HCF

LIFE PROTECT INSURANCE

RECOVER COVER

Cover to help you and your family through the hardest times.



Combined Product Disclosure Statement, Policy Document and Financial Services Guide
24 November 2026

LIFE PROTECT INSURANCE

Cover to help you and your family through the hardest times.

Life is priceless - there's no clearer reminder than when loved ones are diagnosed with a terminal illness or pass away.

Life Protect Insurance is designed to help look after your family if you're no longer able to. It pays a lump sum if you're diagnosed with a terminal illness or pass away. This can help cover things like mortgage commitments, school fees and living expenses, so your family can worry less about money and focus on dealing with their loss.

WHAT MAKES LIFE PROTECT INSURANCE UNCOMMON?



EASY

Skip the complicated medical checks and simply answer a few health and lifestyle questions. Call our friendly experts or apply online.



FLEXIBLE

Change your cover amount as your life changes without further assessment of your health or lifestyle*.



FAST CLAIMS

Most claims paid in less than 10 days (once we get the information we need).



WORLDWIDE COVER

Stay covered while temporarily travelling abroad, 24 hours a day, 7 days a week*.

WHO CAN APPLY?

Apply if you're a Permanent Resident of Australia aged 18-69. Cover expires when you turn 99.

WHAT DOES LIFE PROTECT INSURANCE PAY FOR?

Depending on your age and level of cover, it pays:

- from $100,000 up to $2 million in the event of death or terminal illness^
- an advance payment from your Insured Benefit of $15,000 to help with things like living expenses or funeral costs, while we assess your claim^.



*Terms and conditions apply, refer to page 4 for Worldwide Cover and page 6 for Life Event increases.
^Subject to exclusions, limitations and definitions – refer to pages 3-9 for further information.

LIFE PROTECT INSURANCE COMBINED PRODUCT DISCLOSURE STATEMENT AND POLICY DOCUMENT

ABOUT THIS DOCUMENT

This Combined Product Disclosure Statement (PDS), Policy Document and Financial Services Guide (FSG) contains important information about Life Protect Insurance and is designed to help You decide whether this product is right for You. Any advice given in this document is general only and does not take into account Your individual objectives, financial situation or needs. You should read this document carefully before deciding on this product.

If Your application for a Life Protect Insurance policy is accepted by Us, We will issue You:

- a copy of this Combined PDS, Policy Document and FSG;
- Your Policy Schedule which includes the details of Your cover and any Special Conditions We agree with You; and
- Your Personal Statement (Your application).

Together, these documents and any change notices We issue You while Your Policy is Active, 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 on page 8.

WHO CAN APPLY

Life Protect Insurance is available to Permanent Residents of Australia who are aged between 18 and 69.



HOW MUCH CAN I APPLY FOR

The maximum Insured Benefit amount You can apply for is based on Your age, as described in the table below. The minimum Insured Benefit You can apply for is $100,000.

Increases to Your Insured Benefit during the life of Your Policy are subject to the same maximum limits. This means You will not be able to apply for any increases above the maximum Insured Benefit for Your age at the time of applying for an increase.

AGE	MAXIMUM INSURED BENEFIT
18-45	$2,000,000
46-55	$1,500,000
56-65	$750,000
66-69	$500,000

WHAT'S COVERED

DEATH BENEFIT

If You die while Your Policy is Active, We will pay the Insured Benefit as a lump sum to Your estate, legal personal representative or a person We are authorised to pay under the *Life Insurance Act 1995* (Cth) subject to the terms and conditions of this Policy.

TERMINAL ILLNESS BENEFIT

We will pay the Insured Benefit as a lump sum directly to You if You are diagnosed with a Terminal Illness of less than 24 months life expectancy, while Your Policy is Active and subject to the terms and conditions of this Policy.

ADVANCE PAYMENT

We will advance $15,000 of Your Insured Benefit to help cover things like living expenses or funeral costs, while Your death claim is being assessed. Payment of the advance payment does not mean that We will accept Your claim for the death benefit, if We establish that the death claim does not meet the terms and conditions of this policy.

