decline the increase, your *monthly sum insured* will increase and your premium will increase accordingly.

If you hold Income Protection Super and Income Protection Super Linked, your choice to accept or decline indexation will apply to both plans.

Any premium loadings, exclusions or special terms applicable to your Income Protection plan will also apply to increases exercised under this feature.

Premium Waiver



Injury, illness or litigation can be stressful enough without having to worry about premium payments. Should you be entitled to receive a *monthly benefit* under your Income Protection plan, your premiums will be waived for the period you receive that benefit, including the waiting period. We will also refund any premiums you have paid which cover the same period.

You don't have to pay premiums for your Income Protection plan while we are paying you an Income Replacement Benefit, Limited Capacity to Work Benefit or Litigation Support Benefit. This includes the situation where you have a benefit entitlement under your plan, but it is reduced to nil due to payments received from other sources (see 'When a benefit is not payable or reduced' on page 40).

We will refund any premiums you've already paid which apply to the waiting period and any subsequent period where we are paying you an Income Replacement Benefit, Limited Capacity to Work Benefit or Litigation Support Benefit. For example, if you have paid an annual premium, we will refund the portion of the annual premium that relates to the waiting period and the period where you received a benefit payment.

Upgrade Guarantee



You shouldn't miss out on future enhancements to Income Protection simply because you chose to protect yourself and family sooner rather than later. All enhancements will therefore be passed on to you provided they do not result in a change in your premium.

From time to time, we may improve the life insurance benefits and features described in this PDS. If we do, these enhancements will be made available to you, provided they are approved by the Australian Prudential Regulation Authority (APRA) and do not result in a change to your standard premium rates.

Where future plan enhancements have been made available to you, then, in the event of a claim:

- ▶ you may accept the enhancements and your claim will be assessed against the terms of the plan as at the date you lodge your claim; or
- ▶ if you feel the enhancements are less favourable, your claim will be assessed against the terms of the plan before the upgrade occurred.

Enhancements will not apply to current claims or to any claims resulting from an illness or injury that occurred before the enhancement came into effect.

The Litigation Support Benefit, provided to Avant members, is not included in this Upgrade Guarantee.

Change of Waiting Period



Avant's Income Protection provides many valuable benefits, features and options, which are not available under group income protection policies. To take advantages of these, you may choose to replace your existing group policy with an Income Protection plan. Alternatively, you may choose to keep your group policy and complement it with an Income Protection plan with a two-year waiting period. If this option is chosen, we will allow you to reduce your waiting period without providing updated medical information should your group policy cease.

If you select a two-year waiting period to complement an existing group income protection or salary continuance policy which has a two-year benefit period, you may later reduce your waiting period without the need to supply updated medical information.

You may request this change to your waiting period when your existing group income protection or salary continuance policy ceases or is about to cease, for a reason other than a claim and you are not able to continue your cover.

You will need to request the reduction to your waiting period in writing within 30 days of your group cover ceasing.

World Wide Cover



No matter where your medical career or personal life takes you, World Wide Cover means that you can rest assured you're protected, regardless of where or when an illness or injury occurs.

Your Income Protection plan covers you 24 hours a day, anywhere in the world.

Please refer to 'Living outside of Australia' (page 42) for additional terms regarding claims while you're overseas.

Guaranteed Renewable



Our Guaranteed Renewable feature ensures you have peace of mind knowing that your cover will remain the same, regardless of changes in health, provided you continue to pay your premiums when due.

Once your cover has been accepted, we cannot adversely alter its terms if your health declines while your Income Protection plan is in place. You should note that we may still vary your premium in the circumstances set out under the heading 'Changes to premiums' on page 27 of this PDS.

The Litigation Support Benefit is a general insurance benefit and the terms upon which it is offered may be varied at each plan *anniversary date* or withdrawn entirely. Any changes to this benefit after your plan's commencement will be provided to you at least 30 days before your annual renewal date.



4. Options

Monthly sum insured



Your *monthly sum insured* is used to determine the *monthly benefit* and Superannuation Reimbursement Benefit payments you will receive if illness or injury prevents you from working in your chosen medical specialty. Your Income Protection plan gives you the flexibility to choose the *monthly sum insured* that best fits your needs or that you can afford, within defined limits.

You can select any *monthly sum insured* up to the limits in the following table.

Your annual income	Maximum <i>monthly sum insured</i>
Up to \$320,000	75% of your monthly income
Between \$320,000 and \$560,000	\$20,000 per month + 50% of your monthly income above \$320,000p.a.
Between \$560,000 and up to \$2,200,000	\$30,000 per month + 20% of your monthly income above \$560,000p.a.
Above \$2,200,000	\$60,000 per month

For sole practitioners, partners and contractors

For the purposes of calculating your annual income, you can include all income derived from your personal exertion less your share of eligible business expenses necessarily incurred in generating that income. When assessing your income there are some expenses we do not need to include. These expenses can be added back. While some practices may have complex structures in place, the following is provided as a guide to assist you to calculate your insurable annual income.

Net income before tax		Your "add backs"
Gross Billings	+	Salary / wage paid to yourself
Less expenses		Directors fees paid to yourself
		Superannuation paid to yourself
		Motor vehicle expenses (portion related to personal use only)
		Depreciation

If your spouse is employed in your business primarily for income splitting or taxation purposes, you may select a *monthly sum insured* based on the income you actually generated including the benefits paid to your spouse.

For employees

For the purposes of calculating your annual income, this is your total remuneration package and includes salary, regular overtime, superannuation contributions and any other fringe benefits or compensation.

Your annual income
Salary / wage
Superannuation
Overtime (Regular)
Salary packaging items

In either case, *regular income* does **not** include income that is not derived from your personal exertion or activities, such as interest, dividend payments or rental income.

Protection for your retirement



You can increase your *monthly sum insured* by up to an additional 10% of your *regular income*, to a maximum benefit of \$2,667 per month, to reimburse you for superannuation contributions made by you while on claim for the Income Replacement Benefit or Limited Capacity to Work Benefit.

The maximum *monthly sum insured* available including the Superannuation Reimbursement Benefit is \$60,000 plus any increases applicable under the Cover Indexation feature. Any *monthly benefit* and Superannuation Reimbursement Benefit paid will be capped at \$30,000 per month after two years plus any increases applicable under the Cover Indexation feature.

