

Product Disclosure Statement

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Woolworths



Funeral Insurance





Welcome to Woolworths Funeral Insurance

Target Market Determination

The Target Market Determination (TMD) is provided by Swiss Re and is designed to help you decide if the cover provided is right for you, the conditions under which cover can be sold, and the events or circumstances under which the TMD may be reviewed and updated. The TMD for Woolworths Funeral Insurance is available at woolworths.com.au/insurance or you can request a free paper copy by contacting us on 1300 10 1234 Monday to Friday, between 8:00am to 8:00pm (AEST).

Explaining this document

This Product Disclosure Statement (PDS) is provided by the insurer Swiss Re and describes the main features and benefits and sets out the terms and conditions of Woolworths Funeral Insurance.

Woolworths is not responsible for this PDS.

Information contained in the PDS may be updated or changed. Any changes or updates that are not materially adverse to you will be available on the Woolworths Insurance website at woolworths.com.au/insurance or you can request a free paper copy by contacting us on 1300 10 1234 Monday to Friday, between 8:00am to 8:00pm (AEST).

Woolworths Funeral Insurance is issued by Swiss Re Life & Health Australia Limited, (**Swiss Re**) ABN 74 000 218 306; Australian Financial Services Licence No. (AFSL) 324908, Level 36, Tower Two, International Towers Sydney, 200 Barangaroo Avenue, Sydney, NSW 2000.

Swiss Re has arrangements with a number of entities for the distribution of Woolworths Funeral Insurance, please refer to the accompanying FSG for the relevant details. Woolworths Funeral Insurance is promoted by Woolworths Group Limited (**Woolworths**) ABN 88 000 014 675, Authorised Representative No. 245476, of 1 Woolworths Way, Bella Vista NSW 2153 in their capacity as an authorised representative of Greenstone Financial Services Pty Ltd (**GFS**), ABN 53 128 692 884, AFSL 343079, of 50 Norwest Boulevard, Norwest NSW 2153.

This Product Disclosure Statement (PDS) is issued by Swiss Re. Swiss Re's obligations do not represent liabilities of GFS or Woolworths. Woolworths does not stand behind Swiss Re nor does it issue the insurance, guarantee or underwrite any of the benefits under the cover, nor is it otherwise responsible for the payment of any claims. Insurance premiums are received and claims are paid from Swiss Re's Statutory Fund No. 1.

Woolworths has given its written consent to all statements by it or said by it in the form and context in which they are included and have not withdrawn this consent as at the date of this PDS. The statements appear throughout this PDS.

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Product Disclosure Statement (PDS)

Explaining this PDS

This Product Disclosure Statement (PDS) is designed to help you decide if the cover provided is right for you.

Any advice given in the PDS is general only and does not take into account your individual objectives, financial situation or needs. You should consider whether this product is right for you, having regard to your objectives, financial situation and needs. You should carefully read this PDS, the TMD and any other documentation sent to you before making a decision to acquire, vary or dispose of Woolworths Funeral Insurance.

Woolworths Funeral Insurance is issued by the insurer, Swiss Re Life & Health Australia Limited (**Swiss Re**).

Swiss Re has sole responsibility for the PDS and Policy Schedule and the assessment and payment of claims.

In the PDS, some words or expressions have a special meaning. They normally begin with capital letters and their meaning is explained in the **Glossary** (page 18) of this PDS.

Also in this PDS, references to 'you', 'your' and 'yours' means the person who is the Policyowner, Life Insured, Partner Life Insured or Primary Life Insured, as the context requires. 'We', 'us' and 'our' means Swiss Re.

Introducing Woolworths Funeral Insurance

Woolworths Funeral Insurance provides cover 24 hours a day, 7 days a week, worldwide.

Woolworths Funeral Insurance pays a lump sum benefit in the event of the death or Accidental Serious Injury of a Life Insured in the circumstances explained in this PDS. The benefits and the terms and conditions of Woolworths Funeral Insurance are explained in this PDS.

Woolworths Funeral Insurance includes a guarantee that:

- your Woolworths Funeral Insurance premiums will never increase, unless you choose to change your cover; and
- we will reduce your Woolworths Funeral Insurance premiums by 5% after every continuous 5 years your Policy is in force; and
- the benefit we pay on a Life Insured's death or diagnosis of a Terminal Illness will never be less than the total premiums paid for that Life Insured. This means that we will pay the higher of the Benefit Amount (or Accidental Death Benefit Amount, if applicable) or the total premiums paid for that Life Insured, if the Insurance Policy is in force when that Life Insured dies or is diagnosed with a Terminal Illness, except where no benefit is payable in the circumstances explained in **What is not covered under your Policy?** on page 10.

