

Supplementary Combined Financial Services Guide and Product Disclosure Statement

Prepared 05 February 2010

This is a Supplementary Combined Financial Services Guide and Product Disclosure Statement (Supplementary Combined FSG and PDS) which amends the Catholic Church Insurances Personal Accident Combined Financial Services Guide, Product Disclosure Statement (Combined FSG and PDS) dated 15 July 2006.

This Supplementary Combined FSG and PDS is issued by Catholic Church Insurances (ABN 76 000 005 210), AFS Licence Number 235415 of 485 Latrobe Street Melbourne, VIC 3000. It must be read together with the Combined FSG and PDS.

You can view the Catholic Church Insurances Personal Accident Combined Financial Services Guide, Product Disclosure Statement on our website (www.ccinsurances.com.au).

The following information updates the information in the Combined FSG and PDS.

Delete the following words from the table of contents on page 2.

Hospital Inconvenience Allowance

Emergency Accommodation

Replace the words Nursing Allowance in the table of contents on page 2, with the words Domestic Care Allowance.

Delete the information in the summary of key features and benefits table on page 14 relating to Hospital inconvenience.

Replace the words Nursing allowance in the summary of key features and benefits table on page 14 with the words Domestic care allowance.

Replace the words domestic nursing assistance in the summary of key features and benefits table on page 14 with the words domestic care.

Delete the information in the summary of key features and benefits table on page 17 relating to Emergency accommodation.

Delete the following definition of Domestic Nursing Assistance on page 19.

Domestic Nursing Assistance means help to perform usual everyday duties and tasks. This assistance does not need to be provided by a qualified nurse.

The following definition is added to page 19.

Domestic Care Allowance means help to perform usual everyday duties and tasks. This assistance may not be provided by a qualified nurse, medical practitioner or other healthcare practitioner.

Delete the following information on page 22.

Nursing Allowance

We will pay \$25 for each day the Insured Person requires domestic nursing assistance whilst residing at the person's usual home as the result of an Accident. The benefit is not payable unless the Insured Person is confined to home for more than 3 consecutive days.

We will require a medical certificate stating:

- The name of the injured person,
- Date, nature and extent of the injury, and
- The period the Insured Person requires domestic nursing assistance for, as a result of the Accident.

THIS BENEFIT IS LIMITED TO: \$25 per day, \$500 per Accident.

The following information is added to page 22.

Domestic Care Allowance

We will pay \$25 for each day the Insured Person requires domestic care whilst residing at the person's usual home as the result of an Accident. The benefit is not payable unless the Insured Person is confined to home for more than 3 consecutive days.

We will require a medical certificate stating:

- the name of the injured person,
- date, nature and extent of the injury, and
- the period the Insured Person requires domestic assistance for, as a result of the Accident.

The BENEFIT IS LIMITED TO: \$25 per day, \$500 per Accident.

Delete the following information on page 23.

Hospital Inconvenience Allowance

We will pay \$25 for each day the Insured Person is confined as a patient in a hospital, as the result of an Accident. The benefit is not payable unless the Insured Person is hospitalised for more than 3 consecutive days.

We will require a medical certificate stating:

- the name of the injured person,
- date, nature and extent of the injury, and
- the period that the Insured Person has been hospitalised for, as a result of the Accident.

THIS BENEFIT IS LIMITED TO: \$25 per day, \$500 per Accident.

Delete the following information on page 29.

Emergency Accommodation

We will pay for the cost of emergency accommodation for the immediate family, if as a result of an Accident the Insured Person is hospitalised, at a location more than 100 kms from his or her normal place of residence.

We will require a medical certificate stating:

- the name of the injured person,
- the date, nature and extent of the injury, and
- the treatment was required due to an accident.

THIS EXPENSE IS LIMITED TO: \$50 per day, \$550 per Accident.