



**Combined Product Disclosure Statement,  
Policy Document and Financial Services Guide**

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# About flip

Flip is in the business of protecting and inspiring adventurous, active people.

At its core, Flip provides financial support and protection to customers who are injured in an Accident during sports or other activities by paying cash benefits directly to customers' bank accounts, so that they have the confidence to get back out there and do the activities they love.

Flip has rebuilt the "insurance experience" from the ground up for simplicity and flexibility, while also bringing new types of Accident cover to customers. Flip covers customers for common sports-related injuries that need treatment from Health Professionals. What's more, Flip allows customers to Boost cover before participating in activities they feel are riskier. Talk about flexibility!

Beyond Flip's financial protection, Flip helps customers keep safety top of mind - whether they are planning or participating in an adventure, or recovering, while also encouraging new activities and a more active lifestyle!

## You can apply for a Flip Policy if you are:



Aged 18 to 64;



An Australian citizen, Australian permanent resident or a New Zealand citizen; and



Permanently residing within Australia at the time of application.

# About us

There are two companies you should know about.

First, there is HCF Life Insurance Company Pty Limited (ABN 37 001 831 250, AFSL 236 806) (HCF Life). You've probably heard of us. We are the company that is actually providing your insurance cover and is the issuer of this Combined Product Disclosure Statement and Policy Document (PDS), and Financial Services Guide (FSG). So whenever you see a reference to "we", "our" or "us" in this document, that means HCF Life. We are a wholly-owned subsidiary of The Hospitals Contribution Fund of Australia Limited (ABN 68 000 026 746, AFSL 241 414) (HCF).

Here's how it works. The premiums you pay are paid into, and the benefits you receive are paid out of, a statutory fund (in this case, HCF Life's No. 1 Statutory Fund). All Flip Policies are "non-participating". This means that when you get money out of the statutory fund, it will be because you are entitled that money under your Policy (like when you

injure yourself in an Accident), but it won't be just because the statutory fund has a surplus of money in it.

Secondly, there is Flip Insurance Pty Ltd (ABN 71 648 680 960) (Flip Insurance). Flip Insurance is a brand new company (incorporated in 2021), that is a wholly-owned subsidiary and authorised representative (ARN 001288198) of HCF Life.

Flip Insurance is also a joint issuer of the FSG together with HCF Life, and is authorised to do things like deal in the insurance and provide general advice on behalf of HCF Life. Flip Insurance also provides a range of services in relation to Flip, such as customer support and claims handling.

Sometimes you'll see that statements in this PDS are attributed to Flip Insurance. When you see that, Flip Insurance has given HCF Life consent for those statements to appear in the form and context they are in (and hasn't withdrawn that consent either).



# About this document

This document is important because it helps you decide if Flip is right for you. This document combines the Product Disclosure Statement and Policy Document, which we refer to as the PDS, with the Financial Services Guide (FSG). You should read this document carefully so you understand the cover we will provide you, before you purchase Flip.

The PDS tells you about Flip, the key product features and benefits, terms of the Policy and other important information. It also tells you how to make a complaint (not saying you will ever need to, but hey no one is perfect). The FSG is one of those things the regulators make us include, and it outlines the financial services offered by us and Flip Insurance, including the fees and commissions we pay to other parties. This document is designed to assist you; the information is of a general nature only and doesn't take into account your objectives, financial situation or needs.

When we issue you with a Flip Policy (hooray!), you will receive a copy of this PDS, and a Certificate of Cover. Together, these documents form your Policy, and should be kept in a safe place.

This offer is made only in Australia and is made only to those persons who receive the PDS within Australia.

Your Policy is a consumer insurance contract within the meaning of section 11AB of the Insurance Contracts Act 1984 (Cth).

Throughout this document, some words and expressions have a special meaning. These words begin with capital letters, and their meanings can be found in the Glossary on [page 18](#). Also in this document, references to 'you' and 'your' means the sole Policy Owner who is shown on your Certificate of Cover.