The advance payment is subject to satisfactory proof of death being provided to Us, such as a death certificate showing cause of death; and We have confirmed Your death is not as a result of an Exclusion or Special Condition. The advance payment will be subtracted from the Insured Benefit and the balance remaining will be payable on settlement of the death claim.

WHEN YOUR COVER STARTS AND ENDS

Insurance under Your Policy starts on the Cover Commencement Date set out in Your Policy Schedule. Your first premium is also due on the Cover Commencement Date.

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

- Your death;
- You turn 99;
- You do not pay Your premiums by the date stipulated by Us in Our written notice of cancellation to You following the non-payment of premiums for 3 months after the date to which premiums have been paid;
- the Insured Benefit is paid in full; 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 Your risk, except in the case where We're entitled to do so because of a breach of Your duty to take reasonable care not to make a misrepresentation.

We will write to You before Your policy is going to end, except in the event You die or You cancel Your Policy. No benefits are payable for any event that occurs while Your Policy is not Active.

WHO ARE BENEFITS PAID TO

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).

Life Protect Insurance is life insurance and is designed to provide support in the event of a terminal illness or death. Unlike health insurance, any benefit paid under Life Protect Insurance is a fixed amount and does not cover the cost of any medical treatments or hospital stays (in whole or in part). Benefits are paid straight to You and not to any medical provider. You can use any benefit amount We pay as You choose and for any purpose.

WORLDWIDE COVER

While Your Policy is Active, You are covered while temporarily travelling abroad, 24 hours a day, 7 days a week, subject to the terms and conditions of this Policy where:

- the travel is for 90 days or less in total, during a 12-month period; and
- You are not travelling to any level 3 or level 4 locations which have been classified as "Reconsider your need to travel" or "Do not travel" by Smart Traveller Advice (for more information, please visit the Australian Government travel advice website **smartraveller.gov.au/destinations**).

You can only make a claim in Australia, and We can only pay claims in Australia. We also require evidence that the death is recognised in Australia and that the Terminal Illness diagnosis occurred in Australia. We won't pay a claim if we are not able to confirm this.

WHAT ISN'T COVERED

No benefit is payable to You in the case of death or Terminal Illness which occurs directly or indirectly as a result of the following Exclusions:

- suicide within 13 months of the Cover Commencement Date, or within 13 months of Your Policy being reinstated in accordance with the Reinstating Your Policy clause;
- acts of war, whether declared or not, hostilities, civil commotion, terrorism or insurrection; or
- a Special Condition agreed with You in relation to Your Policy and is detailed in Your Policy Schedule under Special Conditions. For more information on Special Conditions, call Us on **13 13 34**.

SPECIAL CONDITIONS

Based on the Underwriting process, We may impose Special Conditions on Your Policy to address increased risk due to Your personal situation. For instance, We might increase Your premium or exclude claims related to a medical condition, occupational duty or recreational activity. Any Special Conditions applied will be detailed in Your Policy Schedule. If Your situation changes in the future, We may be able to remove or reduce these Special Conditions. For more information on Special Conditions, call Us on **13 13 34**.

An example of a Special Condition

Laura enjoys outdoor rock climbing, it's her favourite hobby. On her application for Life Protect Insurance, Laura told us that she participates in this activity. As part of our assessment of her health and lifestyle, we agreed to cover Laura with an exclusion for outdoor rock climbing.

This means we will not pay a claim if Laura dies as a direct or indirect result of outdoor rock climbing. Laura agrees to this exclusion and it becomes a Special Condition of her Policy and is shown on her Policy Schedule.



PREMIUMS

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.

The premium payable for Your Policy will change each year on Your Policy Anniversary and will generally increase over time. This is referred to as a variable age-stepped premium. This means the cost generally increases each year at Your Policy Anniversary and typically rises as You age, because there is a higher likelihood of You making a claim over time as You age. We will advise You of Your new premium at least 30 days before Your Policy Anniversary date.

