

Combined Product Disclosure Statement, Financial Services Guide and Policy Document

Important information about

■ nib Funeral Plan

Issue date: 24 December 2015

Need help?

Call us on: **1800 633 170**

Go to: nib.com.au/funeralplan

nib health care services pty ltd ABN 91 003 037 625 is an authorised representative (AR Number 321683) of TAL Direct Pty Limited ABN 39 084 666 017 AFSL 243260, which promotes this product. This product is issued by TAL Life Limited ABN 70 050 109 450 AFSL 237848.

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About this document

This combined Product Disclosure Statement and Policy Document (PDS) and Financial Services Guide (FSG) is designed to help you decide whether to buy nib Funeral Plan. The information in this document is general information only and does not take into account your individual objectives or financial situation. You should consider how appropriate this insurance is with regard to your objectives, financial situation and needs before making a decision whether to acquire this product.

If you take out a Policy we will send you a Policy Schedule. Please keep a copy of this document in a safe place together with your application and Policy Schedule, as they form the contract between the Policy Owner and TAL Life Limited (ABN 70 050 109 450, AFSL 237848) of Level 16, 363 George Street, Sydney NSW 2000. This document sets out all of the terms and conditions for the Policy, while the Policy Schedule sets out your Policy details and any extra terms and conditions that apply to you. Please read the PDS and the Policy Schedule carefully to understand how your Policy works and to make sure your details in the Policy Schedule are correct. You will need these documents if you make a claim.

About the issuer

TAL Life Limited (TAL) is the issuer of the funeral insurance Benefits outlined in this document. TAL is responsible for the entirety of this document and the claims assessment and payments, ongoing administration and operation of this product. Neither nib, nor any of its employees, agents or other representatives, guarantee or accept liability or are otherwise responsible for these products. These products are not savings plans and have no cash value. If you cancel after the cooling-off period you will not receive any money back.

About the distributor

nib health care services pty ltd (ABN 91 003 037 625, Authorised Representative Number 321683) of 22 Honeysuckle Drive, Newcastle NSW 2300 has been appointed as an Authorised Representative by TAL Direct Pty Limited (ABN 39 084 666 017, AFSL 243260) to promote these products. TAL Direct Pty Limited deals in and provides general advice for these products, and is the licensee responsible for the FSG and services provided.

Changes to this document

Information in this document may change from time to time. If they are not materially to your disadvantage, We may make changes by changing the PDS or FSG and publishing an updated version at **nib.com.au**. You can also ask for a free printed copy of the updated information by contacting our Customer Service Centre on **1800 633 170**.

Reading this document

The information in this document is current at the date of issue. In this document, 'you' and 'your' refers to the Policy Owner or Life Insured as applicable, and 'nib' refers to nib health care services pty ltd. In the PDS section of this document, 'TAL', 'we', 'us' or 'our' refers to TAL Life Limited, TAL Direct Pty Limited as applicable.

Definitions

Some words in this document have a specifically defined meaning. To help you read this document, we have capitalised many of the important terms and have defined them in the Glossary on page 19.

Contents

1. Why choose a Funeral Plan with nib?	4
2. Benefit terms and conditions	8
3. How to make a claim	10
4. Other things you need to know	11
5. Glossary	19
6. Financial Services Guide	22
How to contact us	25

1. Why choose a Funeral Plan with nib?

None of us knows what's around the next corner. That's why it's important to be prepared.

If you were to pass away, it would be a difficult time for your loved ones. And the last thing you'd want is to leave them financially unprepared. After all, even a basic funeral can cost thousands of dollars — not to mention all the other expenses that could crop up while your family is grieving.

A Funeral Plan from nib can help you protect the financial security of your loved ones, with a lump sum paid swiftly to your family if you die. They can use the money to help pay for funeral costs, or other unexpected expenses you leave behind, helping ensure they won't be left with extra bills to pay.

