



Account Cover Plus

Everything you need to know about your credit card insurance

Product Disclosure Statement and Policy (PDS)
Prepared on 16th January 2018.

Overview

Why is this document important?

This PDS explains Account Cover Plus, an optional insurance that is available to Coles Mastercard **account** holders.

It's important that you read the PDS so you understand:

- the purposes of credit card insurance
- that you are not obliged to purchase this product
- what Account Cover Plus covers and what it doesn't cover
- whether you are eligible to apply
- how to apply
- how much it costs
- how to make a claim
- the terms and conditions of your policy

You may also be able to arrange this insurance through a different insurer.

The PDS will help you to make an informed decision about this product. Keep this document in a safe place, as you'll need it if you want to contact us or make a claim.

Contacting us

Call us on 1800 800 230 Monday – Friday 8.30am – 5.00pm (AEST)

Or write to us at:
GPO Box 1571, Sydney, NSW 1025
Fax: 1300 362 642

In this document, words and phrases appearing in **bold** type have special meanings. We've explained these in our Definitions. If you're still not clear and need further explanation, please call us on **1800 800 230**.

You should always consider if this product is suitable for you.

Your personal circumstances might reduce the value of this product for you. For example, if you suffered an illness or injury in the 12 months before applying for Account Cover Plus that later affects your ability to **work**, you may not be able to claim for **Disability**.

What is Account Cover Plus?

Account Cover Plus is an optional insurance that gives you the confidence to shop with your Coles Mastercard in the knowledge that you're covered if things go wrong. It will help you meet your payment obligations if you pass away, lose your job unexpectedly or become unfit for **work**. It also provides extra shopping protection for purchases made using your Coles Mastercard, including cover for loss or damage to your purchases and reimbursing the difference if your purchase goes on sale at a reduced price.

You can take out Account Cover Plus if you:

- have a Coles Mastercard,
- are aged between 18 and 84 inclusive, and
- are a resident of Australia.

It is important to understand exactly what Account Cover Plus will cover you for.

Like to use your Coles Mastercard with confidence? Apply through our Online Service Centre at www.online.colesmastercard.com.au/access/login or telephone us on **1300 306 397**.

Shopper's benefits

Shopper's benefits overview and limits		
This benefit	...covers the risk of...	...up to
Price Protection	Price reductions on your Coles Mastercard purchases	<ul style="list-style-type: none"> • \$600 per item • \$2,000 in any 12 month period
Merchandise Protection	Loss, theft or damage to your Coles Mastercard purchases	<ul style="list-style-type: none"> • \$1,000 per item • \$4,000 for loss or damage arising from a single cause or incident • \$8,000 in any 12 month period
Stolen Card	Theft of your Coles Mastercard	<ul style="list-style-type: none"> • \$200 in any 12 month period

Shopper's benefits are subject to the Account Cover Plus total benefit limit of \$50,000. Benefits are available to policyholders aged from 18 to 84 years inclusive.

We cap Price Protection and Merchandise Protection benefits relating to the same **item** to its original purchase price.

Price Protection

How does it work?

If you buy an **item** in Australia with your Coles Mastercard and within 24 months the **item** is reduced in price in the same retailer at any location within Australia, we'll pay the difference between the purchase price and the reduced price to your **account**.

This also applies to **items** you buy:

- for someone else as a gift
- through a mail/telephone order catalogue or online order.

The **item** with the reduced price must be exactly the same as the **item** you bought, including size, colour, make and model number, attachments and accessories.

Give me an example

If you buy an **item** for \$600 and then see it for \$400 in the same store, we'd pay \$200 to your **account**.

Limits to the cover

We'll pay up to \$600 per **item** and up to a maximum of \$2,000 for all **items** in any 12 month period.

Proportionate benefit

If you paid only part of the price with your card, we'll pay a proportionate benefit. For example, if you paid 50% in cash and 50% with your card, we'd pay 50% of the price difference.

Combined benefits

We won't pay a combined Price Protection and Merchandise Protection benefit that is more than the original purchase price for an **item**.

Foreign exchange

We'll calculate the price difference on **items** bought in a foreign currency at the business banking rate at which Westpac Banking Corporation purchases cash in that currency on the day we assess your claim. Acting reasonably, we can change the rate we use and if Westpac does not quote the currency of your claim we may use an alternate foreign exchange provider.

Returned items

We may recover from you any amount we pay in respect of a Price Protection claim for any **item** that is subsequently returned for a refund of the purchase price. We may, for example, deduct such amounts from any future claims paid under this policy.

What isn't covered?

Price Protection does not cover a price reduction:

- due to price matching
- that is conditional on cash payment, or
- offered as part of a special deal involving other **items** or benefits.

Price Protection does not cover the following **items**:

- jewellery, precious metals, and precious stones
- cash or its equivalent (including gift vouchers, traveller's cheques, tickets, postal orders and other negotiable instruments)
- perishable **items** including foodstuffs, groceries, beverages (both alcoholic and non-alcoholic) and other consumables
- animals and living plants
- used and second-hand **items**
- special-order, tailor-made, or one-of-a-kind **items**
- **items** offered during a 'closing down', 'going out of business' or similar sale
- **items** sold as floor display discounts, imperfect, seconds, or damaged **items**
- **items** returned for a refund
- **items** purchased outside Australia.

Merchandise Protection

How does it work?