The benefit provides a lump sum which is designed to assist with the cost of your funeral and other expenses, however, the benefit may be used as you (or your nominated beneficiary) see fit. This insurance does not provide any funeral, burial or cremation services.

Woolworths Funeral Insurance also includes:

- Terminal Illness — a lump sum equal to the Benefit Amount paid if, while the Policy is in force, a Life Insured is diagnosed by a Medical Practitioner with a Terminal Illness, except in the circumstances explained in **What is not covered under your Policy?** on page 10.
- Accidental Serious Injury — a lump sum benefit, equal to 3 times the Benefit Amount, if a Life Insured is diagnosed as having suffered an Accidental Serious Injury within 12 months of an Accident.
- Accidental Death — a lump sum benefit, equal to 3 times the Benefit Amount, payable if a Life Insured dies within 90 days of an Accident.

Your Insurance Policy

If your application for Woolworths Funeral Insurance is accepted by us, we will issue you a Policy Schedule. Your Insurance Policy consists of the Policy Schedule and this PDS.

Please keep the Policy Schedule, this PDS and all documents that we send to you in a safe place for future reference.

Who can apply for Woolworths Funeral Insurance?

At the time of application, you can apply for a single plan on your own life (Primary Life Insured) or you can apply for a joint plan to include your spouse, partner or de facto (Partner Life Insured) under your Policy.

You (and the Partner Life Insured, if applicable) must be an Australian Resident aged between 45 and 79 years of age at time of Policy inception. Providing you meet these eligibility criteria, we guarantee to accept your application for Woolworths Funeral Insurance. Your Policy Schedule will state which Life Insured(s) are covered.

Once your cover is in place, you will not be able to change your Policy from a single plan to a joint plan. You may apply at any time in writing to change your Policy from a joint plan to a single plan subject to approval and written confirmation by us.

The Benefit Amounts under this Policy

The minimum Benefit Amount is \$3,000 per Life Insured. The maximum Benefit Amount for a Life Insured under the Policy is \$15,000.

The Accidental Death benefit and the Accidental Serious Injury benefit are equal to 3 times your Benefit Amount. For example, if you choose \$15,000 cover, the total benefit payable in the event of Accidental Death or Accidental Serious Injury is \$45,000.

When you apply with a Partner Life Insured for Woolworths Funeral Insurance, you each apply for separate Benefit Amounts.

When we will pay the Benefit Amount

If while the Policy is in force (see **When your cover starts and ends** on page 9) the Life Insured suffers an insured event while covered for that insured event under the Policy, we will pay the benefits explained below, except in the circumstances explained in **What is not covered under your Policy?** on page 10.

Funeral insurance

We will pay the Benefit Amount if a Life Insured dies from any cause, where death occurs at least 12 months after the Acceptance Date or, if the Policy is reinstated, 12 months after the date of reinstatement of this Policy.

Accidental Death

We will pay 3 times the Benefit Amount if a Life Insured suffers Accidental Death on or after the Acceptance Date.

Terminal Illness

We will pay the Benefit Amount when a Life Insured is diagnosed with a Terminal Illness, unless the diagnosis is within 12 months of the Acceptance Date, or within 12 months after the reinstatement of this Insurance Policy.

When a diagnosis of Terminal Illness is made within the first 12 months of the Acceptance Date, or within 12 months of reinstatement, we will pay the Benefit Amount if the Life Insured's diagnosis of Terminal Illness is reconfirmed after the first 12 months from the Acceptance Date or reinstatement.

Accidental Serious Injury

We will pay the Accidental Serious Injury Benefit Amount as a lump sum in the case of:

- Paralysis; or
- Loss of Sight; or
- Loss of Hearing; or
- Loss of Limbs or Paralysis,

of a Life Insured as a direct result of an Accident occurring while your Insurance Policy is in force, provided the Accidental Serious Injury is diagnosed within 12 months of the Accident and your Insurance Policy is still in force, except in circumstances explained in **What is not covered under your Policy?** on page 10.