Waiting period

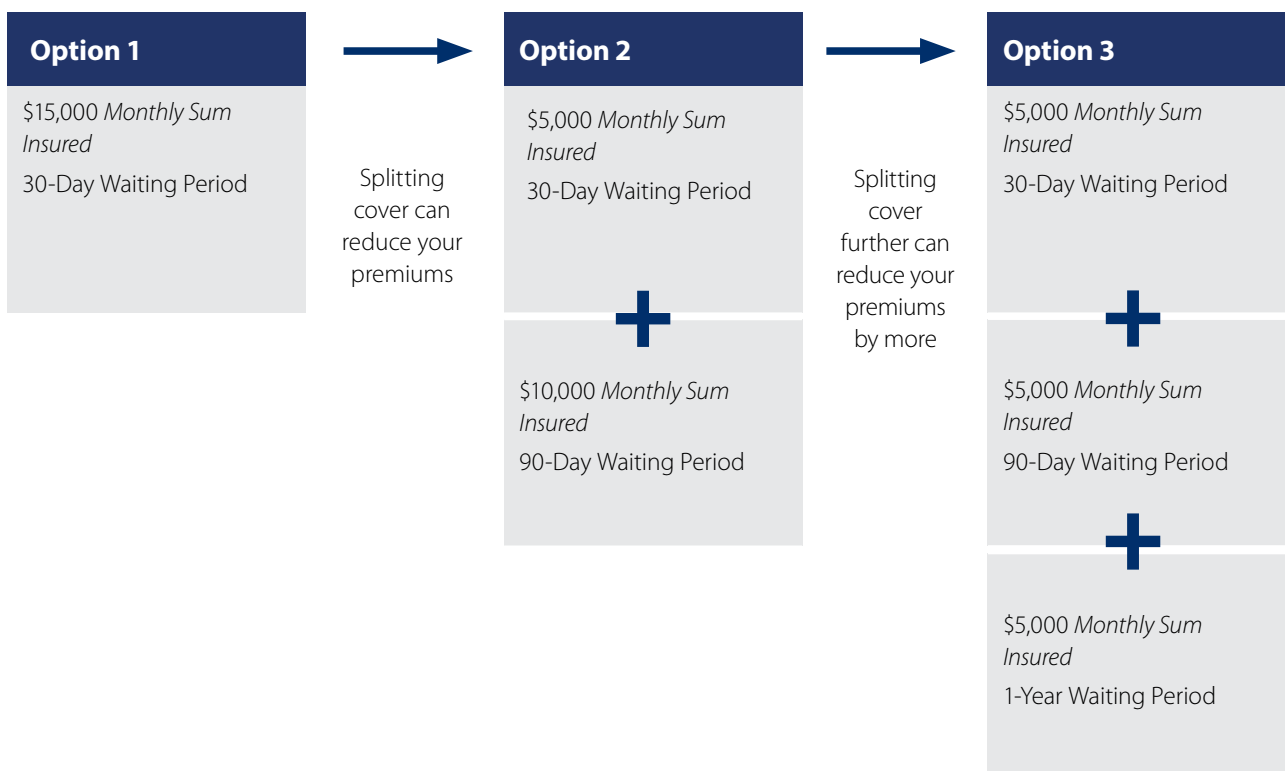


Your waiting period is the time between when you are first unable to work at full capacity and when your benefit payments will commence. Avant's Income Protection allows you to select from a number of different waiting periods so you can choose one that best matches your needs. As your financial resources increase, you can choose to lengthen your waiting period at any time and reduce your premium.

You can choose a waiting period of:

- 30 days
- 60 days
- 90 days
- 180 days
- one year
- two years.

If your need for a replacement income is different in the event of a short-term illness or injury compared to a one that is long term, you may also want to consider splitting your *monthly sum insured* across two or more waiting periods. By doing this, you can reduce your premium when compared to having your full sum insured at a shorter waiting period as outlined by the following example.



By selecting waiting periods that align with your short, medium and long term needs you can reduce your premium.

Income Replacement Benefit, Limited Capacity to Work Benefit or Superannuation Reimbursement Benefit

Your waiting period will start on the earlier of:

- the date you become unable to work at full capacity as a result of an illness or injury as certified by an *independent medical practitioner*
- the date you first stopped working (as long as you consulted an *independent medical practitioner* within seven days of ceasing work). Your *independent medical practitioner* will need to certify that your illness or injury is likely to have prevented you from working at full capacity from the date you first stopped working; or
- if you did not consult an *independent medical practitioner* within seven days of ceasing work, the date an *independent medical practitioner* first certifies that you are unable to work at full capacity.

To be eligible to receive an Income Replacement Benefit or Limited Capacity to Work Benefit, you must meet the eligibility criteria for either benefit for the duration of your waiting period. If you return to work at full capacity during your waiting period, the days you work will be added to the end of your waiting period.

Litigation Support Benefit

Your waiting period for the Litigation Support Benefit will start on the date that a claim or matter under a PIIP or IIIP has been accepted and Avant is providing you with legal representation as a result of a:

- voluntary restriction
- ordered restriction
- Health Complaints Body investigation
- civil claim
- criminal case.

If you select a waiting period of 30, 60 or 90 days, then this waiting period will also apply to your Litigation Support Benefit. If you select a waiting period of 180 days, one year or two years, then a 90-day waiting period will apply to your Litigation Support Benefit.

Benefit period



The career of a doctor can be a long and rewarding one. This is why Avant's Income Protection provides you with the choice of full coverage for all benefits up until you turn 60, 65 or 70.

You can choose a benefit period of:

- age 60
- age 65
- age 70.

Income Replacement Benefit

The benefit period for the Income Replacement Benefit is from the end of your waiting period until the earlier of:

- when you are capable of performing all duties that are important and essential to producing income in your *regular occupation* at any capacity if you qualify for an Income Replacement Benefit under the duties-based definition;
- when you are capable of generating more than 20% of your monthly earnings from your *regular occupation* if you qualify for an Income Replacement Benefit under the percentage-based definition;
- when you are capable of generating more than 20% of your *pre-disability income* or when you are capable of working 10 or more hours per week in your *regular occupation* if you qualify for an Income Replacement Benefit under the hours-based definition;
- when you are capable of performing any of the *home duties* at any capacity if you qualify for an Income Replacement Benefit under the home duties-based definition;
- when you cease receiving care and following the advice of an *independent medical practitioner* in relation to your illness or injury; or
- the *plan anniversary* date following your 60th, 65th or 70th birthday depending on the benefit period you choose.

Should your claim continue for longer than two years (with the same or related illness or injury), your *monthly benefit* and Superannuation Reimbursement Benefit combined will be capped at \$30,000 a month plus any increases as a result of Cover Indexation.

Limited Capacity to Work Benefit

The benefit period for the Limited Capacity to Work Benefit is from the end of your waiting period until the earlier of:

- when you are no longer eligible for a Limited Capacity to Work Benefit; or
- the *plan anniversary* date following your 60th, 65th or 70th birthday depending on the benefit period you choose.

Should you be on a claim for longer than two years (with the same or related illness or injury), your *monthly benefit* and Superannuation Reimbursement Benefit combined will be capped at \$30,000 a month plus any increases as a result of Cover Indexation.

Daily Hospital Benefit

The benefit period for the Daily Hospital Benefit is 90 days, or until you no longer require bed rest in a hospital, whichever comes first, for any one claim.