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. You must have the capacity to afford to pay premiums on an ongoing basis (including premiums as they may increase) because if You do not pay premiums when they are due, Your Policy may be cancelled (see 'When Your Cover Starts and Ends' on page 4 for details).

HOW PREMIUMS ARE CALCULATED

Your premium is based on a range of factors, including:

- **Your age –** Your age impacts on the likelihood of making a claim. Higher premiums usually apply for higher ages, as the likelihood of making a claim generally increases with age;
- **Your sex** – the likelihood of making a claim can differ between males and females and this can also affect premiums;
- **Your smoker status** – premiums are higher for smokers compared to non-smokers due to the associated health risks of smoking;
- **Your Insured Benefit amount** – Your premium will also be based on the Insured Benefit amount You select. Higher premiums apply for higher Insured Benefit amounts;
- Any applicable inflation increases;
- Any applicable discounts; and
- a range of health and lifestyle factors that may apply a loading to Your premium rating, as assessed at the time of application such as higher risk occupational duties and if Your BMI (Body Mass Index) is outside a normal range. Premium loadings will apply for the life of Your Policy and will be confirmed on Your Policy Schedule.

CHANGES TO PREMIUM RATES

Premium rates are not guaranteed and We may change the premium rates of Your Policy at any time, provided such change applies to all policyholders under this series of Life Protect Insurance. 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.

NON-SMOKER RATES

Where premiums are charged at Non-Smoker rates, this is subject to Your continued abstinence from smoking any substance, such as cigarettes, e-cigarettes and vaping products. We reserve the right to ask for further evidence of Your eligibility for these rates from time to time. To qualify for Non-Smoker rates, You must not have smoked tobacco or any other substance in the 12 months prior to the due date of Your next premium. You should call Us on **13 13 34** if Your smoking status has changed.

PAYMENT FREQUENCY DISCOUNT

If You choose to pay Your premium annually or semi-annually a frequency discount will apply.

PREMIUMS AND TAX

Premiums received are paid into Our No. 1 Statutory Fund, and all benefits are paid out of this fund. 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.

CHANGES TO YOUR INSURED BENEFIT

You can call Us on **13 13 34** to request changes to Your Policy, including Your Insured Benefit. For increases to Your chosen Insured Benefit, a new application, including completing the full Underwriting process, will be required except if you are eligible to increase Your Insured Benefit through the Life Event increase feature (refer to page 6 for Life Event increases). You can decrease Your Insured Benefit by any amount, at any time, subject to the minimum $100,000 Insured Benefit.

If You decrease Your Insured Benefit, We will apply these changes to Your Policy based on Your payment frequency. If You pay Your premiums weekly, fortnightly or monthly, Your new Insured Benefit and premium will apply from the end of the period for which You have paid for cover. If You pay Your premiums quarterly, semi-annually or annually, Your new Insured Benefit and premium will apply from the next monthly anniversary of Your Cover Commencement Date. We will issue You a new Policy Schedule reflecting Your new terms prior to commencement of these changes.

AUTOMATIC INFLATION INCREASE

To help You keep up with the cost of living, Your Insured Benefit is automatically increased at each Policy Anniversary, in line with the Consumer Price Index (CPI), up to a maximum of 5% per annum.
As Your Insured Benefit increases, Your Premium usually increases too. Inflation increases will continue even where the maximum Insured Benefit is met or exceeded (see 'How Much Can I Apply For' on page 3). We will write to advise You of Your new Insured Benefit and premium at least 30 days before Your Policy Anniversary.

You can decline the inflation increase before the Policy Anniversary on which the increase would apply. If You do so on 2 consecutive occasions We will not offer the inflation increase again. However, You can contact Us to request the inflation increase at any time.

The last automatic increase will be applied on the Policy Anniversary after Your 65th birthday. After this date, automatic increases will cease.

