

# BOUNCEBACK COVER

Our unique range of flexible insurance products  
pay you cash, so you can recover at your own pace.

RECOVER COVER



Combined Product Disclosure Statement,  
Policy Document and Financial Services Guide  
9 November 2023

# BOUNCEBACK COVER

Cover to get you back living life.

We know you want to get back on your feet as quickly as you can after being ill or in an accident. But the road to recovery is different for everybody.

That's why we created **Bounceback Cover**, so if something does go wrong, you'll have a fast payout to help you recover – your way. So if you need an Uber Comfort for your broken leg, extra treatments or therapies, or a little extra time off work – we've got you covered.



## WHAT MAKES BOUNCEBACK COVER UNCOMMON?



### FLEXIBLE

We pay you cash when your claim is approved, giving you the flexibility to use it to recover your way.



### FAST

We pay most claims in under 5 days (once we get all the info we need) to help with your recovery.



### EASY

No complex medical checks or underwriting when you take out cover, just talk to our friendly member care consultants.



### UNIQUE

Our products are designed to help fill the gaps not covered by traditional health insurance products, to help you recover.



## WHO CAN APPLY?

Apply if you're a Permanent Resident of Australia aged between 16-30, cover expires at 65.



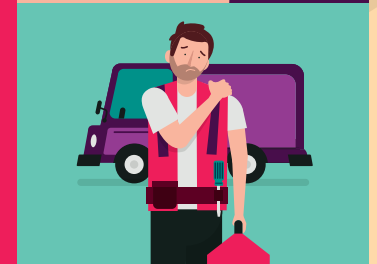
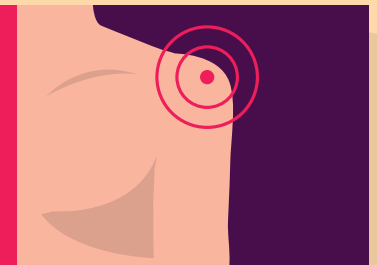
## WHAT DOES BOUNCEBACK COVER PAY FOR?

### Pays:

- up to \$3,000 for accidents requiring surgery, a range of certain fractures and breaks
- up to \$5,000 for severe burns
- between \$5,000 and \$100,000 for specified illnesses and accidents\*.

*"HCF's **Bounceback Cover** was incredibly helpful, it actually saved my life there financially for a moment. I hurt my shoulder, a tear, in a volleyball injury. I work for a transport company so couldn't work with the injury, and I didn't have income insurance. I'm 25 so hadn't got that yet and it was really hard to go from a full time wage to nothing. I'm so glad I had that cover as things would have been really really tough if I didn't have it, and I wouldn't have been able to recover as well. It was super easy to claim on, it was amazing."*

**Jarrold**  
HCF Life Member,  
Bounceback Cover



# BOUNCEBACK COVER COMBINED PRODUCT DISCLOSURE STATEMENT AND POLICY DOCUMENT

## ABOUT THIS DOCUMENT

This document contains important information that You should know about Bounceback Cover. This information is designed to help You decide whether this product is right for You.

If We issue You with a Bounceback Cover policy, You will receive a copy of this Combined Product Disclosure Statement and Policy Document, and a Policy Schedule. Together, these documents form Your Policy and should be kept in a safe place.

Throughout this document, some words and expressions have a special meaning. These words begin with a capital letter, and their meanings can be found in the Glossary section of this document.

## WHO CAN APPLY

Bounceback Cover is available to Permanent Residents of Australia who are aged between 16 and 30.

## WHAT'S COVERED

We'll pay a benefit if the Insured Person suffers an Impairment listed in the table below as the direct result of an Accident, or suffers an Illness listed in the table below, while Your Policy is Active and subject to the terms of this Policy.

The maximum total amount payable over the duration of Your Policy will not exceed \$100,000.

Benefits are payable to You or, if You have died, to Your legal personal representative or a person We are authorised to pay under the *Life Insurance Act 1995* (Cth).