Litigation Support Benefit

The maximum benefit period for the Litigation Support Benefit is 12 months for any one claim.

All benefits

All benefit payments will stop on the death of the insured person.

Premium structure



To help you better manage your cash flow, you have the choice of two premium structures – stepped or level.

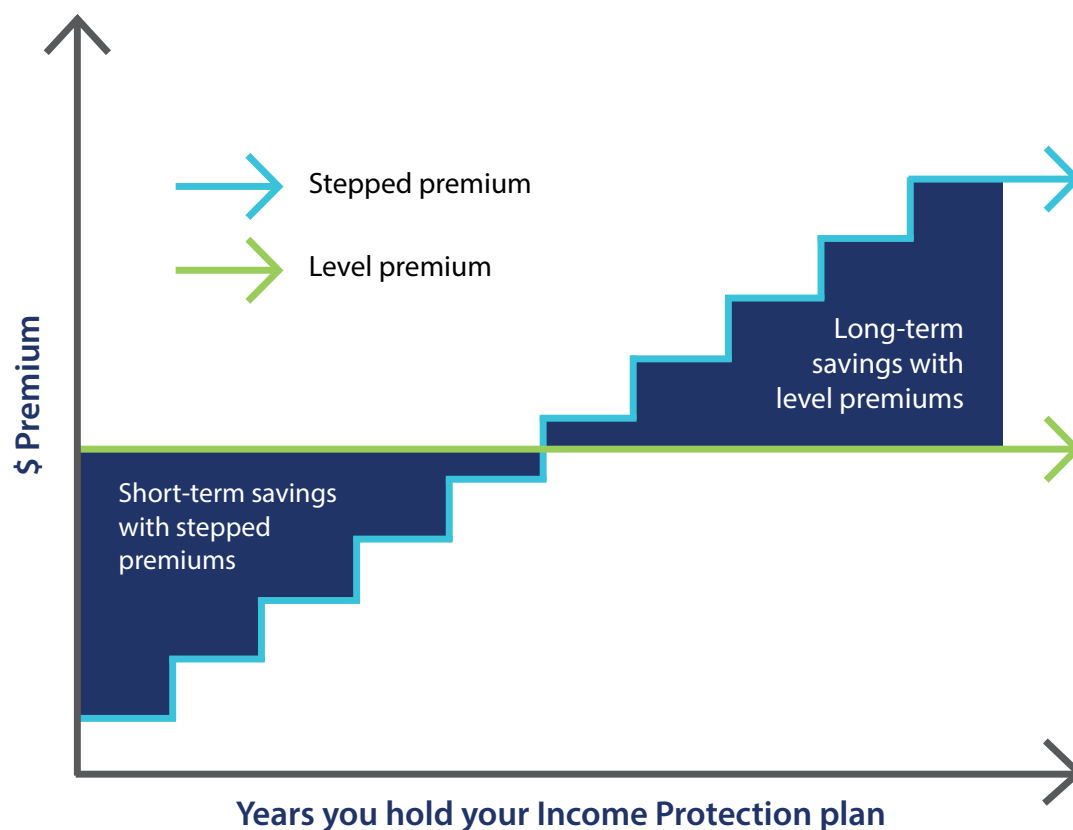
As a general rule, if affordability today is your primary concern, such as when you're an intern or Doctor in Training, stepped premiums will allow you to purchase what you need today for less money. However, if you intend to retain your Income Protection plan for the long term, level premiums may save you money and your premiums may become increasingly affordable over time.

Stepped premiums

If you select stepped premiums, the amount you pay will generally increase at each plan *anniversary date* based on your age at the time of increase.

Level premiums

If you select level premiums, the amount you pay will be based on your age at your plan commencement date. Your premiums will remain the same until the plan *anniversary date* following your 65th birthday when they will convert to stepped premiums if you have selected a benefit period to age 70. Until this time, your premiums will only increase if you increase your *monthly sum insured* or Cover Indexation is applied.



Changes to premiums

The underlying premium rates for both stepped and level premiums are not guaranteed. However, once your Income Protection plan has commenced, you will never be singled out for a premium rate increase. Any increase will be applied to all plan holders to whom the same premium rate applies, after 30 days' written notice.

Plan ownership



Legislation and taxation are often changing and there may be tax and/or cash flow reasons that make it beneficial for you to fund your Income Protection plan individually, through a company, partnership, trust, or through superannuation. The choice is yours.

The three ownership options available under Income Protection are:

1. individual ownership – this can be you or an individual aged 18 or over who is an Australian resident and has an insurable interest in the life of the insured person
2. ownership by a registered Australian corporation/partnership/family trust which has an insurable interest in the life of the insured person
3. ownership by the trustee of a Self-Managed Super Fund (SMSF) of which you are a member – the cover allowable under the *Superannuation Industry (Supervision) Act 1993* (Cth) (SIS Act) will be owned by the trustee of the SMSF with the remaining cover owned by you (see 'Super Splitting Option' on page 29 for further details)

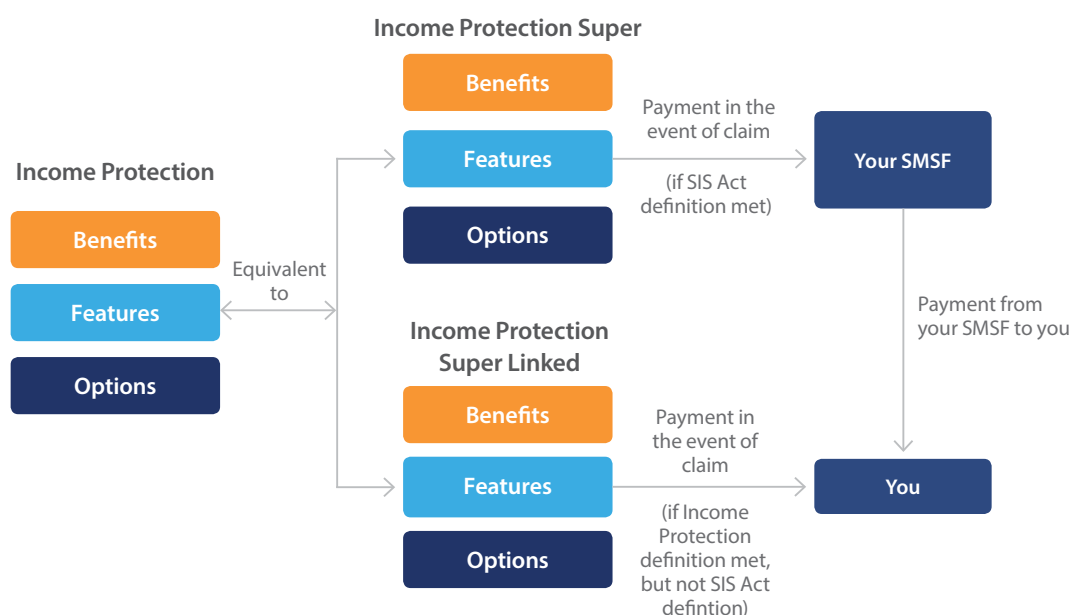
Ownership can be transferred from one entity to another throughout the life of your Income Protection plan with the authority of the current owner. This includes moving ownership from within superannuation to outside of superannuation or the other way around.