If you buy an **item** in Australia for more than \$10 with your Coles Mastercard and within 6 months of its purchase the **item** is lost, stolen or damaged, we'll pay to your **account**, at our option, either:

- the original purchase price, or
- the cost of repair or replacement.

This also applies to **items** bought for someone else as a gift.

Give me an example

If you bought an **item** for \$500 and then a few days later it was accidentally broken beyond repair, we'd pay \$500 to your **account**.

Limits to the cover

- Each **item** is covered up to a maximum of \$1,000. If more than one thing happens to an **item** (for example it is stolen and then found damaged), we'll only pay the lesser of the original purchase price or \$1,000 for that **item**.
- If more than one **item** is lost, stolen or damaged at the same time, we'll pay up to \$4,000 in total for that event.
- In any 12 month period, we'll pay a maximum of \$8,000 for all **items** under Merchandise Protection.

Proportionate benefits

- If only part of a set of **items** is lost, stolen or damaged, and the remaining part can be used separately, we'll pay a proportionate benefit.
- If you paid only part of the price with your card, we'll pay a proportionate benefit. For example, if you paid 50% in cash and 50% with your card, we'd pay 50% of the benefit.

Combined benefits

We won't pay a combined Price Protection and Merchandise Protection benefit that is more than the original purchase price for an **item**.

What isn't covered?

Merchandise Protection doesn't cover:

- **items** bought for less than \$10
- the disappearance of any **items** in circumstances that you can't explain to our reasonable satisfaction
- **items** purchased outside Australia
- loss, theft, or damage due to:
 - atmospheric or weather conditions, including the action of light
 - normal wear and tear
 - an inherent product defect in the **item**
 - you or someone in your household committing an illegal act
 - the action of insects, vermin, fungus, rust, or pets
 - electrical or mechanical breakdown
 - maintaining, cleaning, restoring, dyeing, or repairing the **item**
 - using the **item** for business purposes
 - you or someone in your household physically abusing or not taking reasonable care of the **item**, or leaving it unattended in a public place, in an unlocked car, or with a person who deliberately damages it.
- the following **items**:
 - watches
 - jewellery, precious metals, and precious stones
 - cash or its equivalent (including gift vouchers, traveller's cheques, tickets, postal orders and other negotiable instruments)
 - perishable **items** including foodstuffs, groceries, beverages (both alcoholic and non-alcoholic) and other consumables
 - animals and living plants
 - used and second-hand **items**.

Stolen Card

How does it work?

If your Coles Mastercard is reported to the police as stolen we'll pay \$200 to your account, just for the inconvenience.

Limits to the cover

You can only make one Stolen Card claim in any 12 month period.

What isn't covered?

We won't pay a Stolen Card benefit if:

- you fail to report the theft to the police, or can't give us an incident number and the contact details of the police station where the theft was reported
- you take part in an illegal or criminal activity
- you lose your card, or don't take enough precautions to protect the card against theft.

Repayment benefits

Repayment benefits overview, eligibility, and limits

For policy holders aged between 18 to 64

This benefit...	...is payable in the event of...	...up to
Life	Your death, critical illness, or total and permanent disability	\$50,000
Disability	Disability that prevents you from working	\$2,000 per month We will not pay more than: <ul style="list-style-type: none">• the balance owing for any one period of disability• 36 monthly benefits over the life of the policy
Involuntary Unemployment	Unexpected loss of your job	\$2,000 per month We will not pay more than: <ul style="list-style-type: none">• the lesser of the balance owing or 12 monthly benefits for any one instance of involuntary unemployment• 36 monthly benefits over the life of the policy

For policy holders aged between 65 and 84

This benefit...	...is payable in the event of...	...up to
Accidental Death	Your death, due to an accident occurring after your 65th birthday	\$50,000
Accidental Bodily Injury	Accidental occurrence of specified impairment	\$50,000

Extra Care	Extended hospitalisation or home confinement as a result of sickness or injury	\$2,000 per month We will not pay more than: <ul style="list-style-type: none"> the balance owing for any one period of hospitalisation or confinement to home 12 monthly benefits over the life of the policy
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Repayment benefits are also subject to:

- the maximum Account Cover Plus benefit of \$50,000, which is the maximum we will pay across all claims under any cover that you make under this policy, and
- a combined benefit limit of 36 **Disability** or **Involuntary Unemployment** monthly benefits over the life of the policy.

Life

How does it work?

For policy holders aged between 18 and 64

We'll pay the **balance owing** on your **account** up to \$50,000 if, before your 65th birthday, you:

- die
- are diagnosed with or operated on for a critical illness
- become **totally and permanently disabled**.

The following are critical illnesses for the purpose of this cover:

- heart attack**
- stroke**
- major organ transplant**
- kidney failure**
- coronary artery disease requiring surgery**
- cancer**.

We've defined these illnesses in our Definitions. So long as we remain a member of the Financial Services Council, when the Life Insurance Code of Practice (Life Code) defines one of these illnesses, we'll apply the definition that's best for you. So, if the Life Code definition would result in your Critical Illness claim being approved and ours would not, we will pay your claim. You can read the Life Code here: <https://fsc.org.au/policy/life-insurance-code-of-practice/>. We'll send you a copy, free of charge if you ask for one.