	DESCRIPTION	BENEFIT
<b>IMPAIRMENTS AS THE DIRECT RESULT OF AN ACCIDENT</b>		
<b>Accident Requiring Surgery</b>	means an Accident that results in physical injury requiring surgery in an operating theatre other than solely for diagnostic purposes.	\$1,500
<b>Fractures and Breaks</b>	<b>Fractures or breaks of the:</b>	
	Hand, arm, elbow or wrist (other than finger or thumb), shoulder or collarbone	\$1,000
	Leg, ankle, knee or foot (other than toe)	\$1,500
	Hip, pelvis or jaw	\$2,000
	Neck	\$2,500
	Skull or spine (includes thoracic, lumbar and sacral injury, but excludes coccyx)	\$3,000
<b>Severe Burns</b>	means thermal, electrical or chemical injury of the skin involving its full thickness and to the following extent: a) body surface area percentage as measured by the Lund and Browder Body Surface Chart; or b) face, hands, feet, genitalia, perineum, or major joints that require surgical debridement and/or skin grafting.  Full thickness burns destroy both layers of the skin (epidermis and dermis) and may also damage the underlying bones, muscles and tendons. The burn site appears white or charred. There is no sensation in the area since the nerve endings are destroyed.	More than 5% but less than 20% in accordance with criteria a): \$5,000 Or Criteria b): \$5,000  20% or more in accordance with criteria a): 20,000

	DESCRIPTION	BENEFIT
<b>IMPAIRMENTS AS THE DIRECT RESULT OF AN ACCIDENT</b>		
<b>Paralysis</b>	Total and permanent loss of use of both legs	\$50,000
	Total and permanent loss of use of both arms	\$100,000
	Total and permanent loss of use of 1 arm and 1 leg on the same side of the body	\$100,000
	Total and permanent loss of use of both arms and both legs	\$100,000
<b>Total Blindness</b>	means the total and permanent loss of sight of both eyes. That loss must be irreversible and unable to be corrected by glasses or any other means, as certified by an appropriate consultant medical specialist.	\$100,000
<b>Total Deafness</b>	means a total and permanent loss of hearing from both ears that cannot be corrected by a hearing aid, as certified by an appropriate consultant medical specialist.	\$100,000
<b>ILLNESSES</b>		
<b>Appendicitis Requiring Appendectomy</b>	Appendicitis means inflammation of the appendix. Appendectomy is the surgery carried out in an operating theatre to remove the appendix.	\$5,000
<b>Cancer of Specified Severity</b>	means the presence of uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue.  An unequivocal diagnosis of malignancy must be supported by histopathologic, cytological, radiologic, or clinicopathologic evidence. There must also be evidence of invasion of normal tissue or spread to regional lymph nodes or metastasis.  The following conditions are excluded: <ul style="list-style-type: none"> <li>tumours histologically described as pre-malignant, non-invasive, high-grade dysplasia, or with borderline or low malignant potential;</li> <li>melanomas of less than 1mm maximum thickness (as determined by histological examination) and less than the Clark Level 3 depth of invasion;</li> <li>all hyperkeratosis or basal cell carcinomas of the skin;</li> <li>all squamous cell carcinomas of the skin unless spread to other organs;</li> <li>prostatic cancers which are histologically described as TNM Classifications T1 (including T1a and T1b) or lower or Gleason Score of below 7; and</li> <li>Chronic Lymphocytic Leukaemia that has not progressed to at least Rai Stage 1.</li> </ul> <b>No benefit is payable if Cancer arises during first 90 days from Cover Commencement Date.</b>	\$20,000
<b>Coma of Specified Severity</b>	means a state of unconsciousness and unresponsiveness to external stimuli that results in a Glasgow Coma Scale of 8 or less ('Severe brain injury') for at least 4 consecutive days.  The following causes of coma are excluded: <ul style="list-style-type: none"> <li>caused by the Insured Person's alcohol or drug abuse; or</li> <li>the result of another illness for which we pay a benefit under this product.</li> </ul>	\$15,000
<b>Endocarditis Requiring Surgery</b>	means infection of the heart valves or the inner membrane of the heart requiring surgical treatment in an operating theatre other than solely for diagnostic purposes.  <b>No benefit is payable if Endocarditis Requiring Surgery arises during first 90 days from Cover Commencement Date.</b>	\$10,000
<b>Female Reproductive Surgery</b>	means the surgical treatment in an operating theatre to treat conditions of the external genitals, vagina, cervix, endometrium and uterus, fallopian tubes, and ovaries that requires a hospital stay.  This excludes surgery relating to pregnancy or infertility and cosmetic surgeries.	1 night: \$500 2 nights or more: \$5,000