An example of how inflation increases work

When James took out cover, he selected an Insured Benefit of $500,000. On his first Policy Anniversary, the automatic inflation increase was applied in line with the CPI of 2.5%. This was reflected in an increase to James' Insured Benefit. James didn't need to do anything to continue accepting the automatic inflation increase for the following year, as shown in the table below.



	INFLATION INCREASE	INSURED BENEFIT WITH INFLATION INCREASE APPLIED
Cover commencement	N/A	$500,000
1st Policy Anniversary	2.5%#	$512,500#
2nd Policy Anniversary	3%#	$527,875#

Six months after his second Policy Anniversary, James was diagnosed with a Terminal Illness. We received James' claim form and all required documentation. His claim was processed successfully and we paid James his Insured Benefit of $527,875.

#This example shows the CPI rate for both years is below the maximum inflation increase of 5%. All figures shown in this table are examples of the effect of inflation increases on the Insured Benefit only and do not reflect current or forecast CPI rates.

LIFE EVENT INCREASE

You can increase Your Insured Benefit up to age 65, without a further health and lifestyle assessment, if one of the listed Life Events in the table below occurs, and if:

- Your request to increase the Insured Benefit is received within 90 days of the event occurring or within 30 days of Your next Policy Anniversary immediately following the listed Life Event;
- You provide evidence of the Life Event occurring;
- the total value of the Life Event increase does not exceed 100% of the Insured Benefit You held on Your Cover Commencement Date;
- Your increase is within the Maximum Insured Benefit limits that apply to Your age at the time of Your request refer to 'How Much Can I Apply For' on page 3; and
- no claims are pending, including if We have made an advance payment on Your Policy.

LIFE EVENT	MAXIMUM INSURED BENEFIT INCREASE*
You marry or divorce	You can increase Your Insured Benefit amount by the lesser of the following: • $150,000, or • 50% of the Insured Benefit You held on Your Cover Commencement Date.
You or Your spouse give birth to, or adopt, a child	
A dependent child starts secondary school	
You take out for the first time or increase a mortgage on Your principal place of residence with an accredited mortgage provider	
Your salary package increases by 20% or more	You can increase Your Insured Benefit amount by the lesser of the following: • $100,000 • 20% of the Insured Benefit You held on Your Cover Commencement Date • 5 x the amount of the salary package increase (pre-tax).

*Subject to a minimum increase on the Insured Benefit for a listed Life Event of $10,000.

CONDITIONS FOR A LIFE EVENT INCREASE

If We approve Your Life Event increase, the following conditions apply:

- for the first 6 months, the increased amount will only be payable in the event of Your Accidental Death;
- the 6 month waiting period does not apply if the listed Life Event is the birth or adoption of a child;
- We will not pay You the increased amount if You commit suicide within 13 months of the increase taking effect, or death occurs as a result of an Exclusion listed under the 'What Isn't Covered' section on page 4;
- a minimum of 12 months is required from the approval date of a Life Event increase and when You next apply for a Life Event increase.

An example^ of how a Life Event increase works

David is excited that his eldest child is starting high school next month. With the added expenses of secondary education, he's considering increasing his existing Insured Benefit amount of $500,000 to protect his family's future. As a dependent starting secondary school is a listed Life Event, David is eligible for the Life Event increase option. This allows David to increase his Insured Benefit up to a maximum of $650,000 without further health and lifestyle assessment.

^This example describes figures and scenarios to demonstrate the effect of Life Event increases on the Insured Benefit only. This example applies the maximum increase of $150,000, in line with the terms and conditions described in the Life Event Increase section on page 6.



An example[+] of how Life Event increases can be added over the life of a policy:

You, 28 years old

You take out HCF Life Protect Insurance with an Insured Benefit of **$1m**.



Married, 32 years old

Getting married means you have two of you to think about. You decide to take a Life Event increase of **$100,000**, taking your Insured Benefit to **$1.1m**.



Baby, 35 years old

Having a baby changes your life. Since it's been more than 12 months since your last increase, you decide to take out another Life Event increase of the maximum **$150,000**. This takes your Insured Benefit to **$1.25m**.