Super Splitting Option



Many of the benefits and features of Avant's Income Protection cannot be offered within superannuation due to legislative restrictions. To ensure you still have access to the full range of benefits whilst utilising superannuation, we have created the Super Splitting Option which allows you to purchase the same fully featured cover. It does this by splitting your cover into two plans – one within superannuation ('Income Protection Super') and one outside ('Income Protection Super Linked').

If you wish to use superannuation to fund your purchase of Income Protection, the cover provided will be split into two plans – Income Protection Super and Income Protection Super Linked. If you choose to do this, you must purchase both plans.



When purchased by superannuation, Income Protection is split into two plans which, when combined, provide the same benefits, features and options as Income Protection purchased outside of superannuation.

All Income Protection benefits that meet the required superannuation legislation (SIS Act definition of Temporary Incapacity) will be payable under your Income Protection Super plan.

Those benefits that cannot be paid under your Income Protection Super plan, will be payable under your Income Protection Super Linked plan.

This means that in the event of a claim, you may receive benefits from your Income Protection Super plan, your Income Protection Super Linked plan or from both. Irrespective of where the benefits are paid from, the total benefit paid will be the same as if you purchased Income Protection entirely outside of superannuation.

Premiums will be split between your Income Protection Super plan and your Income Protection Super Linked plan. However, the total premium paid for your Income Protection Super plan and your Income Protection Super Linked plan, will be the same as the premium that would have been paid had you chosen not to purchase your cover within super.

Income Protection Super can be purchased by your complying SMSF. This means that once your application has been accepted, the trustee your SMSF will become the plan owner of your plan.

Income Protection Super does not contain an investment component. While there may be advantages of paying life insurance premiums within superannuation, there may be tax implications upon benefit payment.

5. Complimentary interim cover



Once you have made the important decision to protect your income, you want to know your cover starts as soon as possible. This is why Avant's Income Protection offers complimentary interim cover, subject to the below requirements, while your application is being processed. Your interim cover will commence as soon as your completed application and payment authority or rollover authority are received by us.

Interim cover benefits, features, options and conditions

As soon as we have received your completed application, you may be eligible for complimentary interim cover. All benefits, features and options of the Income Protection plan that you have applied for are provided to you under your complimentary interim cover, subject to and in accordance with, the provisions of Income Protection.

Interim cover commencement date

Interim cover is effective from the date your completed application and payment authority is received by us.

Interim cover end date

Your interim cover ends on the earliest of:

- 4pm on the 90th day after the commencement date of interim cover
- the time and date we have accepted, declined or deferred your application
- the time and date your plan commences
- the time and date your application is withdrawn
- 4pm on the 14th day after notification is sent to you that cover applied for is subject to non-standard terms (such as a premium loading or an exclusion) and your acceptance of those terms has not been received
- 4pm on the 14th day after notification is sent to you that additional medical or financial information is required and those requirements have not been received.

Interim cover eligibility

You are **not** eligible for interim cover if, on the commencement date of interim cover, you have:

- current insurance with us or another insurer, which provides the same or similar cover (whether individually or as part of a package) and you have indicated in your application that it will be replaced by Income Protection
- interim cover with us or another insurer for insurance which provides the same or similar cover (whether individually or as part of a package).

Interim cover monthly benefit amount

The interim cover *monthly benefit* amount will be the lesser of:

- the *monthly sum insured* you applied for; or
- the *monthly sum insured* we would have approved based on your application.

If we would have declined your application, no benefit will be payable.

Additionally, a benefit will **not** be paid when the event leading to your claim is caused directly or indirectly by:

- an intentional self-inflicted injury or act
- any cause that we would have applied as an exclusion or would not have accepted at all, under our usual underwriting and assessment guidelines.

The payment of an interim cover *monthly benefit* amount will not reduce any other benefit provided under an existing Avant Life Insurance plan that you may have.

Any notice of a claim or claim payment made under interim cover will affect your application for Income Protection and as a result, your application may be declined.

6. When your cover starts and ends

Cover commencement date



Your Income Protection plan will officially commence when we have approved your application and received your payment. Upon approval, we will provide you with a *plan schedule* that lists key information about your plan, its commencement date and the options you have chosen.

Subject to any special conditions noted on your *plan schedule*, cover commences from the date shown on your *plan schedule*.

If we accept your application, we will issue a *plan schedule* detailing:

- the plan owner
- the insured person
- details of the insured person (such as gender, date of birth, occupation class and smoker status)
- the type of insurance provided
- whether the plan is connected to another plan through the Super Splitting Option
- the *monthly sum insured*
- the cover commencement date
- any premium adjustments which apply
- any special conditions which apply to you in addition to those outlined within this PDS
- the premium payable for the following year and when it is payable.

Cooling-off period



If you're not completely satisfied that your Income Protection plan will meet your needs, you may cancel it within 30 days of the commencement date for a full refund.

Simply contact us within the first 30 days of your plan's commencement date if you wish to cancel it. Provided you have not made a claim, we'll give you a full refund of any premiums you have paid.

When cover ends



As long as you pay your premiums when due, you can have the certainty of knowing that your current cover will continue until one of the below events occurs.

Your Income Protection plan will end on the earliest of:

- the plan *anniversary date* following your 60th, 65th or 70th birthday depending on the benefit period you choose
- your death
- your request to cancel your plan is received by us
- we cancel your plan due to:
 - non-payment of premiums
 - your failure to comply with the duty of disclosure (as described on page 33)
 - a fraudulent claim
- not meeting the eligibility requirements of your cover
- any other date applied under a special condition as shown on your *plan schedule*.

Reinstatement



If your Income Protection plan lapses as a result of missed premium payments, you may apply to us to have your cover reinstated.

You may apply to have your Income Protection plan reinstated within one year of its lapse.

Reinstatement is subject to our approval process and you may need to provide updated medical information. As a result of this process, we may apply new exclusions or loadings to your plan. Any exclusion or loading previously placed on your plan and the periods for which they applied, may also be reinstated.

Upon approval, all outstanding premiums between the date of lapse and the date of reinstatement will need to be paid. Your cover will commence on the reinstatement date.

7. Applying for cover

Eligibility



Avant's Income Protection has been developed by doctors exclusively for doctors. If you're a *registered medical practitioner* between the ages of 20 and 60 who is currently employed, you are eligible to apply.

To be eligible for Income Protection, at the time of application you must be:

- an Australian resident
- 20 to 60 years old (or 20 to 55 years old for an age 60 benefit period)
- a *registered medical practitioner*
- *gainfully employed* for at least 20 hours per week.