Give me an example

- If you owed \$11,000 on your **account** when you die, we'd pay \$11,000 to your **account**.
- If you owed \$11,000 on your **account** when you are diagnosed with **cancer**, we'd pay \$11,000 to your **account**.
- If you suffer an injury that will prevent you from ever **working** in any occupation which you otherwise would be reasonably capable of performing, and, at the time we assess that to be the case the **balance owing** on your **account** is \$11,000, we'd pay \$11,000 to your **account**.

Limits to the cover

We'll pay a maximum of \$50,000.

What isn't covered?

Critical illness

We won't pay a benefit for any critical illness that occurs within 12 months of the start date of the policy if you have had symptoms, advice or treatment from a doctor for that condition within the 12 months before the policy started.

We won't pay a benefit for any critical illness that occurs within 90 days of the start date of the policy, or that results from, or as a consequence of, any of the following:

- angina pectoris
- non-cardiac chest pain
- transient ischaemic attacks, reversible ischaemic neurological deficit, vascular disease affecting the optic nerve, cerebral symptoms due to migraine or cerebral injury resulting from trauma or hypoxia
- carcinoma in situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or tumours which are histologically described as premalignant
- chronic lymphocytic leukaemia Binet Stages A&B or Rai Stages 0,1 and 2 melanomas with a depth of invasion less than Clark Level 3 or thickness less than 1.5mm Breslow as determined by histological examination
- any hyperkeratosis or basal cell carcinomas of the skin
- any squamous cell carcinoma of the skin, unless there has been a spread to other organs
- Kaposi's sarcoma and other tumours associated with HIV infection, AIDS or AIDS related complex
- prostatic cancers which are histologically described as TNM Classifications T1 (including T1a and T1b) or are of another equivalent or lesser classification
- tumours treated by endoscopic procedures alone
- tumours that are a recurrence or metastases of a tumour that first occurred before the end of 90 days after this policy began
- angioplasty, laser or other intra-arterial procedures and non-surgical techniques in relation to coronary artery by-pass surgery.

Total and permanent disability

We won't pay a benefit for any **total and permanent disability** that occurs within 12 months of the start date of the policy if you have had symptoms, advice or treatment from a doctor for that condition within the 12 months before the policy started.

Disability

How does it work?

For policy holders aged between 18 and 64

If:

- you had been **working** at the time of your **disablement** for at least 6 consecutive months,
- your **disablement** occurred before your 65th birthday, and
- you are continuously **disabled** for at least 30 days and unable to **work**,

we'll pay to your **account** a monthly benefit of 20% of the **balance owing** (at least \$30 and up to \$2,000 per month) on the statement immediately before the date of the accident, illness or injury causing **disability**, until you return to **work**.

We calculate your monthly benefit on a daily basis, for each day you are **disabled**.

Give me an example

- If you are **disabled** for 4 months and your monthly benefit is calculated at \$400, we'd pay \$1,600.
- If you are **disabled** for 4 months and your monthly benefit is calculated at \$2,100, we'd pay \$8,000 (because the maximum monthly benefit is \$2,000)
- If you are **disabled** for 10 days, we'd pay nothing because you are not **disabled** for 30 days.

Limits to the cover

We'll pay the monthly benefits while you continue to be **disabled** or until any of the following occurs:

- we have paid the closing balance on the statement immediately before the **disability**, or
- we have paid in total 36 monthly benefits on account of **disability** or **involuntary unemployment**.

Combined benefits

The maximum policy benefit period is 36 months for **disability** and **involuntary unemployment** combined. If you make multiple **disability** or **involuntary unemployment** claims during the period you are insured, we will only ever pay a total of 36 monthly benefits.

What isn't covered?

We won't pay a benefit for:

- a **disability** that occurs within 30 days after the date when the policy starts
- a period of **disability** of less than 30 consecutive days
- a **disability** arising from a sickness or injury within the first 12 months of the start date of the policy if you had symptoms, advice, or treatment from a doctor for that condition within the 12 months before the policy started.

We also won't pay a benefit if you:

- don't seek medical advice or fail to undertake treatment from a medical practitioner continuously while you are **disabled**
- return to **gainful occupation**
- take part in a criminal activity
- are receiving a monthly benefit for **involuntary unemployment**.

Involuntary Unemployment

How does it work?

For policy holders aged between 18 and 64

If:

- you have been **working** for at least 6 consecutive months when you become **involuntarily unemployed**,
- your **involuntary unemployment** occurred before your 65th birthday, and
- you are continuously unemployed for at least 30 days,

we'll pay to your **account** a monthly benefit of 20% of the **balance owing** (at least \$30 and up to \$2,000 per month) on the statement immediately before the date you were made unemployed, until you return to **work**.

We calculate your monthly benefit on a daily basis, for each day you are unemployed.

Give me an example

- If you are unemployed for 4 months and your monthly benefit is calculated at \$500, we'd pay \$2,000.
- If you are unemployed for 4 months and your monthly benefit is calculated at \$2,100, we'd pay \$8,000 (because the maximum monthly benefit is \$2,000).
- If you are unemployed for 10 days, we'd pay nothing because you are not unemployed for 30 days.

Limits to the cover

We'll pay the monthly benefits while you continue to be unemployed until any of the following occurs:

- we have paid the closing balance on the statement immediately before the unemployment, or
- we have paid 12 monthly benefits, or
- we have paid, in total, 36 monthly benefits on account of **disability** or **involuntary unemployment**.

Combined benefits

The maximum policy benefit period is 36 months for **disability** and **involuntary unemployment** combined. That means if you make multiple **disability** or **involuntary unemployment** claims during the period you are insured, we will only ever pay a total of 36 monthly benefits.