A lump sum payment for your loved ones

Pays up to
\$15,000
if you pass away

Usually within
24 hours
after a completed claim is made

So your family can

-  Pay the cost of your funeral
-  Keep up with the bills
-  Cover general expenses

To help them

- Ease financial stress at a difficult time
- Celebrate your memory with the funeral you would want

How it works

How much is it worth?	You can choose the level of Cover that suits your needs and budget up to \$15,000.
Who can apply?	All Australian Residents aged 17 to 80 – acceptance is guaranteed.
How long will my family have to wait if they make a claim?	Usually no more than 24 hours after they submit a completed claim form and supporting information.
What can they spend the money on?	Anything they need to – from funeral costs and living expenses to bills and debts.
Are there any exclusions?	There are some instances where we won't pay a Benefit. We strongly advise that you read and understand the Benefit terms and conditions on pages 8 and 9.
Can I cover my whole family?	Yes. You can choose a Family Plan that insures you, your partner and all financially dependent children. When your children turn 18, you can add them to your Policy as additional adults. In addition to you, your partner and your financially dependent children, you can cover additional adults, with a 10% discount on their premium. If you only want to insure yourself, you can choose the Single Plan.
Does it take long to get covered?	Just a few minutes, online or over the phone.
Will I need a medical check-up?	You won't need any health checks or blood tests to get covered.
How do I get started?	Visit nib.com.au or call 1800 633 170 .

Your Premium

Your Premium is calculated based on your age at the time you apply, as well as:

- the amount of Cover you choose
- who is covered by your Policy, and how old they are when the Policy starts or your Cover increases
- the Accidental Death Period you choose (see below)
- the frequency of your Premium payments.

If any of these factors change, so may the cost of your Premium. For example, if an insured child on a Family Plan turns 18, the Premium cost will increase and once an insured adult turns 90, their Cover continues for free.

Otherwise, your Premium will remain level, and won't go up just because you get older. However, if you choose the Inflation Protection Option that increases your Benefit each year, your Premium will also increase.

Pay annually and save

If you pay your Premiums annually, we'll give one month's Cover free every year.

Accidental Death Period

The Accidental Death Period is the period of time you choose, during which you'll only be covered for Accidental Death - that is, a death caused by violent, accidental, external and visible means.

If a Life Insured dies of any cause other than Accidental Death during the Accidental Death Period:

- the Cover amount of that Life Insured won't be payable; and
- 100% of the Premiums paid for that Life Insured will be refunded.

After the Accidental Death Period, you're covered for any cause of death, with no exceptions.

You can choose an Accidental Death Period of 12 or 24 months. Your Premium will cost a little less if you choose a 24-month Accidental Death Period.

A new 12-month or 24-month Accidental Death Period applies to any new person you add to your Policy. It also applies to any increase in Cover you request, but not your existing Cover.

Double Cover paid for Accidental Deaths

An Accidental Death can be extremely traumatic for those left behind. If at any time anyone covered by the nib Funeral Plan dies as a result of Accidental Death, we will pay out double the Benefit Amount payable in respect of that person.

Who gets the payout?

If you are the Policy Owner and the only person insured under this Policy, you can nominate who will receive the payout if you die. We will pay the Benefit to your Nominated Beneficiary.

If you don't nominate a beneficiary, or if you do not have a Family Plan, we'll pay the Benefit to the Policy Owner or your estate.

2. Benefit terms and conditions

How the Cover works

This section explains the Policy Benefits and when they are payable.

1. Death Benefit

1.1 If a Life Insured dies as a result of an Accidental Death, on proof satisfactory to TAL, we will pay double the Benefit Amount in respect of that Life Insured.

1.2 If, within the Accidental Death Period, a Life Insured dies for a reason other than Accidental Death, on proof satisfactory to TAL, the Benefit Amount will not be paid. However, we will pay an amount equal to all Premiums paid to the date of death in respect of that Life Insured.

1.3 If, after the Accidental Death Period, a Life Insured dies for any reason other than Accidental Death, on proof satisfactory to TAL, we will pay the Benefit Amount in respect of that Life Insured.

2. Inflation Protection and other increases

2.1 If the Policy Schedule shows that inflation protection has been selected, we will index the Benefit Amount that applies to each Life Insured by 5% or the Indexation Factor, whichever is greater, on each Policy Anniversary.