You do not need to be a voting member of Avant Mutual to apply, however, only these members will be eligible for the Litigation Support Benefit.

In some cases, we may approve your cover subject to special conditions and/or a modified initial premium. You will be notified of these changes and you will need to agree to the special conditions or premium modifications, before cover can be issued.

Your application



We understand the realities of a career in medicine and how time poor medical professionals often are. This is why the application process has been designed to be as simple and straightforward as possible.

To apply for Avant's Income Protection, please contact us on 1800 128 268 and we will refer you to an insurance advisor appropriate to your needs. Your insurance advisor will help with any questions you have, outline the options available and provide you with a quote.

Once you are satisfied, your insurance advisor will assist you to complete and submit the application form, which includes questions about your health, financial situation, lifestyle and pastimes.

Duty of disclosure



When applying for insurance, you have a duty to disclose any information that may impact our decision to provide cover or the terms that apply. The information you provide allows us to properly review the risk and price it accordingly; therefore keeping premiums affordable for all doctors.

Before we agree to issue your Income Protection plan, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to provide your cover and on what terms.

You do **not** need to tell us anything that:

- reduces the risk to be undertaken by us
- is common knowledge
- we know or should know in the ordinary course of our business as an insurer
- we waive the duty for you to tell us.

Your duty to disclose relevant matters continues until we accept your cover. This same duty applies before your plan is extended, varied or reinstated.

Non-disclosure



If you have taken the important step to protect yourself and family, you want to know that your cover will be there when you need it. However, if you fail to disclose all information of relevance, or if the information you provide is fraudulent, we may reduce or cancel your cover or refuse to pay a claim.

If you fail to comply with your duty of disclosure and we would not have entered into the insurance contract if you had told us, we may cancel your Income Protection plan within three years of entering into it.

If we choose **not** to cancel your plan, we may elect to vary your plan at any time by:

- reducing your *monthly sum insured*. This would be worked out using a formula that takes into account the premium that would have been paid if you had told us everything as required
- varying the terms of your plan in a way that places us in the same position we would have been in if you had told us everything as required.

If your non-disclosure is fraudulent, we may refuse to pay a claim and cancel your plan or any part of it, irrespective of the type of cover, at any time.

You should be aware that a failure by the insured person to tell us a matter of the kind referred to above will be treated as a failure by the plan owner to comply with his/her duty of disclosure.



8. Paying for cover

Premiums



Your premium is the cost of your Income Protection plan. It is based on your individual circumstances at the time of application such as your age, gender, health and lifestyle, as well as the level of cover and options you have selected. If your risk factors change for the better after your plan has started, you can request a review and your premium may decrease.

How premiums are calculated

Your premium will depend on:

- the level of cover you require (the higher the *monthly sum insured*, the higher the premium)
- whether you select stepped or level premiums (stepped premiums are generally lower than level premiums at the commencement of a plan but increase each year as you get older)
- the frequency of your premium payments (monthly or quarterly premium payments will attract a 2.5% increased premium)
- your current age (premiums generally increase with age)
- your gender (income protection premiums are generally higher for females than for males)
- whether or not you are a smoker (premiums are higher for smokers and those who have recently stopped smoking than for non-smokers)
- your occupation (occupations with hazardous duties or higher occupational risk generally have higher premiums)
- your state of health
- any pastimes you participate in (premiums are generally higher for those who engage in high-risk activities)
- the waiting period you select (the longer the waiting period, the lower the premium)
- the benefit period you select (the longer the benefit period, the higher the premium).

Your premium will include any stamp duty charged by the government of the state you reside in. No Goods and Services Tax (GST), or other taxes levied by state or the Federal Government, currently apply.

Premium illustration

You will be provided with an illustration that shows the cost of cover, options selected and any stamp duties that apply. You may also request a table of premium rates showing all rates and factors for Income Protection. Further information on how premiums are calculated can be obtained by contacting us (see the back cover of this PDS for details).

Commission

Your insurance advisor works for a salary and does not receive a commission payment if you purchase an Income Protection plan from us. However, we may pay a level commission to the Australian Financial Services Licence (AFSL) holder for each year you retain your plan. If you receive personal advice, your insurance advisor will provide details of the commission payments in the Statement of Advice that they will give you. If commissions are paid, we pay these amounts out of your premium payments – they are not additional amounts you have to pay.

Taxation information

This information is based on an interpretation of current laws and is a general statement only. We recommend you seek professional tax advice.

- **Outside of superannuation** – For income earners, Income Protection and Income Protection Super Linked premiums are usually tax deductible and benefits are assessable as taxable income.
- **SMSFs** – Income Protection Super premiums are usually tax deductible to the superannuation fund paying the premium. When a benefit is paid to the superannuation fund, these benefits will be passed onto you and will be assessable as taxable income.

Payment options

Premiums can be paid by the following payment options:

	First payment	Monthly	Quarterly	Annually
Direct debit	Yes	Yes	Yes	Yes
Credit card	Yes	Yes	Yes	Yes
BPAY	No	No	No	Yes
Cheque	Yes	No	No	Yes

If you select to pay your premiums via credit card, we accept Visa and MasterCard.

Direct debit service agreement



If you choose to pay your premiums via a direct debit from your bank account or credit card, you will be entering into the below direct debit service agreement with us. We are the entity who collects your premium payment on behalf of Avant and ourselves.

This agreement sets out the terms and conditions on which the account holder has authorised us to debit money from their account and our obligations and those of the account holder under this agreement.

The account holder understands and agrees that:

- direct debiting may not be available on all accounts. The account holder is responsible for ensuring the specified account can accept direct debits and there are sufficient cleared funds available in the nominated account to permit payments under the direct debit request on the due date for payments
- we accept no responsibility for issues arising where incorrect details have been provided. The account holder should check the account details provided to us are correct. If uncertain, check with your financial institution before completing the direct debit request
- we will debit the account for the sum of the amounts due at the debit date for all specified plans
- changes to bank account details must be provided in writing to us or by telephoning us (or by such other means as we approve)
- we will give the account holder at least 14 days' notice in writing if there are any changes to the terms of this service agreement.

We agree that:

- when the due date for payment is not a business day, the debit will be processed on the next business day
- the account holder can cancel, change, defer or suspend the direct debit request on a plan by providing notice to us in writing or by telephone (or by such other means as we approve), or directly with the account holder's financial institution (which is required to act promptly on the instructions). Notification must be received by us at least 14 days before the next drawing date in order to process your instructions
- the account holder's financial institution can change the direct debit request only to the extent of advising us of new account details
- upon request, we will forward a copy of the current terms and conditions for direct debits to the account holder by email, post, facsimile or other agreed method
- we will provide details of this direct debit, on request.

Disputes

The account holder should give notice of any disputed debit to us. We will respond within seven working days of receiving your letter. Alternatively, the account holder can take it up directly with the account holder's financial institution.