What isn't covered?

We won't pay a benefit if you:

- have not been **working** for at least 6 consecutive months at the time you became unemployed
- become unemployed within 30 days after the date when the policy starts
- are unemployed for fewer than 30 consecutive days
- became aware of your impending unemployment before the policy started
- are engaged in seasonal **work**, contract **work** or for a specified task or period and your employment ceases at the end of that season, contract, task or period
- resign, accept early retirement or you abandon your employment
- are unemployed due to your deliberate or serious misconduct
- take part in a criminal activity
- take part in a strike or a lockout
- return to **gainful occupation**
- are **self-employed** and your business temporarily stops trading
- are receiving a monthly benefit for **disability**
- become unemployed because you have to provide regular and sustained care to a family member for a **disability** that occurred in the first 12 months of the start date of the policy, if the family member had symptoms, advice or treatment from a doctor for that **disability** within 12 months before the policy started.

Accidental Death

How does it work?

For policy holders aged between 65 and 84

If you die as a result of an accident after your 65th birthday, we'll pay the **balance owing** on your **account**.

Give me an example

If you owe \$11,000 on your **account** when you die in an accident, we'd pay \$11,000 to your **account**.

Limits to the cover

We'll pay a maximum of \$50,000.

Accidental Bodily Injury

How does it work?

For policy holders aged between 65 and 84

If, as a result of an accident after your 65th birthday, you suffer:

- **loss of a limb**
- **loss of hearing**
- **loss of sight in both eyes**, or
- **loss of speech**

we'll pay the **balance owing** to your **account**.

Give me an example

If you owe \$11,000 on your **account** when you lose a limb as a result of an accident, we'd pay \$11,000 to your **account**.

Limits to the cover

We'll pay a maximum of \$50,000.

What isn't covered

We won't pay a benefit for any **accidental bodily injury** that occurs within 12 months of the start date of the policy if you have had symptoms, advice, or treatment from a doctor for that condition within the 12 months before the policy started.

Extra Care

How does it work?

For policy holders aged between 65 and 84

If:

- you are **hospitalised** as a result of sickness or injury and are continuously **hospitalised** for at least 30 days, or
- you are continuously **confined to home** for at least 30 days as a result of sickness or injury,

we'll pay to your **account** a monthly benefit of 20% of the **balance owing** (at least \$30 and up to \$2,000 per month) on the statement immediately before the date you are **hospitalised** or **confined to home**, until you are discharged from hospital or are no longer **confined to home**.

We calculate your monthly benefit on a daily basis, for each day you are **hospitalised** or **confined to home**. You may be entitled to claim for the combined period of **hospitalisation** and **confinement to home**.

Give me an example

- If you are **hospitalised** for 4 months and your monthly benefit is calculated at \$400, we'd pay \$1,600.
- If you are **hospitalised** for 4 months and your monthly benefit is calculated at \$2,100, we'd pay \$8,000 (because the maximum monthly benefit is \$2,000).
- If, after a serious accident, you are **confined to home** with assisted care for 3 months, and your monthly benefit is calculated at \$600, we'd pay \$1,800.

Limits to the cover

We'll pay the monthly benefits while you continue to be **hospitalised** or **confined to home** until any of the following occurs:

- we have paid the closing balance on the statement immediately before the **hospitalisation** or **confinement to home**, or
- we have paid in total 12 monthly benefits.

The maximum policy benefit period is 12 months for Extra Care claims. That means if you make multiple Extra Care claims during the period you are insured, we will only ever pay for 12 months.

What isn't covered?

We won't pay a benefit for **hospitalisation** or **confinement to home**:

- arising from a sickness or injury within the first 12 months of the start date of the policy if you had symptoms, advice, or treatment from a doctor for that condition within the 12 months before the policy started
- that occurs within 30 days after the date the policy starts
- that is less than 30 consecutive days in duration
- for any procedure or treatment that is not medically necessary, such as cosmetic or beauty treatment.

Making a claim

If you need to make a claim, don't delay, contact us immediately.

To make a claim, you can:

- submit your claim online at www.latituedeinancial.com.au/insurance/make-a-claim.html
- call us on 1800 800 230 Monday to Friday between 8.30am and 5.00pm (AEST)

What you can expect

When you make a claim, we will:

- make a decision on your claim within 10 business days of receiving all the information we need,
- make claim payments to your **account** within 3 business days of your claim being approved, and
- return any call you make to us within 1 business day of receiving your enquiry.

What will I need?

If we need any more information to support your claim, we'll contact you. Here are some examples of information we may ask for.

Price Protection claims

We may ask you for:

- proof of purchase
- proof and date of the price reduction.

Merchandise Protection claims

We may ask you for:

- a quote for the repairs (if your **item** has been damaged)
- a police report (if the **item** is stolen or maliciously damaged).

Stolen card claims

We may ask you for:

- a Police incident number
- the contact details of the Police Station where the theft was reported.

Claims for disability, critical illness, total and permanent disability, involuntary unemployment, accidental bodily injury and hospitalisation

For these claims, we may ask you for all or any of:

- a report or certificate from your treating doctor
- a letter from your employer, evidence you are actively seeking work such as employment agency registration or copies of job applications, or evidence from Centrelink.

We may also ask you to undergo a medical examination (at our cost) by a doctor we nominate who will report to us.