	DESCRIPTION	BENEFIT
<b>ILLNESSES</b>		
<b>Gallbladder Removal</b>	Gallbladder removal (cholecystectomy) is the surgery carried out in an operating theatre to remove the gall bladder for gallstones (which are crystalline deposits that form abnormally in the gallbladder) and for other conditions. Excludes non-surgical interventions like ultrasonic gall stone destruction (lithotripsy).	\$5,000
<b>Hernia Requiring Surgery</b>	Hernia means the protrusion of an organ, or the fascia of an organ, through the wall of the cavity that normally contains it. Hernia repair means the surgery carried out in an operating theatre to return the protrusion of an organ, or the fascia of an organ, back to its normal position.	\$5,000
<b>Intensive Care (more than 3 days)</b>	means the occurrence of a sickness or injury that requires continuous care in an authorised intensive care unit of an acute care hospital. In the opinion of an appropriate consultant medical specialist, treatment must be required on medical grounds and it must be the most appropriate treatment. Sickness or injury that results from alcohol or drug abuse is excluded.	More than 3 days: \$10,000
<b>Meningococcal Disease</b>	means the confirmed diagnosis of meningococcal septicemia or meningococcal meningitis.	\$5,000
<b>Multiple Sclerosis</b>	means an unequivocal diagnosis of multiple sclerosis as diagnosed by an appropriate consultant medical specialist. There must be significant neurological deficit with a history of more than 1 episode of neurological abnormality which results in the persisting inability to perform any 1 of the numbered Activities of Daily Living without the assistance from someone else.	\$100,000
<b>Pericarditis Requiring Surgery</b>	means inflammation of the pericardium requiring surgical treatment in an operating theatre other than solely for diagnostic purposes. <b>No benefit is payable if Pericarditis Requiring Surgery arises during first 90 days from Cover Commencement Date.</b>	\$10,000
<b>Pulmonary Embolism Requiring Specified Treatment</b>	means a clot in the lung of blood, fat or air due to disorder such as deep vein thrombosis requiring in-hospital treatment with surgery and/or anti-coagulant treatment.	\$5,000
<b>Severe Permanent Cardiac Impairment</b>	means a failure of the heart to function properly resulting in a permanent impairment of physical function. In the opinion of an appropriate medical specialist there is symptomatic and objective impairment of heart function to at least Class 3 (marked limitation of activity due to symptoms) of the New York Heart Association Classification of Cardiac Impairment. <b>No benefit is payable if Severe Permanent Cardiac Impairment arises during first 90 days from Cover Commencement Date.</b>	\$5,000
<b>Tonsillitis Requiring Tonsillectomy</b>	Tonsillitis is infection of the tonsils. Tonsillectomy means the surgery carried out in an operating theatre to remove the tonsils because of recurrent tonsillitis.	\$5,000

## WHAT ISN'T COVERED

No benefit will be paid in respect of any of the listed Impairments or Illnesses which occurs as a result of:

- any Accident which occurs on or before the Cover Commencement Date;
- a Pre-existing Condition that existed within 5 years immediately prior to the Cover Commencement Date;
- intentional self-injury;
- acts of war, whether declared or not, hostilities, civil commotion, terrorism or insurrection;
- the Insured Person's involvement in Racing, Professional Sport, military service or aviation other than as a fare paying passenger on a regularly scheduled airline;

