



Our claims philosophy is simply to pay all entitlements as quickly as possible

This promise is backed by our unique ‘Guarantee of Claims Accountability’ which guarantees that ClearView customers and their families will be treated with empathy and compassion.

Our ‘Guarantee of Claims Accountability’ is included in our policy document for the benefit of our policyholders. It defines the high level of service we will provide so that clients and their financial advisers know exactly what they can expect from us.

Our guarantee means that we will always:

- Act with compassion and sensitivity
- Be open and transparent
- Communicate clearly and regularly
- Explain why we need additional information

Ranked highest in overall adviser satisfaction

The 2017 Investment Trends Planner Risk Report found ClearView received the highest adviser satisfaction ratings for the underwriting process, IT systems, product features and communications.

ClearView received the highest level of overall satisfaction, and ranked No 1 in 9 other categories (out of 13).



2017 Planner Risk Report

We're here to pay claims

ClearView partners with financial advisers to help Australians protect and grow their wealth, achieve their goals and ultimately retire with confidence.

Since the launch of our flagship LifeSolutions product in 2011, we have established a reputation for paying claims and delivering a superior claims experience.

We firmly believe that adequate insurance cover is the foundation of financial wellbeing. This belief is shared by our strategic partner, Sony Life.

In financial year 2017, ClearView paid benefits to around 600 customers and their families. The group incurred claims liabilities totalling \$72 million.

Benefits paid enabled our customers to pay their bills, provide for their families, maintain their standard of living, cover the cost of treatment and focus on their recovery.

We were there for them during a difficult time.

A dedicated claims assessor

Every claimant is looked after by a dedicated claims assessor who takes the time to build a relationship with the claimant, their adviser and all treating doctors. This ensures each claimant's specific circumstances are taken into account so the assessment process is tailored to suit their needs.

Each claimant's assessor, backed by a team of experienced professionals, will liaise with them and their financial adviser to keep both parties updated throughout the process and address any questions or concerns they may have until the claim is completed.

Their dedicated assessor will remain with them throughout the claims journey from beginning to end.

How secure is ClearView?

ClearView competes in highly regulated markets and is supervised by the Australian Prudential Regulation Authority (APRA) and the Australian Securities and Investments Commission (ASIC).

The capital adequacy requirements of the life company are regulated under APRA's prudential standards.

APRA's Life Insurance Statistics, published in June 2017, showed ClearView had the highest prescribed capital coverage ratio of all Australian regulated life insurers.

As at 30 June 2017, ClearView had \$371 million of net tangible assets held in capital reserves to support our promises to policyholders. This included \$98 million in cash reserves.

Reinsurance

Over 75 per cent of the insurance risk on the LifeSolutions portfolio is reinsured with Swiss Re Life & Health Australia. Swiss Re has a global S&P rating of AA-.

Effectively, for every \$1 of insurance on our books, a minimum of 75 cents is underwritten by Swiss Re.

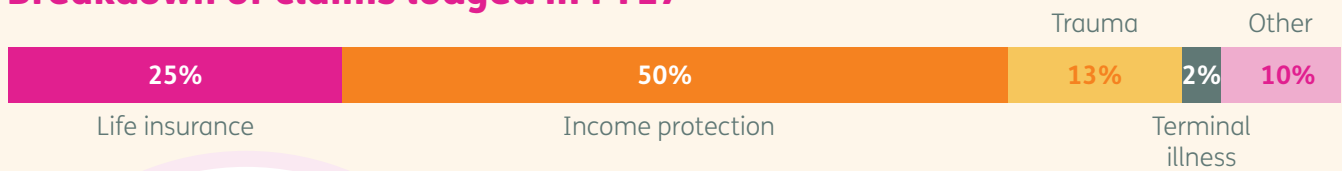
Recently paid trauma claims

Sex	Age	Occupation	Years inforce	Benefit amount	Cause of claim
F	52	Secretary	3 years	\$354,674	Ovarian cancer
M	54	Fitter and turner	1 year 11 months	\$52,500	Parkinson's disease
F	31	Hairdresser	2 years 1 month	\$150,00	Cancer
M	27	Carpenter	1 year 1 month	\$289,406	Hodgkin's Lymphoma
F	44	Homemaker	1 year 11 months	\$525,000	Breast cancer
M	37	Engineer	1 year 8 months	\$400,000	Severe Ulcerative Colitis

Recently paid income protection claims

Sex	Age	Occupation	Years inforce	Benefit amount	Cause of claim
M	21	Ceiling fixer	1 year 10 months	\$2,812	Left thumb fracture
F	41	Secretary	1 year 8 months	\$2,625	Hysterectomy
M	29	Electrician	1 year 5 months	\$3,125	Epilepsy
F	44	Orthodontist	5 months	\$30,000	Fractured shoulder
F	30	Childcare worker	7 months	\$3,875	Sprained ankle