What you need to know

This is the Product Disclosure Statement (PDS) for Account Cover Plus. The information will help you make an informed decision about this optional consumer credit insurance product.

The cover details referred to throughout this PDS apply only to your **account**.

Our website always has the latest version of the terms and conditions of your policy and you should refer to it whenever you have a question about your policy and what it covers.

Who is the insurer?

Hallmark Life is the insurer for Life, including Critical Illness benefits, and for Accidental Death.

Hallmark General is the insurer for:

- Price Protection
- Merchandise Protection
- Stolen Card
- Disability
- Involuntary Unemployment
- Total and Permanent Disability benefits
- Accidental Bodily Injury
- Extra Care.

Each insurer takes full responsibility for the whole PDS.

Cooling off period

If you change your mind within 30 days of receiving your policy, and you haven't made a claim, you can cancel your policy and obtain a full premium refund. You can cancel your policy by:

- calling us on **1800 800 230**, or
- writing to us at GPO Box 1571, Sydney, NSW 1025.

Your duty to tell us the truth

It's very important that you are honest in all your dealings with us. Otherwise you may not receive the full benefits of your policy.

When the policy starts

We'll send you a communication confirming you have Account Cover Plus with a date showing when your policy starts, unless we have told you that it starts on an earlier date. This PDS, policy and confirmation communication, read together, will be the terms and conditions of your policy.

About the benefits

We calculate your benefits daily

We calculate benefits on a daily basis, that is, 1/30th for each day of **disability, involuntary unemployment, hospitalisation, or confinement to home** for which you can claim. For example, if after a 30-day qualifying period you are **disabled** for a further 15 days, we'd pay for 45 days.

There's a maximum benefit

The maximum policy benefit we'll pay is \$50,000. That means you can make multiple claims during the period you are insured, but the maximum total we will pay across all of those claims is \$50,000.

We pay benefits to your card

We pay all benefits directly to your account, even if your account has a zero balance or is in credit when we pay the benefit.

What it costs

Account Cover Plus costs 1% of the monthly closing balance of your **account**, up to a maximum monthly premium of \$50. It is debited to your **account** and payable monthly.

The following table gives some examples:

Balance owing at the end of the monthly statement cycle	Monthly premium
Nil	Nil
\$500	\$5
\$1,000	\$10
\$1,500	\$15
\$6,000	\$50
\$10,000	\$50
\$15,000	\$50

We calculate your premiums monthly

We calculate your premium monthly, based on the closing balance of your **account**. If your balance is zero on the day we print your statement, we don't charge a premium that month.

Other details

Contacting us

Call us on **1800 800 230** Monday – Friday 8.30am – 5.00pm (AEST)

Or write to us at:
GPO Box 1571, Sydney, NSW 1025
Fax: 1300 362 642

Cancelling your policy

Account Cover Plus is completely optional, so you can cancel it at any time by:

- calling us on **1800 800 230**, or
- writing to us at GPO Box 1571, Sydney, NSW 1025.

The cancellation takes effect from the end of the statement period for your **account** during which we receive your cancellation request and we will stop debiting the premium from your **account**.

We can also cancel the policy by advising you in writing, but only if you have not complied with the terms and conditions of your card **account**, if you don't pay your premium as required, or for any other reason allowed under the law such as making a fraudulent claim. The cancellation will take effect from the date we advise you in writing, and we will stop debiting the premium to your **account**.

When the policy ends

The policy will cease automatically when any of the following events occur:

- your credit contract is terminated or cancelled
- you are in default under the credit contract and you have not remedied that default when requested to do so
- you reach the age of 85
- you cease to be an Australian resident
- we pay the maximum policy benefit of \$50,000
- we pay the maximum benefit of 36 monthly repayments for **disability** and **involuntary unemployment** claims in total
- you become bankrupt or enter into an arrangement with your creditors under the Bankruptcy Act 1966 (Cth)
- the policy is cancelled by you or by us
- you die.

Making a complaint

We want you to be completely satisfied with your policy and our service. If you're not happy about something, please contact us first.

We have an internal dispute resolution procedure, and you can quickly get that started by:

- calling us on **1800 800 230**
- writing to us at GPO Box 1571, Sydney, NSW 1025, or
- sending us a fax on 1300 362 642

We'll do our best to resolve your complaint quickly and fairly, and we'll keep you informed of the progress.

Our Privacy Policy also contains information as to how you can complain about a breach by us of the Privacy Act 1988 (Cth) and how we will deal with such a complaint.

If your complaint is not resolved in this way, you can contact the following independent and impartial body that provides a free external dispute resolution service:

Financial Ombudsman Service ('FOS') Australia

Mail: GPO Box 3 Melbourne VIC 3001

Telephone: 1800 367 287

Fax: (03) 9613 6399

Email: info@fos.org.au

Website: www.fos.org.au

We also have a brochure '[Do you have a complaint relating to insurance?](#)' which has everything you need to know about these procedures. Please call us and we'll send you a copy.

Codes of Conduct

Hallmark General subscribes to the General Insurance Code of Practice, and you'll find it on the Insurance Council of Australia's website at www.codeofpractice.com.au.

Hallmark Life subscribes to the Life Code of Practice, and you'll find it on the Financial Services Council's website at www.fsc.org.au/policy/life-insurance/code-of-practice

Financial Claims Scheme

You may be entitled to payment under the Financial Claims Scheme in respect of Price Protection, Merchandise Protection, Stolen Card, Disability, Involuntary Unemployment, Total and Permanent Disability, Accidental Bodily Injury and Extra Care claims, if **Hallmark General** becomes insolvent.