Corresponding increases in Premiums will then apply, based on the Premium rates that apply at that time. If you do not wish to have your Benefit Amount increased in line with inflation, you must write to us within 30 days of receiving your annual Policy Anniversary letter.

2.2 You may increase the Benefit Amount in respect of a Life Insured to a maximum amount of \$15,000, plus any inflation protection increases that are applied. Corresponding increases in Premiums will then apply, based on the Premium rates that apply at that time. Any increase to the Benefit Amount (except inflation protection increases) will not be payable under item 1.3 unless it has been in place for the Accidental Death Period, from the date the increase in the Benefit Amount is confirmed in writing by TAL.

2.3 If inflation protection applies, it will automatically cease and no further increases will be allowed when the Life Insured reaches 80.

3. Nominated Benefit Recipient

3.1 If you are the sole Life Insured and Policy Owner under this Policy, you can nominate one or more people to receive the Benefits payable under this Policy. They are called the Nominated Benefit Recipients. Nominated Benefit Recipients can be a Life Insured or a third party. If there are one or more Nominated Benefit Recipients under this Policy:

a. this will be indicated on your Policy Schedule; and

b. they will receive the proceeds of this Policy in the proportions indicated on your Policy Schedule while they are still a Nominated Benefit Recipient if a claim is paid by us.

If no nomination has been made, the proceeds will be paid in accordance with the Life Insurance Act 1995 (Cth).

3.2 Any nomination is binding on us. However, you may revoke or change a nomination at any time. Any nomination, revocation or change in the details of a Nominated Benefit Recipient has no effect unless we have issued a written confirmation to you.

4. Minimum and maximum Benefit per Life Insured

4.1 For ages 17-44, minimum Cover of \$5,000 applies. For ages 45-80, there is no minimum Cover but minimum premium of \$12.78 per month applies.

4.2 The maximum Benefit that can be paid per Life Insured under all TAL Funeral Plan products having similar Benefits and conditions is \$15,000 plus any inflation protection increases, applied in accordance with item 2.1, except as adjusted through item 1.1.

5. Children turning 18

5.1 Subject to item 5.2, all insurance Cover under this Policy will cease for any children accepted by nib as a Life Insured as part of a Nominated Family, when that child turns 18.

5.2 You may apply to continue Cover for any child turning 18 by adding them to your Policy as an additional adult. The Accidental Death Period will be reduced or waived by the amount of time that the child has already completed as a Life Insured on your Policy.

Exclusions

If within the Accidental Death Period a Life Insured dies for a reason other than Accidental Death, then the Benefit Amount will not be paid, however we will pay an amount equal to all Premiums paid to the date of death in respect of that Life Insured.

If your age (or the age of any insured person on your Policy) was understated on your Policy application, we'll reduce any claim we pay by the amount that should have been paid in Premiums. On the other hand, if your age was overstated when you applied, we'll refund any extra Premiums paid.

When your Cover starts and ends

When you buy a Policy, we'll send you a Policy Schedule showing the date your Cover starts. The Cover for each Life Insured will then continue until either:

- we receive your written request to cancel the Policy
- the Policy lapses because you fail to pay a Premium
- the Life Insured dies.

3. How to make a claim

nib Funeral Plan is designed to help take the financial difficulty out of what can be a very stressful time for your loved ones. That's why we've kept the process as straightforward as possible.

Here's what's involved in making a claim:

Step 1	Your Nominated Benefit Recipient will need to contact us as soon as possible on 1800 633 170. We'll send the claim form to your Nominated Benefit Recipients.
Step 2	Your family or legal representative must complete and send us the claim form, along with any further information we need to assess your claim. Generally, we'll need: <ul style="list-style-type: none">• written notice of the claim• a completed claim form• a certified copy of the insured person's proof-of-age documentation• satisfactory proof of the claim. Your family or legal representative must meet any costs associated with completing the claim form and providing it and any supporting documents to us.
Step 3	Once you've gathered all the information, simply send it to us at: nib PO Box 72 Carlton South, VIC 3053 We'll then assess the claim and, if it's approved, pay your Nominated Benefit Recipient or estate as soon as possible. In some cases we may need extra information. If this is the case, we'll let your family member or legal representative know.