Information in this PDS that is not materially adverse to you is subject to change by us from time to time. You can find the updated information at [getflip.com.au](https://getflip.com.au).





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# 1. What you're covered for

## HOW DOES IT WORK

### Subscription

Subscription Cover is a continuous base level of Flip Cover that pays a benefit if you suffer a Specified Injury listed in the table of benefits on [page 7](#) as a direct result of, and primarily caused by, an Accident in Australia, while your cover is Active and subject to the terms of this Policy.

### Boost

In addition, you also have the option to Boost your level of Cover for the days you feel most at risk for an additional premium for each calendar day during which Boost is Active. You can purchase a Boost on any day you choose, and up to 10 Boosts in a single transaction. You can also schedule Boosts up to three (3) months in advance if you think you might forget!

You must have an Active Policy to be able to purchase a Boost. You can purchase up to 150 Boosts per calendar year.

You can purchase a Boost for a day that has already begun. If you do, your Cover will begin when you purchase that Boost and you'll be charged the full Boost premium for a partial day of Cover.

It is important that you read the 'What you're not covered for' section on [page 9](#) for information on limitations and exclusions, as not all accidents and injuries are covered.

You can only have one Flip policy Active at a time.

## WHEN COVER STARTS

Your Cover will start from the date and time specified on your Certificate of Cover.

## WHEN COVER ENDS

Your cover will end when:

- you or we cancel your Policy, see 'Cancelling Your Policy' on [page 12](#);
- you turn 65 years old;
- we have paid you an aggregate of \$20,000 or more under the Subscription component of your Policy. Any additional benefits you receive under the Boost component of your Policy do not count towards this limit;
- you die; or
- the Policy Term ends, which is three (3) years from the date your Cover started.

If you purchase a Boost, it will end at 11.59pm on the day you scheduled it for.

## TABLE OF BENEFITS

Benefit Tier	Specified Injury covered	Benefit per Accident		
		Subscription only	Subscription with Boost	
<b>1</b> <b>Ouch.</b>	<p>You suffered one or more of the following injuries, as confirmed by a Health Professional within 14 days after the Accident:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p><b>Fractured or broken bone;</b></p> </div> <div style="text-align: center;">  <p><b>Bone dislocation;</b></p> </div> <div style="text-align: center;">  <p><b>Sprain, strain or other sports-related injuries to muscle, ligament, tendons or cartilage that is sudden onset;</b></p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;">  <p><b>Wound requiring stitches or Ongoing Care; or</b></p> </div> <div style="text-align: center;">  <p><b>Minor dental injury – which means concussion of the tooth or fracturing of the tooth enamel or dentin.</b></p> </div> </div>	<b>\$200</b>	<b>\$400</b>	
	<b>OR</b>			
<b>2</b> <b>Damn!</b>	<p>You suffered a physical injury and had a <b>surgical procedure that required admission to hospital</b> within six (6) months after the Accident; or</p>	<p>You suffered a displaced, fractured or knocked out tooth, and as a result had one or more of the following <b>major dental treatments</b> within six (6) months of the Accident:</p> <ul style="list-style-type: none"> <li>• Crown and bridge work;</li> <li>• Implants;</li> <li>• Dentures;</li> <li>• Splints;</li> <li>• Root canal therapy.</li> </ul>	<b>\$2,000</b>	<b>\$4,000</b>
	<b>OR</b>			
<b>3</b> <b>F!*%</b>	<p>You suffered total and irreversible loss of use of:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p><b>Sight in both eyes</b> which cannot be corrected by glasses or any other means;</p> </div> <div style="text-align: center;">  <p><b>Hearing in both ears</b> which cannot be corrected by a hearing aid or any other means; or</p> </div> <div style="text-align: center;">  <p><b>Either both arms, both legs, or one arm and one leg.</b></p> </div> </div>	<b>\$20,000</b>	<b>\$40,000</b>	

Benefits are payable to you or, if you have died, to your legal personal representative or a person we are authorised to pay under the Life Insurance Act 1995 (Cth).