Information about the Financial Claims Scheme can be obtained from www.fcs.gov.au

Other terms of the policy

Varying the policy

We may vary the terms of the covers written by **Hallmark Life** (including the percentage used to work out the monthly instalments of premium) by giving you 30 days' written notice.

Where permitted by law, we may vary the terms of the other covers by giving you 30 days' written notice.

If you held a Coles Mastercard Account Cover Plus policy that was already in force on the date of this PDS, we will deal with claims under this policy in accordance with the terms of your earlier policy if it would be more favourable to you.

Governing law

The policy is governed by the law in force in New South Wales. Each party submits to the non-exclusive jurisdiction of the courts of New South Wales.

No assignment

Your interest in this policy cannot be assigned to any other person.

Definitions

In this document, words and phrases appearing in **bold** type have special meanings. We've defined these below. If you're still not clear and need further explanation, please call us on **1800 800 230**.

accidental bodily injury

- loss of a limb
- loss of hearing
- loss of sight in both eyes, or
- loss of speech

account

Your Coles Mastercard account with Wesfarmers Finance Pty Ltd (ABN 58 601282 455)(Wesfarmers Finance), Australian Credit Licence number 470916.

balance owing

For the Disability, Involuntary Unemployment and Extra Care benefits, the closing balance on your account, less any overdue or over-limit amounts, on the statement immediately before the accident, illness or injury causing disability, hospitalisation or confinement to home or the date you were made involuntarily unemployed.

For the Life (including critical illness and total and permanent disability benefits), Accidental Death and Accidental Bodily Injury benefits, the outstanding balance on your account excluding any overdue or over-limit amounts, fees and other charges imposed on any overdue or over-limit amounts, as at the date:

- of your death, or
- of your diagnosis of critical illness,
- we assess you to be totally and permanently disabled, or
- on which the accident resulting in an Accidental Bodily Injury occurred,

as the case may be.

cancer

The histologically confirmed diagnosis of one or more malignant tumours. Malignant tumours are characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue. They include leukaemia, lymphoma, Hodgkin's disease and other malignant bone marrow disorders.

Coles Mastercard

Includes any of the following products:

- Coles Mastercard (Low Rate)
- Coles Rewards Mastercard (including those opened before 2003)
- Coles No Annual Fee Mastercard (including those opened before 13 Feb 2012).

confined, confinement to home

You are

- physically unable to leave home without difficulty and to do so requires the assistance of another person or medical device, or
- you need part-time skilled nursing care or rehabilitative physical or speech therapy to help recover from an illness or injury. This care or assistance must be prescribed by a doctor.

Confined to home does not mean you must be bedridden.

coronary artery disease requiring surgery

The first undergoing of coronary artery by-pass grafting to two or more coronary arteries performed via open chest surgery for the treatment of coronary artery disease. The surgery must be considered medically necessary by a consultant cardiologist.

disabled, disability, disablement

In our reasonable assessment, due to medically diagnosed sickness or injury you are unable to perform the normal duties of your usual occupation.

gainful occupation

Any activity or function performed for reward compensation or profit.

Hallmark General

Hallmark General Insurance Company Ltd. ABN 82 008 477 647 AFSL 243478

Hallmark Life

Hallmark Life Insurance Company Ltd. ABN 87 008 446 884 AFSL 243469

heart attack

Death of heart muscle caused by obstruction of blood supply evidenced by typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit, and at least one of the following:

- acute cardiac symptoms and signs consistent with heart attack
- new, serial ECG changes with the development of any of the following:
 - a. acute injury type ST elevation or ST depression
 - b. coronary pattern T wave inversions
 - c. pathological Q waves
 - d. left bundle branch block
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above indicators prove inconclusive, any other supporting clinical evidence that in our reasonable opinion indicates that myocardial infarction has occurred will be considered.

Other acute coronary syndromes including but not limited to angina, are not covered under this definition.

hospitalisation, hospitalised

A stay as a patient in a public or private hospital registered or administered in accordance with the applicable State or Territory health legislation, which has accommodation for patients staying there and organised facilities for diagnosis and major surgery. It does not include a stay in a convalescent, nursing or rest home, or nursing self-care or rest section of a hospital.

involuntary unemployment, involuntarily unemployed

If you are an employee:

- you stop working as a result of being terminated or being made redundant by your employer where the job loss is not of your choosing, or
- you accept the terms of redundancy offered by your employer due to organisational downsizing or restructure.

If you are self-employed, you stop working and it's not of your choosing, because:

- you stop the business trading permanently or start to wind it up,
- the business is placed in the hands of an insolvency practitioner, or
- for partnerships, you stop trading permanently or dissolve or start to dissolve the partnership.

If you work on a contract or seasonal basis, you stop working as a result of being terminated or made redundant by your employer before the agreed expiry date of the contract, season or task, where the job loss is not of your choosing.