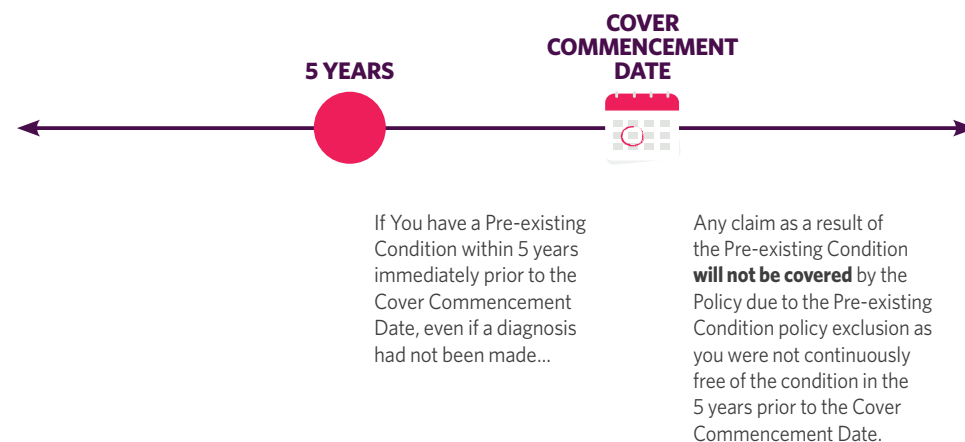
- the Insured Person's involvement in an illegal act; or
- any Accident that occurs outside Australia.

No benefit is payable for the following Illnesses if they arise during the first 90 days from the Cover Commencement Date:

- Cancer of Specified Severity;
- Severe Permanent Cardiac Impairment;
- Endocarditis Requiring Surgery; and
- Pericarditis Requiring Surgery.

No benefit will be paid in respect of any of the listed Illnesses that are not diagnosed and treated in Australia.

## HOW A PRE-EXISTING CONDITION WORKS



## EXAMPLES OF HOW A PRE-EXISTING CONDITION WORKS

### APPROVED EXAMPLE

Susan suffered from Cancer of Specified Severity. She received treatment and fully recovered and had no ongoing signs or symptoms in the 5 years before taking out cover. Susan subsequently suffered from Cancer of Specified Severity 2 years after her Cover Commencement Date.

**Susan submitted a claim which was approved as she was continuously free of the condition in the 5 years prior to her Cover Commencement Date and all other policy conditions were met.**

### DECLINED EXAMPLE

Henry suffered from Cancer of Specified Severity in the 5 years before taking out cover. Henry subsequently suffered from Cancer of Specified Severity 4 years after his Cover Commencement Date, which was a progression of his original cancer.

**Henry submitted a claim which was declined due to the Pre-existing Condition policy exclusion as either he was aware or a reasonable person in the circumstances could be expected to be aware that he was not continuously free of the condition in the 5 years prior to his Cover Commencement Date.**

## HOW WE ASSESS PRE-EXISTING CONDITIONS

We will assess if You have a Pre-Existing Condition when You make a claim.

We will decline to pay a benefit to You on the basis of a Pre-Existing Condition if, at the time when this Policy was entered into (i.e. the Cover Commencement Date), You were aware of, or a reasonable person in the circumstances could be expected to have been aware of, the sickness or disability to which you were subject on the Cover Commencement Date or had been subject at any time within 5 years immediately prior to the Cover Commencement Date.

We will take into account information that includes but is not limited to:

- the information that You supply to Us; and
- the information that Your treating registered medical practitioner supplies to Us, such as their opinion of whether the signs, symptoms or treatment of the sickness or disability existed prior to the time when the Policy was entered into, even if a diagnosis had not been made.

## PREMIUMS

You must pay premiums on or before the due date to keep Your Policy Active. Premiums are payable in advance and You can choose the frequency. The premium payable under Your Policy, as applicable at the Cover Commencement Date, is shown on Your Policy Schedule. The premium includes stamp duty payable by Us where applicable.

Your premium will remain the same until you reach the age of 35, after which premiums will increase based on your age every 5 years.

We may change the premium of Your Policy at any time, provided such change applies to all policyholders under this series of Bounceback Cover. We will write to You about any changes and they will come into effect on the date specified in the notice of change, which will be at least 30 days after the date of sending the notice of change to You.

Generally, insurance premiums are not tax deductible and benefits are paid free of personal tax. This is a general statement based on present laws and their interpretation. Individual circumstances may vary, and You should consult a professional tax adviser. Premiums received are paid into Our No. 1 Statutory Fund, and all benefits are paid out of this fund.