# 2. What you're not covered for

## LIMITATIONS

### What happens when an accident occurs

We will pay one benefit per Accident. If you meet the criteria under more than one Benefit Tier due to the same Accident, we will pay the highest Benefit Tier applicable. This means:

- If you suffer two Specified Injuries from Tier 1 as a result of the same Accident, we will pay \$200 under Subscription, or \$400 if a Boost is Active at the time of the Accident; or
- If you suffer a Specified Injury from Tier 1 and a Specified Injury from Tier 2 as a result of the same Accident, we will pay a maximum of \$2,000 under Subscription (which could be paid as \$200 and then \$1,800 depending on when you lodge your claim/s) or a maximum of \$4,000 if Boost is Active at the time of the Accident (which could be paid as \$400 and then \$3,600 depending on when you lodge your claim/s).

### Examples of how this works:



**Clumsy Chloe**

Chloe was riding a bike and fell over in Sydney. Chloe visits the doctor straight away and is told by her doctor that she has suffered a **broken arm** because of the Accident. 5 days later, Chloe also goes to check out her teeth and is told by her dentist that she has suffered a **fractured tooth enamel** as a direct result of the same bike Accident.

**Chloe is paid \$200 under Benefit Tier 1**



**Rugby Rahul**

Rahul was playing football in Melbourne and was tackled. Rahul is told by his doctor later that day that he has suffered a **dislocated right shoulder** because of the Accident.

**Rahul is paid \$200 under Benefit Tier 1**

3 months later, Rahul returns to his doctor with further complaints about his **dislocated right shoulder** from the same Accident. As advised by his doctor, Rahul undergoes surgery.

**Rahul is paid an additional \$1,800 under Benefit Tier 2**



**Jumping Jo**

Jo has a bad right knee. After purchasing this product, Jo suffers a fall due to their bad knee giving way and suffers a **sprained wrist** due to the fall. Jo isn't eligible for a benefit as the fall occurred as a result of Jo's existing knee problems. Accident's that occur because of medical conditions are not covered under the Policy. See 'What you're not covered for' on [page 9](#).

**Jo is not paid a benefit**



**Skiing Serena**

Serena was planning to go on a ski trip with her friends on the weekend so she decided to Boost her cover for those dates just in case. During the ski trip, she was involved in a terrible Accident and as a result suffered **total and irreversible loss of use of both her legs**.

**Serena is paid \$40,000 under Benefit Tier 3**

## What happens if you have multiple accidents

As the saying goes, 'accidents happen'. In the unfortunate event that you have multiple Accidents, we will pay a benefit on each Accident provided it meets the criteria in the table of benefits and other terms of this Policy.

There are some limits to the number of claims you can make for multiple Accidents within a period of time.

This period is a 12-month rolling period up until the date of the last Specified Injury. This means that when you suffer a Specified Injury, we look at how many claims you have made in the 12 months prior to that Specified Injury.

In this 12-month rolling period, the following limitations apply:

- Where you have previously made a claim for a Specified Injury, you may only make one further claim for the same Specified Injury that occurs in the same location on the body; and
- You may claim up to four (4) times for Specified Injuries under Tier 1. Once you claim up to four (4) times for Specified Injuries under Tier 1, the only available benefits under the Policy for the remainder of this 12 month period are Tier 2 and Tier 3 benefits.

Here is an example of how this would work if bad-luck Bob were to make the following claims under Benefit Tier 1 arising from separate Accidents that happened while his Policy was Active:

Date of injury	Specified Injury as a direct result of, and primarily caused by, an Accident	Claim outcome (provided all other Policy terms and conditions are met)
1 Jul 2021	Dislocated right shoulder	 Paid \$200
1 Dec 2021	Dislocated right shoulder	 Paid \$200
1 Jan 2022	Dislocated right shoulder	 Not paid (as bad-luck Bob has already made two claims for the same Specified Injury in the last 12 months)
1 Feb 2022	Broke left big toe	 Paid \$400 (as bad-luck Bob had previously purchased a Boost for this date)
1 Apr 2022	Concussion of tooth enamel requiring dental treatment	 Paid \$200
2 July 2022	Dislocated right shoulder	 Paid \$200 (as bad-luck Bob has only made one claim on the same Specified Injury in the last 12 months)
1 Oct 2022	Sprained left ankle	 Not paid (as bad-luck Bob had four claims paid over the last 12 months within Benefit Tier 1)