Other terms and conditions

For other terms and conditions that apply to your nib Funeral Plan Policy, see 'Other things you need to know', on page 11.

4. Other things you need to know



nib Premium Protection Benefit — exclusive to nib customers

With nib Funeral Plan you'll automatically receive nib Premium Protection, an exclusive advantage for nib customers. This means we'll reimburse your nib health cover Premiums and waive your Premiums for the nib Funeral Plan for up to six months (to a maximum of \$750) if the Life Insured is Seriously Incapacitated due to an Accidental Injury (see the Glossary on page 19-21). If there is more than one insured person on the Policy, the Benefit applies to the proportion of the nib health cover and/or nib Funeral Plan Premium that applies to the injured Life Insured.

When the nib Premium Protection Benefit applies

The nib Premium Protection Benefit is:

- payable for periods of continuous Serious Incapacity that last longer than 30 days immediately following an Accidental Injury
- valued at your monthly Premium cost at the date of the injury for a period of up to six months or \$750, whichever is less
- payable by us monthly in arrears
- only payable if your Policy is in force and your Premium payments are up to date
- not payable once you are no longer Seriously Incapacitated
- only payable if you are under the care of, and following the advice of, a registered Medical Practitioner, who must provide ongoing certification to us of your continued inability to perform two or more daily living activities (see the Serious Incapacity definition on page 21), as a direct result of the Accidental Injury.

Exclusions — nib Premium Protection Benefit

The nib Premium Protection Benefit does not apply if you are incapacitated or injured from:

- an Accidental Injury that happened before we agreed to insure you
- any intentionally self-inflicted act
- participating in any criminal or unlawful activity
- being under the influence of alcohol or any drug not prescribed by a Medical Practitioner
- participating in any form of aviation other than as a fare-paying passenger on a commercial airline

- participating in any activity at a height 20 metres or more above ground or at a depth of 30 metres or more below ground or underwater, or at a speed exceeding 130 kilometres per hour
- willingly and knowingly exposing yourself to risk of injury for gain, reward or regular payment.

Your Policy

Your Policy sets out your insurance Benefits based on your application and the declaration made by you and each insured person. It is made up of:

- this document, which contains the terms and conditions of your Policy and explains how the Benefits work; and
- the Policy Schedule, which sets out the details of each person insured by the Policy, the Benefit Amount, the total amount payable as your first Premium and the premium payment frequency.

Special conditions and exclusions

Your Policy Schedule will state any special conditions or exclusions that apply to your Policy. It's important that you read and understand all the details in your Policy Schedule.

Changes to your Policy

We can only change the Policy in writing. No other person or company, including an agent of TAL, has the right to change any part of the Policy.

Legal interpretation

The Policy is subject to, and governed by, the laws of the state or territory in which it is registered.

Headings are only for convenience. Apart from the definitions in the glossary, headings do not affect the interpretation of the words of the Policy.

30-day cooling-off period

Be sure to carefully check all of the terms and conditions of the Policy to make sure it meets your needs. Once you apply and we send you your Policy Schedule, please check that all details are correct.

If for any reason you change your mind about the Policy, you can cancel it within 30 days of receiving your Policy Schedule by returning that Policy Schedule to us, along with a written request to cancel it. We'll give you a full refund for any Premiums you've paid, unless a Benefit has already been paid out under the Policy.

Insuring more than one person

If more than one person is Covered by your Policy, references to 'you' or 'your' mean each individual insured person.

If you wish to add someone else to your Policy and we accept your request, a new Policy Schedule will be sent to you listing each person Covered by the Policy. The 30-day cooling off period only applies once, when you first receive your Policy Schedule. No further cooling-off periods apply if you add anyone else to your Policy.

24-hour worldwide Cover

Your Policy gives you worldwide insurance Cover, 24 hours a day, 7 days a week. This is subject to any other exclusions or conditions of the Policy.