## WHEN YOUR COVER ENDS

Insurance under Your Policy will end when any of the following occurs:

- the death of the Insured Person;
- the Insured Person turns 65;
- if You don't pay Your premiums, the date stipulated by Us in Our written notice of cancellation following the non-payment of premiums for 2 months after the date to which premiums have been paid;
- total payment of the maximum total amount payable for the Insured Person; or
- You make a written request to cancel Your Policy, on the date We receive Your written request.

We will not cancel Your Policy in response to any change in the risk of the Insured Person.

## REINSTATING YOUR POLICY

If We have cancelled Your Policy due to non-payment of premiums, We will send You a written notice of cancellation. You can request to reinstate your Policy by calling us on **13 13 34** within 30 days of the date stated on the written notice of cancellation. Within that 30 days, We must receive all outstanding premiums before Your Policy can be reinstated.

## COOLING OFF PERIOD

From the date You receive Your Policy documents from Us, You have 30 days to check whether the Policy meets Your needs. Within this time You may cancel Your Policy by calling Us on **13 13 34** and receive a full refund of any money paid provided You have not made a claim.

These examples are to demonstrate how a Pre-existing Condition works and the impact a Pre-existing Condition can have on a claim. They do not cover all possible scenarios.

## HOW TO MAKE A CLAIM

We will require written proof from You to substantiate Your claim. To submit satisfactory written proof to Us:

- complete and return a Bounceback Cover claim form as soon as possible (You can get a copy of this form by calling Us on **13 13 34** or emailing Us at [lifecclaims@hcf.com.au](mailto:lifecclaims@hcf.com.au));
- You will need to pay all costs related to completing the Bounceback Cover claim form;
- if required, the Insured Person will need to have a medical examination on Our behalf and at Our expense;
- You must supply any other documents or evidence We may require in order to assess Your claim; and
- the Insured Person must seek medical advice from a legally qualified medical practitioner as soon as possible after an Impairment or Illness occurs and that advice must be followed.

## RISKS

It is important to understand the associated risks of purchasing a life insurance policy. Things You may wish to consider include:

- determining whether this Policy suits Your needs;
- if You are replacing an existing policy, consider the terms and conditions of this Policy and your existing policy before making a decision;
- this Policy does not have a surrender value, which means no money is payable to You unless We have approved a claim under this Policy.

## GLOSSARY

Where the below terms appear throughout this document, they hold the meanings stated in the table below.

TERM	MEANING
<b>Accident</b>	<p>means an event that is:</p> <ul style="list-style-type: none"> <li>• external to the body; and</li> <li>• visible; and</li> <li>• unexpected; and</li> <li>• unintended.</li> </ul> <p>For avoidance of doubt, Accident does not mean an event that relates to:</p> <ul style="list-style-type: none"> <li>• a medical episode; or</li> <li>• a medical condition; or</li> <li>• a complication relating to a medical procedure.</li> </ul>
<b>Active</b>	means the period of time between the Cover Commencement Date and the date Your Policy ceases in accordance with section 'When Your Cover Ends'.
<b>Activities of Daily Living</b>	<p>means any of the following:</p> <ul style="list-style-type: none"> <li>• Washing: the Insured Person can wash themselves by some means</li> <li>• Dressing: the Insured Person can put clothing on or take clothing off</li> <li>• Feeding: the Insured Person can get food from a plate into their mouth</li> <li>• Continence: the Insured Person can control both their bowel and their bladder function</li> <li>• Mobility: the Insured Person can: <ul style="list-style-type: none"> <li>• get in and out of bed</li> <li>• get on or off a chair/toilet</li> <li>• move from place to place without using a wheelchair.</li> </ul> </li> </ul>
<b>Cover Commencement Date</b>	means the date as shown on Your Policy Schedule.
<b>HCF</b>	means The Hospitals Contribution Fund of Australia.
<b>Insured Person</b>	means the Insured Person named on Your Policy Schedule.
<b>Permanent Residents of Australia</b>	means a permanent resident or Australian citizen as defined under the <i>Australian Citizenship Act 2007</i> (Cth) including any amendment, replacement, re-enactment or successor legislation.
<b>Policy</b>	means this Combined Product Disclosure Statement and Policy Document, together with Your Policy Schedule.
<b>Policy Owner</b>	means the person indicated on Your Policy Schedule as the Policy Owner.
<b>Pre-existing Condition</b>	<p>means a sickness or disability to which You:</p> <ul style="list-style-type: none"> <li>• were subject on the Cover Commencement Date; or</li> <li>• had been subject at any time within 5 years immediately prior to the Cover Commencement Date; and which sickness or disability, at the time when this Policy was entered into (i.e. the Cover Commencement Date), You were aware of, or a reasonable person in the circumstances could be expected to have been aware of.</li> </ul>
<b>Professional Sport</b>	<p>means a sport for which the Insured Person was either participating in competition or training under the guidance of a professional coach, and for that sport, the Insured Person had received, or expected to receive, \$5,000 or more in remuneration during the competition season or calendar year, whichever applies, in which the Impairment occurred.</p> <p>Remuneration includes the following:</p> <ul style="list-style-type: none"> <li>• match payments</li> <li>• regular income (the player is paid a fixed annual salary to play for the club)</li> <li>• match bonuses.</li> </ul>
<b>Racing</b>	means any speed contest involving the use of a powered vehicle or device.
<b>We/Our/Us/HCF Life</b>	means HCF Life Insurance Company Pty Limited.
<b>You/Your</b>	means the Policy Owner.