## EXCLUSIONS

There are some things we don't cover. We won't pay a benefit if your Specified Injury occurs as a result of:



dental injury caused by food or drink including any foreign body in it while being consumed;



motorcycling;



any Accident that occurs outside Australia;



any Accident that:

- is; or
- is a direct result of, and primarily caused by, a medical episode, or a medical condition, or a complication relating to a medical procedure.

*For example, you won't be covered where you suffer a Specified Injury that occurs as a result of fainting, and you also won't be covered where you suffer a Specified Injury that occurs as a result of a car crash, if the car crash was caused by an epileptic seizure.*



paid work or employment (e.g. food delivery rider), except for when the paid work or employment is a sport related activity (e.g. tennis coaching);



being under the influence of alcohol, or taking illicit drugs, or taking medication in a way not as directed. Under the influence of alcohol means being over the prescribed legal limit for driving a motor vehicle according to the relevant state or territory limit;



intentional self-injury or attempted suicide;



involvement in an illegal act;



acts of war, whether declared or not, hostilities, civil commotion, terrorism or insurrection;

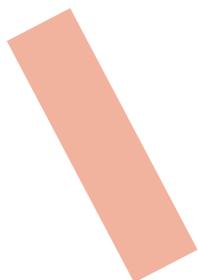


any Accident that occurs before the Cover starts; or



any Accident that occurs after the Cover ends.

If a Boost is not Active at the time of the Accident relating to your claim, you will only be eligible for the Subscription benefit amount.



# 3. Managing your policy

## PREMIUMS

Premiums are what you pay in exchange for being covered by Flip. So that we can keep you covered, you must pay premiums on or before the due date to keep your Policy Active. Premiums are payable in advance and are based on your payment frequency.

As at the issue date of this PDS, the premium payable on the Policy is \$9.00 per week. This premium is for Subscription Cover and will be shown on your Certificate of Cover.

The additional premium payable for a Boost is \$6.00 per calendar day, for each day a Boost is Active. This additional premium will be shown on your Certificate of Cover, along with the premium for your Subscription. If you have scheduled a Boost in advance and decide to cancel it before it's Active, this can be done via your online profile on our website and we will refund any amount you have already paid for that Boost.

You may not purchase or schedule a Boost if your payment details are invalid. Your Boost will not become Active unless we can deduct payment before it is scheduled to start.

All premiums are inclusive of stamp duty payable by us (where applicable).

Generally, insurance premiums are not tax deductible and benefits are paid free of personal tax. This is a general statement based on present laws and their interpretation. Individual circumstances may vary, so you may like to consult a professional tax adviser.

## CANCELLING YOUR POLICY

If you feel you no longer need cover, you can use your online profile on our website to cancel your Policy and/or scheduled Boosts. If the cancellation occurs after the cooling off period, we will not refund any portion of premium you have already paid and the cancellation of your Policy, and all cover under it, will take effect at the end of the last day for which you have paid premiums.

If you cancel your Subscription Cover but have Boosts scheduled before your Subscription Cover is due to end, these Boosts will remain in place. If you no longer need these Boosts, you can cancel these via your online profile on our website. If scheduled Boosts are to take place after your Subscription Cover has ended, they will automatically be cancelled and any amounts you have already paid for those Boosts will be refunded. You won't be able to purchase any new Boosts if you've cancelled your Subscription Cover.

If you miss a premium payment, we will try to reach you at the email you provided to let you know. Once we notify you about your missed payment, you will have 28 days to make your payment and you won't be able to purchase a Boost until your payment is received. If you don't pay your premiums within 28 days, we will cancel your policy on the date stipulated in the notice we sent you.

We will not cancel your coverage in response to any change in the risk of the Policy Owner. To keep things fair for the Flipper community, we will cancel your policy immediately if we have evidence of fraud.