Dishonoured debits

If a debit is unsuccessful, we will cancel the payment in respect of the dishonoured debit. In some instances, such as where your account has insufficient funds, we may notify you and attempt a second deduction from your account within 14 days. You should ensure that your account has sufficient funds before any second deduction. If we receive new information from you after a dishonour, we will process a one-off debit to pay the plan up to date. If two consecutive dishonours occur, we may cancel the authority. We may charge a dishonour fee to the relevant plan. Currently the fee is nil. The financial institution may also charge fees relating to the dishonour to the account, which is the account holder's responsibility.

Confidential information

We may disclose information about your account to your banker (in connection with a claim made against it relating to an alleged incorrect or wrongful debit made from the account), your financial institution, the Trustee or your insurance advisor. We will not disclose information about you or the account to any other person, except where you have given consent or where the disclosure is required by law.

Notices to us

The account holder may give notice to us or the Trustee in writing or by contacting us on **1800 128 268** (see the back cover of this PDS for details).



Dr Melissa Radjenovic
Avant member

9. Claims

Within this section, 'we' and 'us' refers to NobleOak and Avant

How to make a claim



If you think you are eligible to make a claim or are unsure and would like some assistance, it is important that you contact us as soon as possible. We will send you a claim form and explain in detail our requirements and what the next steps are.

You should notify us as soon as reasonably possible after the occurrence of an illness or injury if you expect it will result in a claim. You can do this in the following ways:

- calling us on **1800 128 268**
- emailing us at **lifeadmin@avant.org.au**
- contacting your **insurance advisor**.

Claim forms will then need to be completed, signed and returned to us for assessment.

Claim requirements

As well as your claim form, we may require additional information including the following items in a form satisfactory to us before we can make an assessment:

- your *plan schedule*
- evidence confirming the claimable event or condition and when it occurred
- supporting evidence from an appropriate specialist *independent medical practitioner* registered in Australia or New Zealand (or other country approved by us) if the claim is for illness or injury
- confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence for illness or injury claims
- evidence confirming study leave, an overseas placement or the age of children requiring care
- evidence of your *regular occupation*, duties and income
- evidence of superannuation contributions paid by you
- documentation from the relevant professional body confirming you can no longer perform exposure-prone procedures
- proof of your age
- proof of incurred costs where the benefit payment is based on reimbursement.

Assessing your claim



When it comes to assessing your claim, we rely on information you submit to us with your claim and information you disclosed as part of your application. We then use this information to make a decision about your claim and the benefit amount payable. We may also request a medical examination by a practitioner chosen by us and/or further information about your financial situation.

You can rest assured that any future claim will be paid in accordance with the terms and conditions outlined in this PDS and the Avant Benefit Fund Rules.

In order to determine whether your claim is valid and what benefit is payable, we will assess the information submitted with your claim and any information you disclosed to us as part of your application. Where information was not verified at the time of application, we reserve the right to verify it at the time of claim.

We must be satisfied that there has been an occurrence of the illness or injury. We therefore reserve the right to require you to undergo an examination and any reasonable tests, to enable your diagnosis to be confirmed by a specialist medical practitioner appointed by us. If we request a medical examination by a medical practitioner we select, we will pay for it.

Additionally, when it is necessary to enable us to calculate your *monthly benefit*, you must allow us to examine your business and personal financial circumstances including requesting copies of personal and business tax returns, assessment notices and/or other financial evidence in order to substantiate your income.

Paying your benefit



Your benefit will be paid to the plan owner. If you funded the purchase of your plan through superannuation, the benefit will be paid to trustee of the fund who will then pay the benefit to you. If you are eligible for more than one benefit, the benefit that provides the highest payment amount will be paid to you.

Who the benefit is paid to

All benefits will be paid to the plan owner. If you have an Income Protection Super plan, any benefits payable under Income Protection Super will be paid to the trustee of the applicable fund. The trustee will distribute the benefits in accordance with the governing rules of the superannuation fund and superannuation law.

If you own Income Protection Super as the trustee of a complying SMSF, the gross amount of any benefit payable under the plan will be paid to you in your capacity as the trustee.

You are responsible for determining any tax liability in relation to the benefits that you receive or distribute from your SMSF. The amounts received by the ultimate benefit recipients may have special tax treatment which does not depend on the nature of the original insurance claim payment.

We recommend you seek professional tax advice.

Highest value benefit

If you are eligible to receive more than one of the below benefits for the same period of time, the one which provides you the highest *monthly benefit* will be paid:

- Income Replacement Benefit
- Limited Capacity to Work Benefit
- Litigation Support Benefit.

The exceptions to this are the:

- Superannuation Reimbursement Benefit
- Daily Hospital Benefit
- Rehabilitation Benefit

These benefits will be paid in addition to any other benefit.

If more than one separate and distinct illness or injury results in your inability to work at full capacity, payments will be based on the illness or injury that provides the highest benefit.

Reduced work capacity

If you are eligible for a Limited Capacity to Work Benefit or a Litigation Support Benefit and you are not working to your full capacity as a result of causes other than the illness, injury, claim or trial under which you're receiving benefits, your *monthly benefit* will be calculated on what you could reasonably be expected to earn if you were working to your full capacity.

When a benefit is not payable or reduced



You should be aware that exclusions and limitations will apply to your Income Protection plan. This means that in some cases we will not pay a claim, reduce your benefit amount or stop making payment altogether.

Exclusions

No payment will be made:

- if the event giving rise to your claim is caused directly or indirectly by an intentional, self-inflicted act
- for uncomplicated pregnancy, termination, miscarriage or childbirth (Note: if illness or injury continues for longer than 90 days after the pregnancy ends, cover will be provided and the illness or injury will be considered to have started on the date the pregnancy ended).
- if you are entitled to receive a reimbursement of expenses under law, health insurance or other insurance
- for any exclusion listed on your *plan schedule*
- if the event giving rise to the claim occurred before your plan commencement date, reinstatement date or voluntary increase date (in respect to the increase amount only), unless clearly disclosed to and accepted by us.

We will not pay for any period while you are in jail.

Payment from other sources

Should other sources provide you with a replacement income as a result of the same illness or injury for which you receive an Income Replacement Benefit and that replacement income is greater than 10% of your *pre-disability income*, your *monthly benefit* and/or Superannuation Reimbursement will be reduced. Your *monthly benefit* and/or Superannuation Reimbursement will be reduced so the total payments you receive (your combined *monthly benefit*, Superannuation Reimbursement Benefit and replacement income from other sources) is not greater than the maximum *monthly benefit* and Superannuation Reimbursement Benefit applicable to your income, according to the table below.