Breakdown of claims lodged in FY17



\$72m
Total incurred claims liabilities in financial year 2017

600
Customers and their families paid benefits

25%
IP claimants engaged in rehabilitation compared with an industry average of 6%*

Highest capital coverage ratio of Australian registered life insurers

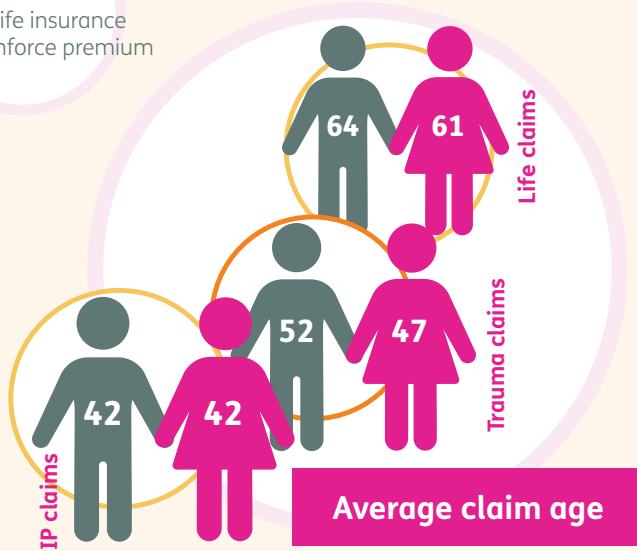
\$189.5m
Life insurance inforce premium



LifeSolutions
Swiss Re 75%
 LifeSolutions portfolio is reinsured with Swiss Re

\$371m
Net assets in capital reserves including
\$98m
in cash reserves

Planner Satisfaction
 No. 1 for overall planner satisfaction by Investment Trends^



ZERO | Litigations or investigations

Average claim age



Excellence and innovation in rehabilitation

Our award-winning 'Optimising Rehabilitation within Life Claims Management Program' has helped many income protection claimants return to work with a healthy mindset.



ClearView works with rehabilitation specialists, IPAR Rehabilitation, to deliver an effective and innovative program that is a central part of the claims management process.

The program, which has been highly commended by the Australasian Life Underwriting and Claims Association, has seen 25 per cent of ClearView Income Protection claimants engaged in rehabilitation compared to an industry average of 6 per cent.

The program has allowed ClearView to improve the quality of life for many of our customers through the health benefits associated with returning to work.

^ Investment Trends 2017 Planner Risk Report, based on a survey of 495 financial planners

How to make a claim

Request



Request a claim pack and complete the claim form

The claim pack consists of:

1. A claim form, which a claimant (or their representative) will need to complete; and
2. A medical report form, which a claimant's doctor will need to complete (if applicable).

To ensure that a claim is handled as quickly as possible, it's important that all sections of the claim form are completed correctly and any necessary additional information is attached. A list of required information can be found on the cover letter of the claim pack.

If some information is unattainable or there is a delay in collecting information, claimants should still send in the information they have so the assessment process can begin. We will let them know if we need anything further.

Return



Return the completed claim form

Claimants can return their completed form and any additional information via email or post, as per the details below.

E: Clearviewlifeclaims@clearview.com.au

ClearView Life Assurance Limited
Attention: Life claims
Reply Paid 4232
Sydney NSW 2001

In some cases, additional information may be required before a final decision can be made.

Assess



Assessing a claim

After receiving the completed claim form and any additional information, an initial assessment will be undertaken within 48 hours (or two business days).

If a claim can be approved based on the initial assessment, a claims assessor will let the claimant and their financial adviser know. Benefits will then be paid to them within 48 hours (or two business days) after that. For income protection claims, once a claim is approved, benefits will be paid monthly in arrears.

Clients who have any questions or require assistance to complete their claim form can call **1300 730 832**.

FSC Code of Practice

ClearView is a member of the Financial Services Council (FSC) and is bound by the FSC's Life Insurance Code of Practice (the Code).

The Code sets out an industry-wide framework for handling and assessing life insurance claims.

Key Code requirements

- We will be honest, fair, respectful, transparent, timely and where possible we will use plain language in our communications with a life insured, a policy owners and / or third party beneficiary ("you or "your")
- We will provide additional support if you have difficulty with the process of buying insurance or making a claim
- When you make a claim, we will explain the claim process and keep you informed about our progress in making a decision on your claim

- A decision on your claim will be made within timeframes defined in the Code, and if we cannot meet these timeframes you can access our complaints process
- If we deny your claim, we will explain the reasons in writing and let you know the next steps if you disagree with our decision
- We will restrict the use of investigators and surveillance to ensure your legitimate right to privacy
- The Independent Code Compliance Committee will monitor our compliance with the Code
- If we do not correct Code breaches, sanctions can be imposed on us.