Statutory fund

The assets of TAL's Statutory Fund Number 1 will be liable for the payment of all Benefits under this policy. You have no rights in the assets of TAL, or any TAL statutory fund.

Cash value

This Policy is not an investment policy. We use the Premium you pay to provide insurance for each person Covered under your Policy. You do not receive any money if you simply terminate the Policy after the 30-day cooling off period.

Government duties

We reserve the right to charge you for any government duties, taxes or other charges that relate to your Policy, Premium or Benefits. We also reserve the right to increase the cost of your Premium if our costs increase due to any such duties, taxes or charges.

Currency

All payments in connection with your Policy must be made in Australian dollars.

How much Premium will you need to pay?

Your Policy Schedule explains the cost and frequency of your Premium payments. This cost will include any compulsory government charges (such as stamp duty) where they apply, as well as any other additional charges you may have to pay.

Premiums can be paid fortnightly, monthly, or annually on the day of the week of your choice by either:

- direct debit from a bank account, or
- credit card (MasterCard or Visa).

The cost of your Premium may change from year to year if you make any change to the:

- Benefit amount (including changes from indexation increases).
- Premium payments from annual to monthly or fortnightly (in which case the annual discount will no longer apply).

When do you need to pay your Premium?

You must pay your Premium by the due date shown in your Policy Schedule. If you pay by direct debit, we'll deduct your Premium from the account you have authorised us to debit. The deduction will be made on or around the due date, depending on weekends and public holidays.

You can let us know if you want to change the frequency of your Premium payments at any time.

What happens if you don't pay your Premium?

If the unpaid Premium is your first Premium payment: The Policy will not operate at all if you don't pay your Premium by the due date or, in the case of direct debit, if we are unable to deduct the Premium from your account.

For your second and later Premium payments: We'll allow you 30 days from the due date to make a payment. If we haven't received the payment by then, we'll send you a notice explaining that we will cancel your policy if the overdue Premium is not paid by the date specified. This date will be at least 28 days from the date of the notice.

If you don't pay the Premium by the date specified, we'll cancel the policy and your insurance cover will cease.

What happens if your Policy is cancelled?

No Benefits will be paid if your Policy is cancelled. However, if a Benefit is payable after the date the Premium is due but before we cancel the Policy, we'll pay the Benefit in accordance with the Policy terms after deducting any outstanding Premiums.

If your Policy is cancelled, you may apply to have it reinstated at any time within three months after the due date of the unpaid Premium. If you do this, we may require updated information about each person covered by the Policy. We can refuse to reinstate the Policy or we may offer to reinstate it on special terms.

Tax

You should seek specialist, independent advice about the tax consequences of taking out this product. In general, Premiums paid for nib Funeral Plan are not tax deductible, and any Benefit received is tax free.

This general information is based on current tax laws, their continuation and their interpretation. We reserve the right to make changes to the Policy and premium rates in response to any taxation or other legal changes.

Risks

There are risks involved with taking out insurance that you should be aware of. For example:

- You may not select the right insurance product and Cover level for your needs.
- It is possible to pay more in Premiums than your Cover amount.
- If you are replacing another insurance contract, different terms and conditions may apply. You should consider the terms and conditions of each contract before deciding to make the change.
- This product does not have a savings or investment component, which means that if you cancel your Policy after the 30-day cooling-off period, you won't receive any money back.

You should consider if the Policy meets your needs, both now and in the future. You may need a financial adviser to help you decide if this product matches your objectives, financial situation and needs.

Privacy

Personal and sensitive information is collected from you or about you to enable TAL and nib to provide our insurance products or services to you. Further information may be requested from you at a later time, such as if you want to make alterations to your insurance Policy or at claim time when we may need to collect financial and health information about you to process the claim.

We rely on the accuracy of the information you provide. If you think that we hold information about you that is incorrect, please let us know using the communication methods below. The way in which we collect, use and disclose your personal information is set out in our respective privacy policies which are available on request or at:

www.tal.com.au

www.nib.com.au

The privacy policies contain details about the following:

- the kinds of personal information that may be collected and held;
- how that personal information may be collected and held;
- the purposes for which that personal information may be collected, held and used;
- circumstances in which that personal information may be disclosed;
- how customers may access personal information about them which is held and how they can correct that information; and
- how complaints will be dealt with that customers may have regarding privacy issues.