Your <i>pre-disability income</i>	Maximum <i>monthly benefit</i>	Maximum Superannuation Reimbursement Benefit
Up to \$320,000	75% of your monthly income	10% of your monthly income
Between \$320,000 and \$560,000	\$20,000 per month + 50% of your monthly income above \$320,000p.a	\$2,667 per month
Between \$560,000 and \$2,200,000	\$30,000 per month + 20% of your monthly income above \$560,000p.a	\$2,667 per month
Above \$2,200,000	\$60,000 per month	

Alternatively, if you are receiving a Limited Capacity to Work Benefit and that payment is greater than 10% of your *pre-disability income*, your *monthly benefit* and/or Superannuation Reimbursement will be reduced so the total payments you receive (your combined *post-disability income*, *monthly benefit*, Superannuation Reimbursement Benefit and replacement income from other sources) does not exceed 100% of your *pre-disability income*.

Replacement income from other sources includes:

- any income replacing monthly insurance payments
- any disability income insurance payments
- lump sum insurance payments. In this case, we will convert it to a monthly amount by dividing it by 60.

Replacement Income from other sources does **not** include:

- lump sum payments for pain and suffering
- lump sum payments for the loss of use of a part of your body
- a lump sum trauma or total and permanent disablement benefit
- interest and dividends
- sick, long service or annual leave
- benefits available under common law
- superannuation payment (except payments of disability income benefits).

Living outside of Australia

Benefits are only paid for a period of up to two years while you are outside Australia. In some circumstances, benefits may continue to be paid beyond two years if you return to Australia or attend a regional medical facility approved by us.

Refusal to undergo medical treatment or vaccination

The payment of an Income Replacement Benefit or Limited Capacity to Work Benefit will end if you unreasonably refuse to undergo medical treatment, including rehabilitation, to treat your condition as recommended by your *independent medical practitioner*.

Alternatively, in the event of contracting a blood-borne disease, you will not be eligible for a benefit if you did not take the vaccine recommend by the relevant authority to prevent the infection.



10. Additional information

Significant risks



When choosing to apply for any form of insurance, it is important to understand the potential risks before making your decision. This includes the risk that the cover type may not be appropriate for your needs, your ability to continue to pay premiums and other factors such as exclusions that may apply and changes to superannuation legislation.

There are a number of risks that you must be aware of before deciding to purchase Income Protection including:

- The cover type or amount may not be appropriate or may be inadequate for your needs (you should consider the options you select carefully).
- If you become unable to pay your premium, we may cancel your plan.
- If you do not disclose to us every matter that you know, or could reasonably be expected to know, that would be relevant to our decision about whether or not to accept your application and on what terms, we may cancel your plan or reduce the benefit amount payable.
- Should an exclusion apply to your plan, a benefit may not be paid to you.
- Premium rates are not guaranteed and may increase or decrease in the future, regardless of which premium type you select.
- Superannuation legislation may change and if some of your cover is held within superannuation, you may be unable to access the benefit amount if you do not meet a condition of release under superannuation law.

We suggest that you speak with an insurance advisor before making a decision about your insurance arrangements.

Further information

You may request further information about your Income Protection plan, including a copy of the Avant Benefit Fund Rules by contacting us (see the back cover of this PDS for details).

No cash value

Avant's Income Protection does not have a surrender value or a cash-in value at any point.

Privacy

Within this section, 'we' and 'us' refer to NobleOak, Avant, and Avant Life Insurance.

We collect, use and retain personal information in accordance with the Australian Privacy Principles and the *Privacy Act 1988* (Cth). Our detailed privacy policies are available on our respective websites at:

- avant.org.au/privacy-policy
- nobleoak.com.au/terms-of-use-privacy-policy
- or by calling us on 1800 128 268.

We collect your personal information (which may include sensitive information such as health information) when you are applying for or changing an insurance plan with us, or when we are processing a claim, in order to help us properly administer your insurance application, plan or claim.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance

services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may also disclose your personal information to third parties, including service providers engaged by us to carry out certain business activities on our behalf, other companies within our group of companies, other insurers, our reinsurers, medical and health practitioners, government agencies and regulators (where we are required to by law), law enforcement bodies and agents and/or representatives of persons covered under our plans. Some of these third parties may be located outside Australia. Lists of countries in which recipients of your information are likely to be located are available in the privacy policies on our respective websites.

In all instances where personal information may be disclosed to third parties who may be located overseas, in addition to any local data privacy laws to which those entities are subject, we have measures in place to ensure that those parties hold and use such information in accordance with the consent provided by you and in accordance with our obligations under the Privacy Act. In dealing with us, you agree to us using and disclosing your personal information as set out in this section and in our respective privacy policies. This consent remains valid unless you alter or revoke it by giving written notice to our respective privacy officers. However, should you choose to withdraw your consent, it is important for you to understand that this may mean we may not be able to provide you with this insurance or respond to any claim.

Financial Claims Scheme

In the unlikely event that Avant (as the general insurer providing the Litigation Support Benefit) becomes insolvent and cannot meet its obligations under your plan, a person entitled to claim may be entitled to a payment under the

Financial Claims Scheme. Access to the scheme is subject to eligibility criteria. Information about the scheme can be obtained from **fcs.gov.au** or by calling the APRA hotline on **1300 55 88 49**.

Complaints and dispute resolution



Your satisfaction is very important to us. Should you be dissatisfied with your Income Protection plan or our service, please contact us following the steps outlined below.

If you have a complaint about the service provided or your privacy, you should direct your complaint according to the type of plan you hold.

Complaints about Income Protection (non-superannuation)

If you wish to make a complaint in relation to an Income Protection plan that is not issued through a superannuation fund, including an Income Protection Super Linked plan, you can write to:

Avant Life Insurance, PO Box 746, Queen Victoria Building, NSW, 1230.

We will attempt to resolve your complaint within 45 days of the date it is received by us. If we are unable to resolve your complaint within that period, we will inform you of the reasons for the delay and ask for your consent to resolve the complaint within 90 days of the date it was received.

If your complaint has not been resolved to your satisfaction within 45 days of lodging your initial complaint to Avant (or, if you have agreed, within 90 days), you may contact the Australian Financial Complaints Authority (AFCA).

The AFCA is an independent body designed to help you resolve complaints relating to financial products, as well as complaints relating to financial advice and sales of financial and investment products. There are some circumstances where the AFCA cannot deal with your complaint, however they can advise you of these circumstances.

Complaints to the AFCA may be resolved by a conciliation process or arbitration. The complaints procedure is free of charge and decisions made by the AFCA are binding on us. Before you ask the AFCA to help you, please try to resolve the issue with us first.

The AFCA can be contacted as follows:

- 1800 931 678
- info@afca.org.au
- Australian Financial Complaints Authority, GPO Box 3, Melbourne, VIC, 3001.

Complaints about Income Protection (structured within superannuation)

If your Income Protection Super plan has been issued through SMSF, which is administered by a corporate trustee, you should address your complaint to that trustee. That trustee will provide you with the details of its complaints-handling arrangements, where applicable.