The Accident must occur while your Insurance Policy is in force and before the Policy Anniversary following the Life Insured's 75th birthday. The Accidental Serious Injury must be diagnosed by a Medical Practitioner within 12 months of the Accident and your Insurance Policy must still be in force.

Only one Accidental Serious Injury Benefit Amount is payable per Life Insured.

Payment of a Benefit Amount is subject to the provision of all reasonably required claims proofs. Payment of the Benefit Amount, as a result of death, Terminal Illness or Accidental Death will end all cover under this Policy in respect of a relevant Life Insured.

Maximum benefit limit

The maximum benefit payable for a Life Insured cannot exceed the maximum Benefit Amount set out in **The Benefit Amounts under this Policy** on page 7, unless the total premiums paid on that Life Insured is higher than the maximum Benefit Amount, as explained in **Introducing Woolworths Funeral Insurance** on page 6.

If the Life Insured is covered under more than one Woolworths Funeral Insurance Policy, we will apply these limits so this is the total the Life Insured will receive. If any reduction in Benefit Amounts is necessary as a result, the reduction will be applied to the Policies most recently commenced, and we will refund the premiums paid in relation to the reduced benefits.

Once a Woolworths Funeral Insurance Policy starts, the nominated Benefit Amount for each Life Insured cannot be increased. If you want to increase the Benefit Amount for a Life Insured, you will need to apply for a second Woolworths Funeral Insurance Policy, or you can cancel your existing Woolworths Funeral Insurance Policy and apply for a new Woolworths Funeral Insurance Policy.

What we will pay you under your Woolworths Funeral Insurance

The amount payable for a Life Insured under the funeral benefit will be the funeral insurance Benefit Amount (or Accidental Death Benefit Amount, if applicable), or the total premiums paid for the funeral insurance benefit under the Policy for that Life Insured, whichever is the greater.

The total benefit payable for a Life Insured under the Accidental Serious Injury benefit will be 3 times the funeral insurance Benefit Amount.

When your cover starts and ends

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

We guarantee to continue your Woolworths Funeral Insurance Policy (provided you pay your premiums when due) for life.

If the Policyowner dies and there is a surviving Partner Life Insured, the Policy will continue for the Insurance of the surviving Partner Life Insured in his or her name as the Policyowner.

Your Woolworths Funeral Insurance Policy ends on the earlier of:

- the payment of the Benefit Amount for death, Accidental Death or Terminal Illness; or
- the date you cancel the Policy; or
- the date we cancel the Policy if you don't pay your premiums when due.

If your premium is unpaid by the due date, we will send you a reminder notice. If your premium remains unpaid for more than one month after the due date, your Policy could be cancelled. If we cancel your Policy, you may need to apply to have it reinstated or to have a new Policy issued which may be subject to a higher premium and/or different terms. For example, your Accidental Death period of 12 months may be re-started, that is, if you die within 12 months after the date of reinstatement or a new cover commencing, only Accidental Death claims will be considered.

The Accidental Serious Injury benefit ends for a Life Insured when the first of the following occurs:

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

You can cancel your Policy by giving us a call on 1300 10 1234 or by writing to Policyowner Services, Woolworths Life Insurance, Reply Paid 6728, Baulkham Hills NSW 2153. A confirmation of cancellation will be sent to you.

What is not covered under your Policy?

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

We will not pay a Benefit Amount where a diagnosis of a Terminal Illness occurs within 12 months of the Acceptance Date, or within 12 months after the reinstatement of this Insurance Policy.

When a diagnosis of Terminal Illness is made within the first 12 months of the Acceptance Date or within 12 months of reinstatement, we will pay the Benefit Amount if the Life Insured's diagnosis of Terminal Illness is reconfirmed, or the Life Insured dies, after the first 12 months from the Acceptance Date or reinstatement.

We will not pay an Accidental Serious Injury Benefit Amount in respect of a Life Insured if a Life Insured suffers Paralysis, Loss of Sight, Loss of Hearing, or Loss of Limbs or Paralysis as a result of:

- an intentional self-inflicted bodily injury; or
- engaging in any criminal activities or illegal acts; or
- suicide or attempted suicide; or
- the consumption of drugs (unless it was under the direction of a Medical Practitioner and not in connection with treatment for substance abuse, drug addiction or dependence); or
- having a blood alcohol content over the prescribed legal limit whilst driving; or
- engaging in any professional sport (meaning the Life Insured's livelihood is substantially dependent on income received as a result of playing sport); or
- engaging in any motor sports as a rider, driver and/or passenger; or
- war (whether declared or not) or war-like activity, or taking part in a riot or civil commotion; or

- being a pilot or crew member of any aircraft, or engaging in any aerial activity except as a passenger in a properly licensed aircraft.