## OTHER THINGS YOU NEED TO KNOW

### YOUR COVER IS PROVIDED BY HCF LIFE

Bounceback Cover is issued by HCF Life Insurance Company Pty Limited (HCF Life), a subsidiary of The Hospital Contributions Fund of Australia Limited (HCF) and will not have a surrender value at any time. HCF is a not-for-profit health fund that has been looking after Australians since 1932. HCF and HCF Life are each responsible for the entire contents of this Combined Product Disclosure Statement, Policy Document and Financial Services Guide. In addition to these documents, you should also read the Target Market Determination (TMD) for this product, which is available at [hcf.com.au/lifeinfo](http://hcf.com.au/lifeinfo)

### CHANGES TO YOUR POLICY

The information in this Combined Product Disclosure Statement, Policy Document and Financial Services Guide is current as at the date of issue. From time to time, We may change the terms of Your Policy or update information in this document. If there is a significant or materially adverse change or update, We will write to You about any changes or updates before they come into effect. Changes or updates that are not materially adverse are available at [hcf.com.au/lifeinfo](http://hcf.com.au/lifeinfo) or by contacting Us on **13 13 34**. Free paper copies are available on request.

The benefits payable to You are those specified in Your Policy or such more favourable benefits as may be determined by Us and notified to You from time to time. Any such determination does not result in a change to Your Policy.

### PROTECTING YOUR RIGHTS

If You have a complaint about Your Policy, please contact Our Policy Service Team on **13 13 34** and We will attempt to resolve it promptly. If an issue has not been resolved to Your satisfaction, You can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides a fair and independent financial services complaint resolution process that is free to consumers.

Call: **1800 931 678 (free call)**

Visit: [afca.org.au](http://afca.org.au)

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

Write: **Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001**

The Hospitals Contribution Fund of Australia Limited.  
ABN 68 000 026 746 AFSL 241 414

HCF Life Insurance Company Pty Limited.  
ABN 37 001 831 250 AFSL 236 806

## FINANCIAL SERVICES GUIDE

**HCF is licensed to provide general advice about and arrange for the issue of life and general insurance products. The life insurance products are issued by HCF Life Insurance Company Pty Limited (HCF Life).**

**This Financial Services Guide provides information about the services provided by HCF and HCF Life in relation to Bounceback Cover and is designed to assist You in deciding whether to use any of these services.**

**It contains information about remuneration paid to HCF, HCF Life and its staff for the services offered and how complaints against HCF and HCF Life in relation to these services are dealt with.**

**If HCF or HCF Life offers or arranges to issue You Bounceback Cover We will provide You with a Product Disclosure Statement relating to that product where required. The Product Disclosure Statement sets out the significant features of the product and will assist You to compare and make informed decisions about the product.**

HCF's Australian Financial Services Licence (Number 241 414) (AFSL) authorises HCF to provide general advice about, and arrange the issue of, both life and general insurance products. The life insurance products are issued by HCF Life Insurance Company Pty Limited (HCF Life). HCF Life also provides general advice and claims handling and settling services.