11. Defined terms

Accident means a random and unforeseen event that results in loss, damage or harm, independent of all other causes.

Anniversary date means the yearly date when the processing of your plan, including the application of indexation and stepped premium increases, takes place. Your first *anniversary date* will be 12 months after the commencement date on your *plan schedule* and will occur on the same date each year unless we decide to change it.

Consumer Price Index (CPI) means the consumer price index as defined and published by the Australian Bureau of Statistics (or any body which succeeds it). It is a weighted average of the eight Australian capital cities combined, for successive 12-month periods, finishing on September 30 each year, or such other date as determined by us. The finishing date and *CPI* determined will be the same for all plan owners and members.

Gainful employment (and **gainfully employed**) means to be employed or self-employed for gain or reward in any business, trade, profession, vocation, calling or occupation.

Home duties mean all of the following activities:

- cooking and preparing meals (i.e. the ability to prepare meals using basic ingredients and normal kitchen appliances)
- cleaning the house (i.e. the ability to carry out basic internal household chores using various tools such as a mop or vacuum cleaner)
- washing and drying clothes (i.e. the ability to maintain the household's laundry by using the washing machine and being able to hang clothes on a washing line or clothes airer)
- shopping for groceries (i.e. the ability to physically purchase general household grocery items with either the use of a shopping basket or trolley)
- if you normally look after a child or children up to the age of 12 as part of your everyday activities, looking after that child or children (i.e. the ability to care for and supervise a child or children up to the age of 12, including preparation of meals, bathing, dressing and getting the children to and from school by the usual mode of transport).

Independent medical practitioner means a medical practitioner who:

- is independent of you; and
- is not you, your spouse, your partner, your family member, your relative, your business partner, your employee or your employer.

Monthly benefit means the actual amount payable to you each month (or part month) during a claim in accordance with this PDS and the Avant Benefit Fund Rules. The monthly benefit does not include any Superannuation Reimbursement Benefit payable.

Monthly sum insured means the monthly dollar amount of your insurance cover as set out in your *plan schedule*.

Plan schedule means the information that is provided to you confirming the details of your insurance cover. Your *plan schedule* will be updated each time your insurance cover changes.

Post-disability income means the *regular income* (expressed monthly):

- you earned during the month of illness or injury on which your *monthly benefit* is based when *gainfully employed*; or
- assessed by us upon medical and other information we receive, as being able to be earned by you during the month of illness or injury on which your *monthly benefit* is based when you're not *gainfully employed*.

For the avoidance of doubt, this includes any income received from a business in which you are an owner or part owner, including any income received while unable to work at full capacity due to illness or injury.

Pre-disability income, unless otherwise stated, means:

- a) when you are aged between 20 and 65 (inclusive), the higher of:
 - the highest average *regular income* (expressed monthly) earned by you for any consecutive 12-month period in the three years prior to the date of the illness or injury
 - the highest average *regular income* (expressed monthly) earned by you for any consecutive 12-month period in the three years prior to the start of any period of:
 - study leave – if you are taking study leave in accordance with the 'Medical Training or Study Cover' feature (described on page 15) at the time of the illness or injury and the commencement date of the study leave was not more than three years prior to the date of the illness or injury
 - overseas placement – if you are on overseas placement in accordance with the 'Overseas Cover' feature (described on page 16) at the time of the illness or injury and the commencement date of the overseas placement was not more than three years prior to the date of the illness or injury
 - family support break – if you are taking a family support break in accordance with the 'Family Support Cover' feature (described on page 14) at the time of illness or injury and the commencement date of the family support break was not more than three years prior to the date of the illness or injury.
- b) when you are aged between 66 and 70 (inclusive), the *regular income* (expressed monthly) earned by you in the 12-month period prior to the date of illness or injury.

Once on claim, the *pre-disability income* will be notionally increased by the rate of *CPI* at each claim anniversary.

Post-litigation income means the *regular income* (expressed monthly)

- you earned during the month of litigation on which your *monthly benefit* is based when *gainfully employed*; or
- assessed by us upon medical and other information we receive, as being able to be earned by you during the month of litigation on which your *monthly benefit* is based when you're not *gainfully employed*.

Pre-litigation income mean your highest average *regular income* (expressed monthly) for any consecutive 12-month period in the three years immediately preceding the date of your claim or trial.

Registered medical practitioner means a doctor (including an intern) who is practising or entitled to practise in accordance with the laws of Australia or any of its states or territories.

Regular income means:

- if you directly or indirectly own all or part of the business in which you perform your work, your *regular income* is your share of the gross monthly income generated by the business as a result of your physical exertion, less your share of the eligible business expenses necessarily incurred in generating that income. If the eligible business expenses includes salary, wages, director fees or superannuation paid to the Life Insured, motor vehicle expenses relating to personal use by the Life Insured or depreciation costs, then these expenses can be added back in order to determine the Life Insured's regular income; or
- if you do not directly or indirectly own all or part of the business in which you perform your work, your *regular income* is the gross monthly income earned from your personal exertion by way of total remuneration package including salary, regular overtime, superannuation contributions, commissions, bonus payments and any other fringe benefits or compensation.

In either case, *regular income* does not include income which is not derived from your personal exertion or activities, such as interest or dividend payments.

Regular occupation means:

- the most recent *gainful employment* you were engaged in and qualified to perform;
- if you are undertaking training, study or research (in accordance with 'Medical Training or Study Cover' on page 15), or not working and taking a family support break (in accordance with 'Family Support Cover' on page 14) regular occupation means the most recent *gainful employment* you were engaged in and qualified to perform prior to these events;
- if you are undertaking an overseas placement (in accordance with 'Overseas Cover' on page 16) upon your return to Australia, regular occupation means the most recent *gainful employment* you were engaged in and qualified to perform while in Australia;
- if you are no longer a *registered medical practitioner*, the most recent occupation other than as a *registered medical practitioner* that you were engaged in and qualified to perform; or
- if you are no longer a *registered medical practitioner* and have not been *gainfully employed* for more than 12 months, you will be considered to be unemployed.

Contact Information

For general enquiries in relation to this PDS, a referral to an insurance advisor or the administration of your plan, please contact:

Avant Life Insurance

Phone 1800 128 268

Fax 1800 910 552

Mail Avant Life Insurance, PO Box 746, Queen Victoria Building, NSW, 1230

Email lifeadmin@avant.org.au

The issuers of this PDS are:

NobleOak Life Limited (NobleOak)

ABN 85 087 648 708; AFSL 247 302

Phone 1300 551 044

Fax (02) 9299 7852

Mail GPO Box 4793, Sydney, NSW, 2001

Avant Insurance Limited (Avant)

ABN 82 003 707 471; AFSL 238 765

Phone 1800 128 268

Fax 1800 228 268

Mail PO Box 746, Queen Victoria Building, NSW, 1230

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