

MetLife Protect – Trauma Cover



If you're diagnosed with a serious medical condition, Trauma Cover can provide you the financial freedom to seek the best medical treatment possible, and assist you and your family whilst you're on the road to recovery.

How it can help

Trauma Cover is designed to help if you suffer a serious medical condition such as cancer, heart attack or stroke. The money you receive can help you pay off debts, replace lost earnings and focus on a return to health. Please refer to the PDS for more details on the Trauma Conditions covered under the product.

Key features and benefits



Comprehensive cover

Trauma Cover pays benefits for a wide range of medical conditions – including cancer, heart conditions and accidental incidents. For some conditions, a 90-day No-Claim Period may apply after you take out cover.



Severity design with tiered benefits

The medical conditions covered under Trauma Cover have been classified into Tiers, based upon severity. You will receive a benefit of up to **100% of your cover amount for Tier 1 Benefits, 50% for Tier 2 Benefits or 10-25% for Tier 3 Benefits.**



Continuous coverage – multiple claims (if Trauma Cover Reinstatement Option is purchased)

Your Trauma Cover does not end, even after you have been received 100% of your cover amount.

See the 'Making a claim' section in this flyer along with 'How do multiple claims under Standard Trauma Cover with the Trauma Cover Reinstatement Option work?' in the PDS for full details.



Life Events Extras Feature

This feature allows you the flexibility to add additional Extras Cover to your Trauma Policy when certain life events occur (and at a time when extended cover may be most relevant to you), without requiring medical underwriting.

What we mean by...

No-Claim Period

For any benefits where this applies, it is the period of time after cover commences before you will begin to be insured for those benefits.

Accidental Injury Cover

Means an amendment to cover where benefits will only be payable as a result of a Life Insured suffering a bodily Injury that is unexpected and unintended.

See the PDS for full details.

Trauma Cover Amount

The amount of cover that we agree to insure you for (which may increase over time, due to Indexation). The payment you receive at claim time is based upon your Trauma Cover Amount.



Medical Travel Expenses Benefit

If you travel more than 100km to receive medical treatment within Australia following a Trauma Cover benefit payment, we'll reimburse up to **\$5,000** of travel expenses.



Indexation

Each Policy Anniversary we'll automatically increase your cover amount to help your cover keep up with inflation, unless you ask us not to (or choose a 5-year or 10-year Fixed Term Option, where Indexation is not available).



Financial advice after claim

If we pay you a benefit under Trauma Cover, we'll cover **up to \$5,000** for the fees associated with the preparation of a financial plan by a Financial Adviser.



Full cover to age 70

Trauma Cover for all medical conditions continues to age 70. From age 70 to age 75, only Tier 1 Benefits will be available. Cover ceases at age 75.

What we mean by...

Trauma Categories

Each condition that is covered under Trauma Cover has been assigned to one of five groups, known as Trauma Categories. The categories are:

- Cancer Conditions;
- Heart Conditions;
- Neurological Conditions;
- Vital Organ and Digestive System Disorders; and
- Disability Conditions and Accidental Incidents.

Related or Progressive Trauma Conditions

Means a condition that is symptomatic of, secondary to, or otherwise connected with another condition for which we have paid a benefit under Trauma Cover.

See the PDS for full details.

Trauma Extra Cost Options and Extras Cover

You can tailor your Standard Trauma Cover with these Extra Cost Options and/or Extras Covers, if they are relevant to you:

■ Extra Cost Options ■ Extras Covers



Life Cover Buy Back Option (Trauma)

This option restores your Linked Life Cover 12 months following a full or partial Linked Trauma Cover claim. An Accidental Injury definition applies to your Life Cover for those 12 months, which is automatically removed, fully restoring your Life Cover. This option expires when you turn 75.



Life Cover Purchase Option (Standalone Trauma)

You will automatically receive Life Cover 12 months following a full standalone Trauma Cover claim. The option expires when you turn 65.



Trauma Cover Reinstatement Option

This option allows you to reinstate your Trauma Cover 12 months following a full or partial Trauma Cover claim. An Accidental Injury definition applies to your Trauma Cover for those 12 months, which is automatically removed, fully restoring your Trauma Cover. This option expires when you turn 75.



Double Benefit Option (Trauma)

Allows you to restore your Linked Life Cover 14 days following a full Trauma Cover claim and waives the premium on the restored Life Cover until you turn 65. An Accidental Injury definition applies to your Life Cover for those 14 days, which is automatically removed, fully restoring your Life Cover.



Premium Waiver Disability Option

Premiums for your Trauma Cover, any Extra Cost Options and/or Extras Covers are waived when you become Totally Disabled. The option expires when you turn 65.