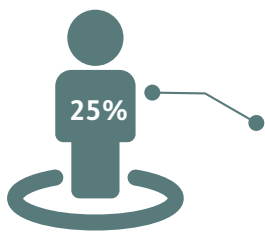
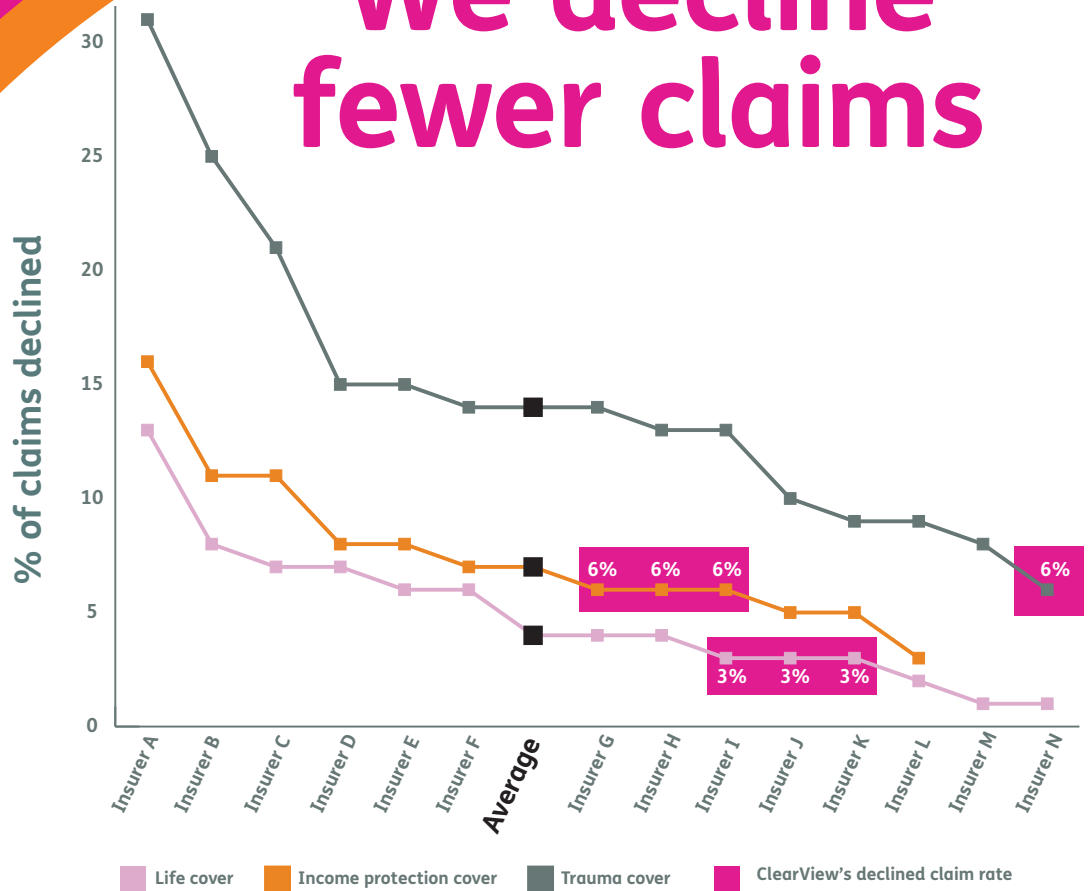
A copy of the Code can be accessed at:

www.fsc.org.au/policy/life-insurance/code-of-practice/

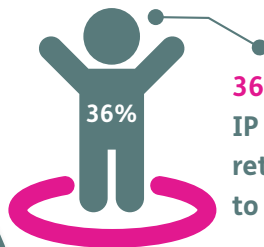
Information current as at September 2017

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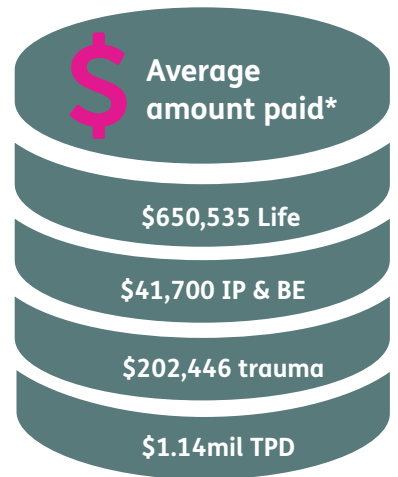
We decline fewer claims



25% of IP Claimants engaged in rehabilitation compared with an industry average of 6%



36% of engaged IP claimants returned to work



Claims data

01/01/2016 to 31/11/2016