[+]This example describes ages, figures and scenarios to demonstrate eligible Life Events and the effect of Life Event increases on the Insured Benefit only.

REINSTATING YOUR POLICY

We may cancel Your Policy due to non-payment of premiums. If You have outstanding premiums, before We cancel Your Policy, We will send You a written notice informing You that You must pay your outstanding premiums by the date stipulated by Us in Our written notice and that Your Policy will be cancelled within 30 days if Your outstanding premiums have not been paid in that time.

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 those 30 days, We must receive all outstanding premiums before Your Policy can be reinstated. After those 30 days You will need to re-apply for cover.

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.

HOW TO MAKE A CLAIM

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

- Complete and return a Life Protect Insurance claim form (You can get a copy of this form by calling Us on **13 13 34** or emailing Us at **lifeclaims@hcf.com.au**);
- You will need to provide evidence supporting Your Terminal Illness diagnosis by a legally qualified medical practitioner or proof of death;
- A copy of the probate from Your estate will need to be provided;
- You must provide proof of Your age;
- You or Your estate will need to pay all costs related to completing the Life Protect Insurance claim form;
- if required, You will need to have a medical examination on Our behalf and at Our expense;
- You must supply any other documents or evidence We may reasonably require to assess Your claim, such as a copy of Your will;
- You will need to pay all costs related to completing the Life Protect Insurance claim form.

WHEN WE'LL PAY A CLAIM

We will pay You a benefit if You satisfy the terms under Your Policy.

It is important that You comply with Your obligations under Your Policy. If You do not comply with Your obligations under Your Policy or You make a fraudulent claim, We may reduce or refuse to pay Your claim or cancel Your Policy. Where Your Policy says that We may refuse to pay or reduce a claim because of something You did (or did not do),

We may:

- refuse to pay Your claim, but only to the extent that such act or failure caused or contributed to the loss which gives rise to Your claim; or
- reduce Our payment of Your claim, but only by an amount that fairly represents the extent to which Our interests are prejudiced by the act or failure.

RISKS

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

- Determine whether this Policy suits Your needs.
- If You are replacing an existing policy, consider the terms and conditions, exclusions and waiting periods of any new 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.
- Life Protect insurance is a life insurance product and not health insurance. Any benefits paid under this Policy are designed to provide a support payment and may not cover all the costs of treatment or a funeral.



GLOSSARY

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

TERM	MEANING
Accident	means an event that is external to the body, visible, unexpected and unintended. For avoidance of doubt, Accident doesn't mean an event that relates to a medical episode, a medical condition or a complication relating to a medical procedure.
Accidental Death	Death as the sole and direct result of an Accident, and within 90 days of that Accident.
Active	means the period of time between the Cover Commencement Date and the date Your Policy ceases in accordance with section 'When Your Cover Ends'.
Cover Commencement Date	means the date shown on Your Policy Schedule.
CPI	means the All Groups Consumer Price Index for Australian capital cities, published by the Australian Bureau of Statistics for the 12 months to 30 September. For indexation increases, We apply the CPI for the twelve months to 30 September in the previous year, but will not apply an increase greater than 5%. If there is any suspension or discontinuance of the All Groups Consumer Price Index We will use another appropriate published index chosen by Our actuary.
Exclusion	means an event or circumstance directly or indirectly leading to Terminal Illness or death which are not covered by this policy.
HCF	means The Hospitals Contribution Fund of Australia Ltd (ABN 68 000 026 746, AFSL 241 414).
Insured Benefit	means the amount shown on Your Policy Schedule, increased by any inflation increase or Life Event increase.
Insured Person	means the Insured Person named on Your Policy Schedule.
Life Event	means a listed event in section 'Life Event Increase' on page 6.
Non-Smoker	means You have not smoked 1 or more cigarettes or any other substance (including e-cigarettes or vaping products) in the last 12 months.
Permanent Resident of Australia	means a permanent resident or Australian citizen as defined under the *Australian Citizenship Act 2007* (Cth) including any amendment, replacement, re-enactment or successor legislation.
Policy	means this Combined Product Disclosure Statement and Policy Document, together with Your Policy Schedule, Personal Statement and any change notices We issue You while Your Policy is Active.
Policy Anniversary	means the annual anniversary of the Cover Commencement Date of Your Policy.
Policy Schedule	means the document We send You that sets out the details of Your Policy including any Special Conditions, and is evidence of Your contract with Us.
Personal Statement	means the document We send You together with Your Policy Schedule that reflects Your application answers and forms part of Your Policy.
Special Conditions	means any Exclusion agreed with You that is specific to You and detailed in Your Policy Schedule under Special Conditions.
Terminal Illness	means any illness or condition where the life expectancy of the Insured Person is less than 24 months, as confirmed by a registered medical practitioner.
We/Our/Us/HCF Life	means HCF Life Insurance Company Pty Ltd (ABN 37 001 831 250, AFSL 236 806).
You/Your	means the Insured Person.