Individual Extras

Designed to provide a higher level of cover by boosting payment for Tier 2 conditions from 50% to 100%, provides up to 100% benefit payment for Advanced Diabetes, and allowing certain repeat claims for angioplasty. Additionally, if the Trauma Cover Reinstatement Option is purchased with Individual Extras then enhanced benefits such as repeat claims for Cancer and heart conditions is also provided.

Family Extras

Designed to provide additional peace of mind for those with dependent children aged 16 years or younger.

What you need to know about Trauma Extra Cost Options and/or Extras Cover

- Adding Extra Cost Options and/or Extras Cover to your Trauma Cover will increase your premium.
- Extra Cost Options and/or Extras Covers expire at age 65.
- Eligibility criteria may apply. Please refer to the PDS for details.

Making a claim

If you need to make a claim on Trauma Cover, here's a summary of what you can expect:

1

We'll tell you what information we need

When we are contacted regarding a claim, we'll identify and request all the information we need up-front to make a decision. We'll only ask for, and rely on, information and assessments that are relevant to your claim and will explain why we're requesting them.

2

We assess your claim

We'll review all of the information provided and make a decision on whether your claim can be paid. We aim to pay every genuine claim we receive, quickly and with compassion and care.

3

We calculate the payment

If your claim is successful, we'll calculate your benefit based on the severity of your medical condition and the cover you hold (including whether you have Trauma Cover Extra Cost Options and/or Extras Cover). We will also take into account previous Trauma Cover benefit payments and whether you have an Accidental Injury Cover definition applicable to your cover. You'll receive benefit payments as a one-off lump sum.

4

Your cover continues if you have purchased the Trauma Cover Reinstatement Option

If we pay a claim under Trauma Cover and you have purchased the Trauma Cover Reinstatement Option, your cover will automatically continue. The payment of future claims will be in accordance with the following principles:

1. The Trauma Category Rule

Your Trauma Cover Amount is available to be paid a total of once, under each of the five Trauma Categories. Once we've paid 100% in total for a Trauma Category, your cover for conditions in that category ends.

2. Related or Progressive Trauma Conditions

In the case of Related or Progressive Trauma Conditions, subsequent benefit payments will be offset against previous Trauma Cover benefit payments. The maximum amount we will pay for Related or Progressive Trauma Conditions is 100% of your Trauma Cover Amount.

3. The application of the Accidental Injury Cover definition

Once we pay a benefit under Trauma Cover, we will apply a 12-month Accidental Injury Cover definition to your Trauma Cover (applicable to an amount of cover which equals the benefit payment made). After 12 months, the Accidental Injury Cover definition is removed and coverage is restored. Note that Accidental Injury Cover definition does not apply to Related or Progressive Trauma Conditions.

Please note that taking out Individual Extras may allow you to be paid a benefit outside of the above rules – see the PDS for more detail.

Claim example

Jack is diagnosed with stage 2 lung cancer at age 45. Based on his diagnosis, he is eligible for a Tier 2 benefit under Trauma Cover, in the Cancer Conditions category. He receives a \$125,000 benefit, which is 50% of his \$250,000 cover amount. His Trauma Cover Amount remains at \$250,000.

Jack's Trauma Cover will be available for future claims in accordance with the following:

The Trauma Category Rule

\$125,000 remains available for further claims within the Cancer Conditions category.

Related or Progressive Trauma Conditions

If Jack suffers a Related or Progressive Trauma Condition, any future benefit payment will be offset by the \$125,000 already received.

The application of the Accidental Injury Cover definition

For 12 months following a benefit payment, \$125,000 of cover (the benefit amount paid) will only be payable if claims arise as a result of Accidental Injury. The other \$125,000 is unaffected by this and provides coverage for all conditions.

After 12 months have passed since a benefit was paid, the Accidental Injury Cover definition is lifted and the full \$250,000 is once again available for all conditions.

This document provides a summary only. For full details of the product including information on making a claim, please refer to the MetLife Protect and MetLife Protect Super Combined Product Disclosure Statement and Policy Terms (PDS) from your adviser or at metlife.com.au.

MetLife Protect is issued by MetLife Insurance Limited (ABN 75 004 274 882, AFSL 238096). MetLife Protect Super is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, AFSL 229757).

This information is of a general nature and has been prepared without taking into account your objectives, financial situation or needs. You should seek independent financial advice having regard to your objectives, financial situation and needs.

For the class of consumers whom MetLife Protect and MetLife Protect Super is likely to be suitable for, and any conditions around how the product can be distributed, please refer to the Target Market Determinations for MetLife Protect (prepared by MetLife Insurance Limited) and MetLife Protect Super (prepared by Equity Trustees Superannuation Limited) at www.metlife.com.au.

We recommend that you read the MetLife Protect and MetLife Protect Super Product Disclosure Statement, available by calling 1800 523 523 or visiting www.metlife.com.au, before deciding whether to acquire, or to continue to hold, these products.



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