HCF Life is a wholly owned subsidiary of HCF and acts on its own behalf.

Premiums for the life insurance products are paid to HCF Life. HCF receives commission from HCF Life for the sale of life insurance products of up to 40% of the first year's premium plus an additional commission of 80% of HCF Life's underwriting profit each year calculated as premiums less claims and expenses. HCF's staff may receive an incentive depending on the annual premium of these products which they sell. This will not exceed 15% of the first year's premium.

HCF is a not-for-profit organisation and all of the income it receives is applied for the benefit of its members.

HCF provides general advice about the suitability of these products for the needs of members. This means We do not take account of individual objectives, financial situation or needs.

You should, before acting on that advice, consider the appropriateness of the advice, having regard to Your objectives, financial situation or needs. Please read the Product Disclosure Statement before deciding to purchase any of these products.

HCF holds professional indemnity insurance that complies with the compensation requirements of Section 912B of the *Corporations Act*. This includes cover for claims in relation to the conduct of representatives and employees who no longer work for HCF but who did at the time of the relevant conduct.

Should You have a complaint about any of the services We offer in this Financial Services Guide please call Us on **13 13 34**. If We have not resolved Your complaint within 30 days or You are not satisfied with Our response, You can contact The Australian Financial Complaints Authority (AFCA).

AFCA is an independent body available free of charge to consumers and can be contacted at:

Call: **1800 931 678 (free call)**

Visit: [afca.org.au](http://afca.org.au)

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

Write: **Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001**

The Hospitals Contribution Fund of Australia Limited.  
ABN 68 000 026 746 AFSL 241 414

HCF Life Insurance Company Pty Limited.  
ABN 37 001 831 250 AFSL 236 806

# OUR PRIVACY STATEMENT

## HCF Life is committed to best practice privacy protection.

We collect your personal information including sensitive information such as health information from you and/or the policy owner who is responsible for your policy and/or from other third parties detailed in the HCF Privacy Policy (which covers HCF Life), so we can:

- comply with applicable laws
- manage our relationship with you
- provide life insurance related products and services to you (including through third parties)
- manage and pay claims and benefits
- assess your life insurance and related needs
- investigate fraudulent or improper claims and assess risks
- research and develop products, services and benefits that may better serve your needs
- assess your possible interest in and tell you about other HCF products and services
- administer our business and deal with complaints.

### The types of organisations and individuals we disclose personal information to include:

- third party organisations who deliver services on our behalf or to us, some of whom may be located overseas
- research companies contracted to us to ask your opinion on improving our service, benefits or product offerings
- other insurers or reinsurers
- government, including law enforcement agencies
- related HCF companies
- the named policy owner who has your authority
- any other authorised individual.

If you do not provide the personal information we request, we may not be able to provide you with our products or services.

You can ask us at any time to stop direct marketing to you by emailing [service@myhcf.com.au](mailto:service@myhcf.com.au) or calling **13 13 34**.

For more information about the personal information we collect and how we handle it, how to access and correct your personal information or how to make a complaint and how we will respond to complaints, please read the HCF Privacy Policy.

To view the HCF Privacy Policy:

- Visit [hcf.com.au/privacy](https://hcf.com.au/privacy)
- Visit your local branch.

All new policy owners should ensure that all members on the policy are made aware of the HCF Privacy Policy.

### LIFE INSURANCE CODE OF PRACTICE

HCF Life is bound by the Life Insurance Code of Practice which sets out the Australian life insurance industry's key commitments and obligations to customers. Further information is available at [fsc.org.au](https://fsc.org.au)



# RECOVER COVER THAT'S UNCOMMON CARE APPLY TODAY

## APPLYING FOR BOUNCEBACK COVER IS EASY

To apply, all you need to do is:

1. Call, visit a branch or go online to complete your application
2. Leave the rest to us.



**1800 560 855**

MON-FRI 8AM-8PM,  
SAT 9AM-5PM AEST/AEDT



**[hcf.com.au/recover-cover](https://hcf.com.au/recover-cover)**



**Visit a branch**