If you do not supply the required information to us we may not be able to provide our products and services to you or pay your claim. In processing and administering your insurance (including at the time of claim) your personal information may be disclosed to TAL and nib and any relevant bodies corporate including the following third parties, where necessary: your employer, general practitioners or health professionals to verify any health information you may provide, your (or your employer's if relevant) financial advisor, other related entities or partner organisations including companies based overseas, organisations to whom we outsource our mailing, administration and information technology, Government and regulatory agencies if required or if authorised to do so, or any person acting on your behalf such as a lawyer or accountant.

Contacting us about privacy matters or complaints

If you have any questions regarding privacy related matters, about how we manage your information or a complaint relating to privacy please contact us.

If you're unhappy with any aspect of our Policy or our service, we'd like to hear from you. We'll do our best to answer your questions and fix any problems you may have.

To contact us about a complaint:



Phone us on **1800 633 170**



email **nibinsurance@nib.com.au**



write to:

Complaints Manager

nib

PO Box 72

Carlton South, VIC 3053

We rely on the accuracy of the information you provide. If you think that we hold information about you that is incorrect, please let us know using the communication methods above.

If you're not satisfied with the response, you may then contact the Financial Ombudsman Service (FOS) which is an independent complaints resolution body on **1800 367 287** or by writing to:

Financial Ombudsman Service

GPO Box 3

Melbourne VIC 3001

The service provided by FOS is free. Different terms of reference are applied by FOS depending on whether your complaint relates to a life insurance product or a general insurance product. Please refer to FOS for details. For more information about this service, visit fos.org.au

Additional information about Privacy issues

The website of the Privacy Commissioner which is available at <http://www.oaic.gov.au/> is a useful source of additional information about both the privacy rights of individuals and the privacy laws imposed on organisations such as ours. This website also contains sensible steps that individuals can take to protect their information when dealing with organisations and when using modern technology. We take no responsibility for the contents of this Government run website.

Direct marketing and opt out

Personal information is shared between the organisations which provide these insurance products. From time to time we may use your personal information for the purpose of marketing our products and services, together with the products and services of third parties that we think may be of interest to you. We may do this via written communication, electronic means or by telephone. If you do not want us to use or disclose your personal information for these marketing purposes, or if you don't want to receive marketing communications or prefer to receive calls at certain times or days, please contact us by calling 1800 633 170 or write to nib, Reply Paid 72, Carlton South, Vic 3053 (no postage required).

Disclosure of information

Generally we do not use or disclose any customer information for a purpose other than providing our products and services unless:

- our customer consents to the use or disclosure of the customer information; or
- the use or disclosure is required or authorised under an Australian law or a court/tribunal order; or
- the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body e.g. the police.

Contact from us

From time to time we may contact you by telephone about your Policy. If you do not want to receive calls from us at all, or would prefer to receive calls at certain times or days, please contact us by calling 1800 633 170 or write to nib Reply Paid 72 Carlton South, VIC 3053.