We will not pay an Accidental Serious Injury Benefit Amount where the Accidental Death Benefit Amount has been paid in respect to the same Accident.

We will not pay a funeral insurance or Accidental Death Benefit Amount where an Accidental Serious Injury Benefit Amount has been paid in respect to the same Accident.

Who receives the benefit?

We make all benefit payments to the Policyowner. If the Primary Life Insured dies while owning the Policy, the Benefit Amount will be paid to the Policyowner's legal personal representative (or other person that we are legally permitted to pay) except where a valid beneficiary nomination exists (see **Beneficiary nomination** below). Where a valid beneficiary nomination exists, the Benefit Amount will be paid to the nominated beneficiary or beneficiaries in the proportions you have nominated. The Benefit Amount will not automatically be paid to the Partner Life Insured unless they are a nominated beneficiary.

Beneficiary nomination

The Policyowner may, at any time during the term of the Policy, nominate one or more (up to a maximum of 5) beneficiaries to receive the allocated shares of the Benefit Amount on his or her Woolworths Funeral Insurance. To make a valid nomination, the following rules and procedures apply:

- up to 5 beneficiaries can be nominated with a specified percentage share for each beneficiary that must total 100%;
- only natural persons can be nominated (not, for example, companies or organisations);
- nominations must be made by the Policyowner sending us a validly completed and signed nomination form, or by calling us. A nomination takes effect when it is received by us;
- nominations may be varied by the Policyowner sending us a new validly completed and signed nomination form, or by calling us. A new nomination takes effect when it is received by us;
- if the nominated beneficiary is a minor when the benefit is payable, his or her specified percentage share will be paid to a trustee or legal guardian for the benefit of the minor during his/her minority; and
- if the nominated beneficiary dies before the Policyowner, the nomination in favour of that beneficiary fails and the percentage share specified for the deceased beneficiary will be paid to the Policyowner's legal personal representative (or other person that we are legally permitted to pay). The remaining nominations, if any, will continue to be effective.

The payment of the benefit in respect of a Life Insured, including payment made pursuant to a valid beneficiary nomination, is full and final discharge of our liability under the Policy for that Life Insured.

All benefits paid in connection with Woolworths Funeral Insurance will be made in Australian dollars.



Changing your cover

You may apply to Policyowner Services, Woolworths Funeral Insurance, Reply Paid 6728, Baulkham Hills NSW 2153 at any time in writing or over the phone on 1300 10 1234, to:

- decrease the Benefit Amount in respect of a Life Insured; and/or
- change from a joint plan to a single plan.

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

The cost of your cover

Premiums are the cost of your Woolworths Funeral Insurance. The premium you are required to pay is shown in the Policy Schedule.

Your premium is calculated at the Commencement Date and is based on the age of each Life Insured at that time and the Benefit Amount for each Life Insured.

The premium you pay for your Policy is guaranteed to reduce by 5% after each continuous period of 5 years your Policy is in force. Your total premium will never increase, unless you make changes to your cover after the Commencement Date.

When a Life Insured on the Policy attains age 90, cover for funeral insurance continues, however premiums for that Life Insured are waived and no further premium payments are required for that Life Insured.

How you can pay for your cover and when your premium is deducted

Your premium will be debited by us on the date of your choice, either fortnightly, monthly, annually, or as authorised by the Direct Debit Service Agreement. You can pay either by automatic debit from your bank, credit union or building society account, or from your credit card.

You can apply at any time to change the frequency or method of payment of premiums.

Premiums must be paid in Australian dollars.

Financial hardship

If you are suffering from financial hardship and are having difficulty meeting your premium payments, we may agree to a short term arrangement to assist. It is important that you make us aware of your circumstances so we can provide you with the available arrangement. We may request that you provide us with reasonable evidence of your financial hardship.