If you leave your job because you have to provide regular and sustained care for a family member without receiving an income (other than Centrelink Carer's Allowance or equivalent), where the accident, condition or disability which caused this need for care, occurred after the policy started.

item(s)

An individual article, object, piece, artefact or unit, or one that is part of a collection or set. It does not include services.

kidney failure

End stage renal failure presenting as chronic irreversible failure of both kidneys to function requiring permanent regular renal dialysis.

loss of hearing

Total, permanent and irreversible loss of hearing in both ears.

loss of a limb

- Complete severance through or above the wrist or ankle, or
- Total, permanent and irreversible loss of use of the arm or leg.

loss of sight

Total, permanent and irreversible loss of sight.

loss of speech

Total, permanent and irreversible loss of the power of speech.

major organ transplant

The first undergoing of 'human to human' organ transplant from a donor to the life insured, of one or more of the following organs:

- kidney
- liver
- heart
- lungs
- pancreas
- bone marrow

The operation must be considered medically necessary by the appropriate consultant.

self-employed

You are working in a business and:

- you have power or control or influence over the business because you own it, or are a major shareholder in the company that owns it, or a partner in the partnership that owns it,
- you are working for payment or reward, and
- you are not an employee of another business.

stroke

The first occurrence of a cerebrovascular accident or incident producing permanent neurological deficit resulting in at least 25% impairment of whole person function. A cerebrovascular accident includes infarction of brain tissue, intracranial and/or subarachnoid haemorrhage, or embolisation from an extracranial source. There must be clear evidence on a Computerised Tomography (CT) or Magnetic Resonance Imaging (MRI) cerebral scan that a stroke has occurred.

Transient ischaemic attack, hypoxia or trauma, vestibular functions are excluded.

total and permanent disability, total and permanent disablement, totally and permanently disabled

- You suffer the loss of two limbs or the sight of both eyes or the loss of one limb and the sight of one eye, or
- In our reasonable assessment, as a result of medically diagnosed sickness or injury, you are unable to perform the normal duties of any occupation for which you are reasonably suited by education, training or experience.

we, our, us

Hallmark General and Hallmark Life.

work, working

Continuous and regular employment for salary or wages, including self-employment, a partner in a partnership, full-time, part-time, contract or seasonal worker, or if you are contracted for a specified season, period or task.

you, your

The person who has entered into a credit contract with Wesfarmers Finance for your Coles Mastercard account. If, when you applied for Account Cover Plus, you nominated your partner as the main income earner to be covered under Life (including critical illness and total and permanent disability benefits), Accidental Death, Accidental Bodily Injury, Disability, Involuntary Unemployment and Extra Care, then any reference to 'you' in relation to a claim under these covers means your nominated partner.

Privacy Notice

This Privacy Notice contains important information about the collection, use and disclosure of personal information by **Hallmark Life** and **Hallmark General**.

By applying for insurance through us, you consent to us collecting, using and disclosing personal information about you in the ways set out below.

We cannot issue an insurance policy to you without your personal information.

Generally, we collect:

- information you provided in the Application Form for your **account**
- information relating to your **account**, and your ongoing use of that **account**
- information you provide in Claim Forms
- sensitive information (in particular, health information) where it is necessary to assess claims, but only with your express consent
- information from third parties (such as the credit provider of your credit account, employers, government bodies, medical practitioners, other insurers) where it is unreasonable or impracticable to collect the information from you. Such circumstances may include where we seek to verify the details you provided in your Claim Form.

Collection, use and disclosure of your personal information

We collect, use and disclose personal information about you:

- to process your application for insurance
- to provide and manage products and services or other relationships and arrangements, including to process receipts, payments and invoices
- to develop new products and services
- to administer your insurance policy, perform administrative tasks and manage business operations
- for planning, product development and research
- for fraud, crime prevention and investigation of insurance risks or claims
- to handle insurance claims
- to deal with complaints
- to comply with the following laws that may require or authorise us to obtain information about you:
 - Privacy Act 1988
 - Corporations Act 2001
 - Insurance Contracts Act 1984
 - Life Insurance Act 1995
 - Autonomous Sanctions Act 2011
 - National Consumer Credit Protection Act 2009
 - Australian Securities and Investments Commission Act 2001.

We may also collect, use and disclose your personal information to tell you about products and services and other offers from third parties that may be of interest to you.

Persons to whom we may disclose your personal information

We disclose your personal information as necessary to third parties for the purposes set out above. Those third parties may include contractors, agents, service providers, medical practitioners, delivery companies, mail houses, call centres, debt collection agencies, researchers, reinsurers, your employer, data analysts, government or regulatory bodies and professional advisers. We limit the use and disclosure of any personal information we give those parties to the specific purpose for which we give it.

Safeguarding personal information

We will take reasonable steps to protect personal information about you that they hold and transmit, from misuse, interference and loss and from unauthorised access, modification and disclosure.

Disclosure of your personal information overseas

In some circumstances, for the purposes set out in this Privacy Notice, your personal information may be transferred by us to organisations located overseas and which do not have an Australian link (for example, a disclosure to an overseas recipient may be necessary for operational reasons. We may also use service providers based overseas). Where such transfers occur, arrangements will be put in place to protect your personal information.

Whilst it is not practicable to list every country in which such recipients are located, it is likely that the countries to which your information may be disclosed include the United Kingdom, United States of America, Hungary, Philippines, South Korea, New Zealand, India, Mexico and China.

Access and Correction

You may contact us to request access to your personal information, or if you believe that the information that we hold about you is incorrect in any way, by:

- calling **1800 800 230**, or
- writing to us at GPO Box 1571, Sydney, NSW 1025.

Our Privacy Policy is available at www.latitudefinancial.com.au/privacy and explains how you can access and seek the correction of the personal information we hold about you.