OTHER THINGS YOU NEED TO KNOW

YOUR DUTY TO TAKE REASONABLE CARE

When You apply for HCF Life Protect Insurance, We will ask You some questions about Your health, lifestyle and other factors. Your answers to these questions may result in additional Exclusions to Your Policy or additional premiums You will need to pay.

This insurance cover is provided under a consumer insurance contract. You have a duty to take reasonable care not to make a misrepresentation. If You do not comply with this duty, We may reduce the amount We pay You when You claim, deny Your claim, or cancel Your contract. So it is important that You answer any questions in the application process honestly and correctly, to the best of Your knowledge.

A few tips to answering the questions:

- Take Your time and think carefully about each question before You answer it.
- If You are not sure about a question, ask Us for help by calling Us on **13 13 34**.
- If You are having difficulty due to a disability, understanding English or for any other reason, call Us on **13 13 34**.
- Review Your application carefully along with any other documentation We provide You to assist You in making a decision on this product.

DUTY OF UTMOST GOOD FAITH

This insurance cover is provided under a consumer insurance contract. We and You have a duty of utmost good faith under this contract, which means that We and You must act with honesty, decency and fairness when dealing with each other in relation to Your Policy. If We or You seek to rely on a term of Your Policy and such reliance would be a failure to act with utmost good faith, We or You may not rely on that term.

YOUR COVER IS PROVIDED BY HCF LIFE

Life Protect Insurance is issued by HCF Life Insurance Company Pty Ltd (HCF Life), a subsidiary of The Hospitals Contribution Fund of Australia Ltd (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**

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** 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 call 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**
Email: **info@afca.org.au**
Write: **Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001**

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

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

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 **cali.org.au/life-code**

FINANCIAL SERVICES GUIDE
HCF & HCF LIFE

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 Ltd (HCF Life).

This Financial Services Guide provides information about the financial services provided by HCF and HCF Life in relation to Life Protect 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 their 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 Life Protect Cover We will provide you with a Product Disclosure Statement relating to that product where required. The Product Disclosure Statement will set out the significant features of the product and will assist You to make informed decisions about the product.

SERVICES

HCF's Australian Financial Services Licence (AFSL number 241 414) authorises HCF to provide general advice about, and arrange the issue, variation, and disposal of, both life and general insurance products.

The life insurance products are issued by HCF Life (AFSL number 236 806), who deals in life insurance products. HCF Life also provides general advice on life insurance products and claims handling and settling services.

WHAT IS GENERAL ADVICE?

General advice is a recommendation or opinion about a financial product that is not tailored to Your personal circumstances. This means that general advice won't consider Your personal circumstances such as your income, expenses, assets, liabilities, goals, or risk tolerance.

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

HCF & HCF LIFE

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

Premiums for the life insurance products issued by HCF Life 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 premium less claims and expenses. HCF's staff may also 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 and HCF Life hold 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 and HCF Life but who did at the time of the relevant conduct.