5. Glossary

Accidental Death	A death that is caused by violent, accidental, external and visible means, but only if it happens after your Policy's start date. It does not include a death caused by illness or sickness.
Accidental Death Period	The period that a person insured under your Policy is Covered for Accidental Death only. This period begins on your Policy's start date, or from the date of any requested increase to the Benefit amount (not including indexation) in relation to the increased amount and ceases either 12 or 24 months (depending on your selection) after it begins. The Accidental Death Period that applies to each insured person is stated in your Policy Schedule.
Accidental Injury	An injury caused by an unforeseeable, violent and sudden event that results in visible physical injury and Serious Incapacity, and is independent of any other cause, as confirmed by a registered Medical Practitioner.
Australian Resident	An Australian or New Zealand citizen or Australian permanent resident, currently residing in Australia who has received the PDS in Australia.
Benefit / Benefit Amount	The amount payable on the death of an insured person under item 1 on page 8, subject to any indexation or increases under item 2. The Benefit Amount that applies when your Policy starts is shown in the Policy Schedule.
Cover	The Cover you have nominated and which we have accepted in writing. The Cover we have accepted will be shown on your Policy Schedule.
Immediate Family Member	A spouse, partner (including a same-sex partner), de facto partner, child, parent and/or sibling of the Policy Owner or a person insured under the Policy.
Indexation Factor	The percentage increase in the Consumer Price Index (weighted average of eight capital cities combined) as last published by the Australian Bureau of Statistics or its successors in respect of the 12-month period ending 30 September each year. If this is not available by 15 November in any year, the percentage increase will be calculated by reference to another price index as TAL determines.
Life Insured/ Lives Insured	A person or persons that TAL has agreed in writing to insure under this Policy. The person or persons initially accepted to be insured under this Policy are shown in the Policy Schedule.

Medical Practitioner	A person who is registered as a Medical Practitioner in Australia, other than: <ul style="list-style-type: none"> • you or another Life Insured • a business partner of you or another Life Insured • an Immediate Family Member of you or another Life Insured. <p>If the Medical Practitioner is practising outside Australia, they must have qualifications equivalent to Australian standards and be approved by us.</p> <p>Note: Chiropractors, physiotherapists and alternative therapy providers are not considered Medical Practitioners unless they are also registered to practise medicine in Australia.</p>
Nominated Benefit Recipient	The person you nominate to receive the Benefit payments under section 48A of the Insurance Contracts Act 1984 and in accordance with item 3 on page 8.
Nominated Family	A family whose members TAL has accepted to be insured under this Policy. The family members of the Nominated Family that TAL has accepted as Lives Insured are shown in the Policy Schedule.
Policy	The legal contract between the Policy Owner and us. This document, the application, the personal statements, the Policy Schedule and any special conditions or endorsements make up the Policy.
Policy Anniversary	Each anniversary of the Policy Start Date.
Policy Owner	The person shown in the Policy Schedule as the person to whom the Policy has been issued.
Policy Schedule	The document we will provide to you that contains details of each person insured under this Policy.
Policy Start Date	The date the Policy starts. If a Life Insured is not Covered under this Policy at that date, the start date for that person is the date we confirm in writing that they are Covered under the Policy.
Premium	The cost you pay to be covered by the policy.

Serious Incapacity, Seriously Incapacitated	Where a Life Insured is, solely and directly as a result of an Accidental Injury, unable to perform at least two of the following daily living activities without the physical assistance of another person for longer than 30 consecutive days: <ul style="list-style-type: none"> • bathing — the ability to shower and bathe • dressing — the ability to put on and take off clothing • toileting — the ability to get on and off, and use, the toilet • mobility — the ability to get in and out of bed and a chair • feeding — the ability to get food from a plate into the mouth.
We, Us, Our, TAL	TAL Life Limited, ABN 70 050 109 450.
You, Your	See <i>Policy Owner</i> .

6. Financial Services Guide

This Financial Services Guide (FSG) is provided by TAL Direct Pty Limited ABN 39 084 666 017 (“TAL Direct”). TAL Direct holds an Australian Financial Services Licence 243260 and is related to the insurer TAL Life Limited ABN 70 050 109 450 (“TAL Life”). TAL Direct and TAL Life are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (“TAL”). TAL Direct is responsible for the content of this FSG and has authorised its distribution. For the purpose of this FSG references to we, us and our mean TAL Direct.

Our services

TAL Direct is authorised under its Australian Financial Services Licence to:

- Provide financial product advice about life risk and superannuation products to retail clients;
- Provide general advice only in relation to general insurance products to retail clients;
- Deal in life and general insurance products to retail clients; and
- Arrange superannuation products to retail clients.

nib health care services pty ltd (nib) has been appointed as an authorised representative of TAL (Authorised Representative Number 321683), and has been authorised to provide the general advice that appears in its advertising and marketing material.