Third Parties

If you provide us with personal information about any other individual, such as an income nominee or an authorised third party to make enquiries on your behalf in relation to your policy, you must first ensure that the person concerned:

- has seen this Privacy Notice and understood its contents, and
- has separately agreed to their personal information being collected, used and disclosed in accordance with this Privacy Notice.

Direct marketing opt-out

The consents given by you in relation to the use of your personal information for direct marketing apply to contacting you by all relevant means (for example, by letter, email or phone) and apply for an indefinite period of time, unless you expressly withdraw those consents by notice to us.

If you do not want to receive direct marketing information from us, you may call us on 1800 800 230.

Email Communication

If you provide us with an email address, you consent to electronic communications being sent to you via that email address, including notices and reminders. To protect your privacy, we recommend that any email address you provide to us be your personal email address rather than, for example, an email address accessible by your work colleagues or family members.

Financial Services Guide (FSG)

ABOUT THIS FSG

There are some important things to consider before making a decision about financial services. This Financial Services Guide (FSG) will help you by explaining how:

- we and the other parties involved receive remuneration for those services and
- complaints are dealt with.

ABOUT US

This FSG is given on behalf of:

- Hallmark General Insurance Company Ltd. ABN 82 008 477 647 AFSL 243478 (**Hallmark General**);
- Wesfarmers Finance Pty Ltd (ABN 58 601 282 455) Australian Credit Licence number 470916 (**Wesfarmers Finance**), which is the credit provider of your credit account, and an authorised representative (**AR**) of Hallmark General and Hallmark Life, AR number 473266; and
- Latitude Financial Services Australia Holdings Pty Ltd ABN 46 603 161 100 (**Latitude**), which provides (among other things) distribution services for Wesfarmers Finance and is also an authorised representative of Hallmark General and Hallmark Life, AR number 1239431.

Wesfarmers Finance is a wholly owned subsidiary of Wesfarmers Finance Holding Company Pty Ltd. Wesfarmers Finance Holding Company Pty Ltd is a wholly owned subsidiary of Coles Financial Services Pty Ltd (ABN 94 169 156 165). Latitude is a related body corporate of Hallmark General and Hallmark Life.

You can call us on **1800 800 230**

Monday – Friday, 8.30am – 5.00pm AEST

Or write to us at:

GPO Box 1571

Sydney NSW 1025

Fax: (02) 8249 3885

Hallmark General, Wesfarmers Finance and Latitude are authorised to do the following in relation to the covers included in the Account Cover Plus policy issued by Hallmark Life and Hallmark General:

- issue, vary or dispose of a financial product and arrange for each of these and
- provide general financial product advice.

Hallmark General enters into contracts for Life Cover on behalf of Hallmark Life, under a binder. A binder authorises a person to issue an insurance policy as though they were the insurer. All other financial services set out above, are provided on behalf of Hallmark General and Hallmark Life as the insurers of the relevant covers and Hallmark General as licensee.

OUR COMPENSATION ARRANGEMENTS

The Australian Prudential Regulation Authority (APRA) supervises the financial obligations Hallmark General and Hallmark Life have to their customers including arrangements for compensating retail clients for losses that they may suffer as a result of Hallmark General, Hallmark Life or their representatives breaching Chapter 7 of the Corporations Act. On this basis, Hallmark General and Hallmark Life are exempt from the requirements for compensation arrangements under s912B of that Act.

REMUNERATION AND OTHER BENEFITS

Hallmark General

Hallmark General is paid monthly, on an 'at cost' basis, for providing support services to Hallmark Life. For example, each month Hallmark Life pays Hallmark General a share of the office rent as it falls due.

Wesfarmers Finance

Hallmark General pays Wesfarmers Finance a commission of 20% of premiums generated, before Government charges.

Latitude

Wesfarmers Finance pays Latitude for services on an 'at cost' basis for providing support services.

Employees

Employees of Hallmark General, Wesfarmers Finance and Latitude are paid a salary. Some employees are also eligible for a commission payment on the sale of a policy. Some employees are eligible for performance bonuses that are based on the amount of policies sold.

IF YOU HAVE A COMPLAINT

If you're not happy about something, please contact us first. We have an internal dispute resolution procedure, and you can quickly get that started by calling 1800 800 230 or by writing to us at GPO Box 1571, Sydney, NSW 1025. We'll do our best to resolve your complaint quickly and fairly, and we'll keep you informed of the progress. If your complaint is not resolved in this way, you can contact the following independent and impartial body that provides a free external dispute resolution service:

Financial Ombudsman Service ("FOS") Australia

Mail: GPO Box 3 Melbourne VIC 3001

Telephone: 1800 367 287

Fax: (03) 9613 6399

Email: info@fos.org.au or www.fos.org.au

We also have a brochure '**Do you have a complaint relating to insurance?**' which has everything you need to know about these procedures. Please call us and we'll send you a copy.

Hallmark General follows the General Insurance Code of Practice, and you'll find it on the Insurance Council of Australia's website at www.insurancecouncil.com.au

Hallmark General, Wesfarmers Finance and Latitude have authorised the distribution of this FSG.

Please call Hallmark General and Latitude on **1800 800 230** or Wesfarmers Finance on **1300 306 397** if you:

- do not want to receive further marketing materials like this,
- would like to register on our No Contact/No Call register, which means that we will not telephone you to offer a policy unless you ask us to, or
- want to tell us how often and at what times we can telephone you to offer a policy.