COMPLAINTS PROCESS

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**
Email: **info@afca.org.au**
Write: **Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001**

The Hospitals Contribution Fund of Australia Ltd.
ABN 68 000 026 746 AFSL 241 414
Address: HCF House, 403 George St, Sydney, NSW, 2000
Phone number: 13 13 34

HCF Life Insurance Company Pty Ltd.
ABN 37 001 831 250 AFSL 236 806
Address: HCF House, 403 George St, Sydney, NSW, 2000
Phone number: 13 13 34

FINANCIAL SERVICES GUIDE
TELCO SERVICES AUSTRALIA PTY LTD

You may have purchased a product via our corporate representative, Telco Services Australia Pty Ltd (TSA). If this is the case, the following Financial Service Guide applies.

Telco Services Australia Pty Ltd (TSA) is a Corporate Authorised Representative of The Hospitals Contribution Fund of Australia Ltd (HCF), which is authorised to provide general advice about, and arrange the issue, vary, and dispose of, life insurance products. The life insurance products are issued by HCF Life Insurance Company Pty Ltd (HCF Life).

This Financial Services Guide is about the financial services provided by TSA in relation to HCF Life products and is designed to assist you in deciding whether to use any of these services.

It contains information about remuneration paid to TSA and its staff and other relevant persons for the services offered and how complaints against TSA in relation to these services are dealt with.

If TSA offers or arranges to issue you an HCF Life product, we will provide you with a Product Disclosure Statement relating to that product where required. The Product Disclosure Statement will set out the significant features of the product and will assist you to make informed decisions about the product.

SERVICES

TSA provides general advice about, and arranges the issue, variation, and disposal of, life insurance products by HCF Life to HCF members. General advice does not take account of individual objectives, financial situation or needs. You should, before acting on any general advice, consider the appropriateness of the advice, having regard to Your objectives, financial situation or needs. Please read the relevant Product Disclosure Statement before deciding to purchase any product.

TELCO SERVICES AUSTRALIA PTY LTD (TSA)

TSA is a Corporate Authorised Representative (AFS Representative Number 001239613) of HCF (AFSL number 241 414). When we provide you with general advice about, or arrange to issue, vary or dispose of, a policy, we do so as a Corporate Authorised Representative of HCF.

Premiums for the life insurance products issued by HCF Life are paid to HCF Life. HCF receives commission from HCF Life for the sale of life insurance products plus an additional commission of HCF Life's underwriting profit each year calculated as premium less claims and expenses. TSA receives a fixed hourly rate for provision of staff to provide general advice about, and arrange the issue, variation, and disposal of, life insurance products issued by HCF Life. For more information on this, contact HCF on **13 13 34**.

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

HCF holds professional indemnity insurance, for the benefit of TSA, 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.

COMPLAINTS PROCESS

Should you have a complaint about any of the services we offer in this Financial Services Guide please contact us on **13 13 34**. If we have not resolved your request, 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**
Email: **info@afca.org.au**
Write: **Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001**

Telco Services Australia Pty Ltd
ABN 31106 527 422
AFS Representative Number 001239613
31 Troode St, West Perth, WA 6005
Phone number: 13 13 34

The Hospitals Contribution Fund of Australia Ltd.
ABN 68 000 026 746 AFSL 241 414
HCF Life Insurance Company Pty Ltd.
ABN 37 001 831 250 AFSL 236 806
HCF House, 403 George St, Sydney, NSW, 2000
Phone number: 1800 560 855

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 getting in touch with our team via **live chat** 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**
- Visit your local branch.

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

RECOVER COVER THAT'S UNCOMMON CARE APPLY TODAY

APPLYING FOR LIFE PROTECT INSURANCE 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–1PM AEST/AEDT

hcf.com.au/recover-cover

Visit a branch

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

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

HCF House: 403 George Street, Sydney NSW 2000
Postal Address: GPO Box 4445, Sydney NSW 2001