Your 30 day cooling off period

You have 30 days from the Commencement Date of your Policy to decide whether you want to keep the Policy. If you want to cancel your Policy within this 30 day period, you will be eligible for a full premium refund provided you have not made a claim under the Policy. To cancel your Policy in the 30 day cooling off period, contact us on 1300 10 1234 or write to Policyowner Services, Woolworths Funeral Insurance, Reply Paid 6728, Baulkham Hills NSW 2153 requesting cancellation. Upon notification, we will make arrangements to cancel the Policy and refund any premiums you may have paid.

Your duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where, after your cover starts, we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond;
- answer every question;
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it; and
- review the answers you've provided in your application carefully including where someone else helped prepare your application (for example, your interpreter).
If necessary, let us know if you need to make any corrections as soon as possible.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. You can ask us or seek assistance from a financial adviser for help if you have difficulty understanding the process of buying insurance or answering our questions. If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

What can we do if the duty is not met?

If the person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

For example we may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was;
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

Life Insurance Code of Practice

The Life Insurance Code of Practice has been developed by the life insurance industry through the Financial Services Council and is the life insurance industry's commitment to provide quality products and a high standard of service to customers. A copy of the Code is available at fsc.org.au

The risks you should know about

It is important to select the correct insurance product and apply for the appropriate level of cover for your needs. If you do not have enough cover it might cause you or your family to suffer financial hardship even after receiving the benefit payment. You should assess your needs carefully to ensure that this does not occur.

Woolworths Funeral Insurance is designed purely for protection, unlike some other types of life insurance that have savings and investment components, which means that if you cancel your Policy (after the 30 day cooling off period) you will not receive anything back.

If you are replacing a contract or policy with another contract or policy, you should consider all the terms and conditions of each policy before making a decision to change.

Making a claim

If you (or your legal personal representative on your death) wish to claim under your Policy, please phone 1300 10 1234 or write to Claims Services, Woolworths Funeral Insurance, Reply Paid 6728, Baulkham Hills NSW 2153. We will send you (or your legal personal representative) a form to be completed, signed and returned. Where reasonably necessary, we may also require your treating doctor or specialist to complete a form.

Claims should be made as soon as possible after the insured event. If we are disadvantaged by your delay in notifying us after an insured event, we may be able to reduce the amount we would otherwise pay, or we may refuse to pay the claim.

Before a claim can be fully assessed, we must receive reasonable proof that the insured event has occurred. This includes all relevant and reasonably necessary information, such as test results, examinations or laboratory results from one or more Medical Practitioners.

We reserve the right to require the Life Insured, at our expense, to undergo reasonable examinations and tests to confirm the occurrence of an insured event or entitlement to claim. In addition we may conduct reasonable investigations to assess the validity of the claim.

The Policy and the Insurance for the benefit of the Life Insured must be in force when the insured event occurs.

Tax

Premiums are generally not tax deductible and tax will not generally be payable on any benefit paid to individuals under your Policy.

Please note, you do not have to pay GST on your premiums or any benefits you receive.

The information in this section is based on continuation of present tax laws and their interpretation and is a general statement only. As individual circumstances will vary, you should consult your professional tax adviser for advice regarding your personal circumstances.

Your privacy

We collect personal information (including sensitive information (as defined in the Privacy Act 1988 (Cth)) for the purpose of processing insurance applications, administering your insurance policy, responding to your enquiries and assessing and paying claims under your insurance policy. Where possible, we collect personal information directly from you or, where that is not reasonably practicable, from other sources.

We may also use your personal information to consider any other application you may make to us, designing or underwriting new insurance products, for fraud detection purposes, for research and analytical purposes, to perform administrative functions (including for example accounting, risk management, staff training, etc.), and to comply with our legal obligations.

If you do not provide this information in whole or in part, we may not be able to provide the services you require, or you may be deemed to not have complied with your duty to take reasonable care which could affect the outcome of any claim.

We may disclose your personal information to:

- our related companies who assist us in providing our products and services;
- agents and third-parties (including Woolworths and GFS) who assist us in processing applications for, handling claims under and administering insurance products, including but not limited to lawyers and other advisors, medical service providers, external claims data collectors, investigators and verifiers, and your employer;
- our reinsurers, brokers and other intermediaries;
- third party service providers who perform functions or services on our behalf, such as IT services and mailing functions;
- within Woolworths Group for planning, researching, developing, identifying and notifying you of products and services which may be of interest to you; and
- where otherwise required by law.