Our representatives

A number of trained representatives have been appointed by the licensee from TAL to provide a financial service over the telephone. When you are referred by nib and speak to a representative, that person represents TAL Direct. TAL Direct representatives are only authorised to provide general advice and deal in life risk and general insurance products.

When our representatives provide financial product advice, arrange for the insurer to issue policies or renew policies they are acting for TAL Direct. TAL Direct is also authorised to issue and administer policies and pay claims on behalf of certain insurers under an arrangement called a “binder”. These insurers are; for life cover, TAL Life Limited and for Involuntary Unemployment Cover, St Andrew’s Insurance (Australia) Pty Ltd, ABN 89 075 044 656 AFSL 239649 (St Andrew’s). When TAL Direct does this we will tell you and, in these circumstances, TAL Direct is also acting for the insurer.

The insurer's registered address is:

TAL Life Limited
Level 16, 363 George Street,
Sydney NSW 2000

TAL Direct's address is:

Level 16, 363 George Street
Sydney NSW 2000

St Andrew's address is:

Level 6, 100 Skyring Terrace,
Newstead QLD 4006

The PDS is prepared by TAL Life and is designed to give you important information on the features, Benefits and risks of the Policy to help you make an informed decision about whether to buy it or not.

You can read the PDS prior to receiving a call from a TAL Direct representative or, if you like, you can ask the representative to read it to you.

General advice warning

It is important that you are aware any advice you receive is general advice only (not personal advice) and has been provided without taking into account your objectives, financial situation or needs. Before acting on the advice, you should consider this document carefully before deciding whether or not to acquire a product.

Remuneration

When you buy a nib Funeral Policy, the Premium is paid to the insurer. nib employees who provide you with information about nib life insurance policies over the telephone are paid an annual salary, including bonuses based on performance criteria. When you speak to a nib staff member they may also receive incentives or prizes for referring customers to TAL. nib may also receive a one off referral fee from TAL for referring you to TAL Direct.

Whenever you acquire an nib Funeral Plan product, nib receives a commission from TAL of up to 25% of each Premium you pay (inclusive of all government taxes and charges). When a financial service is provided by a TAL representative that representative is paid an annual salary, including bonuses based on performance criteria. If we provide you with a financial service you are entitled to request details of this remuneration, and may do so by contacting us on the number specified in this FSG.

Please note that these costs and commissions are not additional charges to you. In addition to paying referral fees, TAL may from time to time give other non-cash benefits to referral partners.

Professional indemnity insurance

TAL retains professional indemnity (PI) insurance to Cover the activities of all licensees within TAL, including TAL Direct. This Cover:

- is maintained in accordance with the law
- is subject to terms and conditions
- provides indemnity up to the sum insured for the activities of the representatives of TAL Direct in respect of the financial services authorised under TAL Direct's Australian Financial Services Licence.

Dispute resolution process

TAL Direct offers a dispute resolution service for any concerns you may have about your nib Funeral Policy, our services or your privacy. In the first instance, we hope that our representatives can resolve your concerns. Please call us on **1800 633 170**, email nibinsurance@nib.com.au or write to:

Complaints Manager
Reply Paid 72
Carlton South, VIC 3053

If you are not satisfied with our response, you may then contact the Financial Ombudsman Service (FOS). You can write to FOS at GPO Box 3, Melbourne VIC 3001 or call them on 1800 367 287. For more information go to www.fos.org.au.

This is a free service.

Important Information

Neither nib nor any of its employees, agents or other representatives guarantee, accept liability or are otherwise responsible for nib life insurance or general insurance products or guarantee or accept any liability or responsibility for the performance or acts or omissions of TAL, TAL Direct or the insurers.

How to contact us

TAL Direct Pty Ltd
PO Box 72
Carlton South, VIC 3053



1800 633 170



nib.com.au/funeralplan



email us: nibinsurance@nib.com.au

Promoter

nib health care services pty ltd
22 Honeysuckle Drive, Newcastle NSW 2300
Authorised Representative Number 321683

Distributor

TAL Direct Pty Limited
Level 16, 363 George Street, Sydney NSW 2000

Issuer

TAL Life Limited
Level 16, 363 George Street, Sydney NSW 2000

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