Some of the companies we may disclose your personal information to may be located overseas, including in Hong Kong, China, India, the United Kingdom, the United States of America and Switzerland.

If you wish to access, update or seek correction of any personal information, to make a complaint about a breach of privacy, or if you have any other query relating to privacy, further information can be obtained from our privacy policy by contacting us using the details found under **Contact us** on this page.

Contact us

For more information about Woolworths Funeral Insurance, to confirm Policy transactions, or if you have any questions about the information contained in the PDS, please call **1300 10 1234**.

Our lines are open:

Monday to Friday (except public holidays)

8:00am to 8:00pm (AEST)

Alternatively, you can write to Policyowner Services, Woolworths Funeral Insurance, Reply Paid 6728, Baulkham Hills NSW 2153.

If you have any questions or complaints:

We hope that you never have a reason to complain, but if you do, we will do our best to work with you to resolve it. To lodge a complaint or if you require assistance to lodge a complaint, please contact us using one of the following means:

Phone: 1300 10 1234
Email: service@life.woolworths.com.au
Writing: Policyowner Services
Woolworths Life Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Our complaint resolution process has three steps.

1. Initial response

Usually when you have a complaint, we can resolve it immediately on the phone. If we can't immediately resolve your complaint to your satisfaction, it will then be referred for review by an independent team. Initially, we will refer your complaint to our centralised complaints team who will acknowledge receipt of your complaint within 1 business day where reasonable. If we are still unable to resolve your complaint within 5 days or your complaint is in relation to hardship or a declined or disputed benefit claim, we will advise you that your complaint has been escalated for review by our Internal Dispute Resolution Team (IDR Team).

2. Internal Dispute Resolution

All matters escalated to our IDR Team will be responded to in writing within 30 days from lodging your initial complaint. After full consideration of the matter, a written final response will be provided that will outline the decision reached and the reasons for the decision.

Where there is a possibility that the 30 day time frame may not be met (for example if the matter is particularly complex or where there are circumstances outside of our control), we will contact you before the end of the 30 day period advising of the delay and outlining the reasons for the delay.

3. External Dispute Resolution

In the unlikely event that your complaint is not resolved to your satisfaction by the IDR Team, or a final response has not been provided within 30 days, you may be eligible to refer your matter to the Australian Financial Complaints Authority (AFCA) provided your matter is within the scope of AFCA's Complaints Resolution Scheme Rules.

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

You can contact AFCA using one of the following means:

Phone: 1800 931 678 (free call)
Email: info@afca.org.au
Online: www.afca.org.au
Mail: GPO Box 3 Melbourne VIC 3001

Glossary

In this PDS and Policy Schedule, some words have a special meaning, as explained below:

Acceptance Date means the date your application is accepted by us and cover starts, as set out in the Policy Schedule.

Accident means an unexpected event resulting in bodily injury occurring while your Policy is in force, where the injury is caused by accidental, violent, external and visible means without any other contributing causes and where the injury is not self-inflicted.

Accidental Death means death occurring as a direct result of an Accident and where death occurs within 90 days of the Accident.

Accidental Serious Injury means the diagnosis by a Medical Practitioner of an Accidental Serious Injury covered by this Policy as specified in this PDS, where the diagnosis is made within 12 months of, and is attributable to, an Accident occurring while this Policy is in force.

Australian Resident means a person who resides in Australia and:

- holds Australian or New Zealand citizenship; or
- holds an Australian permanent residency visa; or
- has been in Australia continuously for six months or more on a temporary work visa.

Benefit Amount means the benefit amount you apply for and which is accepted by us in respect of each Life Insured. It includes alterations that we have accepted in writing. The Benefit Amount at the Commencement Date is shown in the first Policy Schedule issued.

Commencement Date means the date your first premium is deducted, as set out in the Policy Schedule.

Diplegia means total and permanent loss of use of corresponding parts of the body caused by permanent damage to the nervous system.

Hemiplegia means the total and permanent loss of use of one half of the body caused by permanent damage to the nervous system.

Insurance means the insurance benefits that have been applied for and accepted by us in respect of a Life Insured.

Life Insured means the person who is named as such in the Policy Schedule.

Limb means a whole hand or whole foot.

Loss of Hearing means total and permanent loss of hearing in both ears and the loss is unable to be corrected by a hearing aid or other means.

Loss of Limbs or Paralysis means the total and permanent loss of function of two or more Limbs. Total and permanent loss of function of Limbs must be established for a continuous period of at least six months whilst Policy is in force.

Loss of Sight means the permanent loss of sight in both eyes such that visual acuity is 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc, and the loss is unable to be corrected by glasses or any other means.

Medical Practitioner means a specialised medical practitioner who is suitably qualified and licensed in Australia or New Zealand (or other country we approve) to make a prognosis related to the injury or illness of a Life Insured. They must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.

Paralysis means total and permanent loss of use of two or more limbs caused by permanent damage to the nervous system. This includes Paraplegia, Quadriplegia, Diplegia, Tetraplegia and Hemiplegia.

Paraplegia means the total and permanent loss of use of two limbs caused by permanent damage to the nervous system.

Partner Life Insured means a person named in the Policy Schedule as the Partner Life Insured under your Policy. A partner may be a legal husband or wife, or someone living with you as your de facto spouse on a genuine domestic basis. Your partner may be of the same gender as you.

Policy/Insurance Policy means the legal contract between the Policyowner and us. This PDS and the Policy Schedule make up the Insurance Policy.

Policy Anniversary means the anniversary of the Commencement Date of your Policy.

Policyowner, you, your, yours means the owner of the Policy. When the Policy starts, this is the Primary Life Insured who is the person who applies as the owner of the Policy and is named as the Policyowner in the Policy Schedule. The Policyowner is the sole owner of the Policy and the only person who may extend, vary, cancel, transfer or otherwise exercise any rights under the Policy.

If you die while owning the Policy leaving a surviving Partner Life Insured, the Policy continues in the name of the Partner Life Insured as the owner of the Policy. The Partner Life Insured then becomes the Policyowner.

Policy Schedule means the document we send you which sets out the details of your Policy. A new Policy Schedule will be issued at any time there is a change in your Policy such as the removal of a Partner Life Insured. The new Policy Schedule will apply from the Policy Schedule date shown on the Policy Schedule.

Primary Life Insured means a person named in the Policy Schedule as the Primary Life Insured who is also the Policyowner when the Policy starts.

Quadriplegia / Tetraplegia means the total and permanent loss of use of all limbs caused by permanent damage to the nervous system.

Swiss Re, we, us and our means Swiss Re Life & Health Australia Limited.

Terminal Illness means a confirmed diagnosis by a specialised Medical Practitioner of a terminal illness where life expectancy, after taking into account all reasonably available treatment, is 12 months or less.

Direct Debit Service Agreement

1. Swiss Re Life & Health Australia Limited ABN 74 000 218 306 ('Debit User') will initiate direct premium debit payments in the manner referred to in the Policy Schedule (in the Direct Debit Request) through the Bulk Electronic Clearing System (BECS).
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give the customer at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.
4. If the customer wishes to defer any payment or alter any of the details referred to in the Policy Schedule, they must either contact the Debit User on 1300 10 1234 or write to the Debit User at the following address: Swiss Re Life & Health Australia Limited c/o Reply Paid 6728 Baulkham Hills NSW 2153.
5. Customer queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in the PDS on page 16. Queries about claims in regards to disputed debit payments should also be directed to the Debit User and may also be directed to the customer's financial institution nominated in the Policy Schedule.
6. Direct payment debiting through BECS is not available on the full range of accounts at all financial institutions. If in doubt, the customer should check with their financial institution before completing the Direct Debit Request.
7. The customer should ensure that their account details given in the Policy Schedule are correct by checking against a recent statement from their financial institution at which their account is held.
8. It is the customer's responsibility to have sufficient cleared funds available, by the premium due date, in the account to be debited to enable debit payments to be made in accordance with the Direct Debit Request.
9. By authorising the Direct Debit Request, the customer warrants and represents that he/she/they is/are duly authorised to request and instruct the debiting of premium payments from the account described in the Policy Schedule.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with the financial institution nominated in the Policy Schedule.
11. If a debit payment is returned unpaid, the customer may be charged a fee by the financial institution nominated in the Policy Schedule for each returned item.
12. Customers wishing to cancel the Direct Debit Request or to stop individual payments must give at least seven days' written notice to the Debit User at the address referred to in point 4.
13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User and its service providers will keep details of the customer's account and debit payments confidential.



Woolworths



Funeral Insurance

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Woolworths Funeral Insurance
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