## COOLING OFF PERIOD

When you commence your coverage, you have 14 days to check whether the Policy meets your needs. Within this time, you may cancel your Policy by contacting us and receive a refund on a pro-rata basis depending on the number of covered days enjoyed before cancellation. This requires your Cover to be Active at the time of cancelling and that you have not made a claim.

## SUBMITTING A CLAIM

At Flip, our claim philosophy is to pay all genuine claims as soon as possible after all the necessary information has been received and assessed by our team.

Before you make a claim you must first check to make sure you meet the criteria in the Table of Benefits on [page 7](#).

### To make a claim:



Visit the Claims section of our website as soon as reasonably practicable after the Accident occurring. If you do not notify us as soon as reasonably practicable or with the correct information, and we are prejudiced by that delay or non-disclosure, we may be able to refuse to pay the claim, or reduce the amount you are paid;



Provide evidence to support your claim. The evidence required will vary depending on the Specified Injury and benefit payable. It typically includes an appropriate medical certificate or declaration from a Health Professional or discharge letter from a hospital that confirms the injury you have suffered as a result of an Accident that occurs when your Policy is Active. We can ask for further information we reasonably need to ensure that the terms and conditions of the Policy as set out in this document are satisfied;



You'll need to pay for costs associated with collecting and sending the required evidence to us. However, if we ask for a medical examination, we'll pay for that examination.

If you have any outstanding premiums, this amount will be deducted from any benefit paid. We will not pay a benefit if a claim is fraudulent in any way (and you will need to repay it if it has already been paid to you).



# 4. Other things you need to know

## UNDERSTANDING THE RISKS

While we think Flip is great, it is still important for you to understand the risks of purchasing Flip:

- Flip only provides a benefit for Specified Injuries resulting from an Accident, up to certain claims limits. Not all accidents and injuries are covered. Consider whether this Policy suits your objectives, financial situation and needs and if the level of cover is sufficient;
- This Policy has a Policy Term of three (3) years, which means your Policy will remain Active for up to 3 years if you choose to hold your Policy and pay your premiums. During your Policy Term, we may make changes to the Policy (see Potential Changes to the Policy on [page 14](#)) if required. After your Policy expires, the world may have changed and we may not be able to renew your Policy with the same terms and conditions;
- Certain limitations and exclusions apply, see “What you’re covered for” on [page 6](#);
- Your claims may not be paid and this Policy may be cancelled if you have failed to pay your premium by the due date or you have made a fraudulent claim, see “Managing Your Policy” on [page 12](#);
- If you are replacing an existing policy, consider the terms and conditions of each policy before making a decision;
- Due to this being a “soft launch” of Flip, we only intend to have this product available for purchase for a limited time (one month) and to a limited number of new customers (100 people). This means that if you cancel this Policy, but then decided to re-purchase a new policy, there is no guarantee that we will be able to issue you a new policy on the same terms, due to its limited availability. In the future, we may decide to make this product available for a longer amount of time or to more people;

- We do have plans to innovate and roll out new versions of Flip. If you cancel this Policy with the intention of re-purchasing the same policy after this “soft launch”, there is no guarantee that we will be able to issue you a new policy on the same terms and conditions as this Policy;
- If you plan to purchase Boosts frequently, have a think about whether this Policy suits your objectives, financial situation and needs, and if the level of cover is sufficient; and
- No money is payable to you unless we have approved a claim under this Policy.

## POTENTIAL CHANGES TO THE POLICY

We may change the premiums you pay from time to time. If your premium increases, such change will come into effect on the date specified in the notice of change, which will be at least one (1) month after the date of us emailing the notice of change to you.

We want to make Flip better wherever possible. This means we may unilaterally vary the terms of the Policy in some cases, such as:

- Where there is no adverse impact to you; or
- Where we are required to make changes under law; or
- To change our claims process.

We may make a change, without giving you prior notice where there is no adverse impact on you, such as where we include additional benefit features or more generous terms. For changes where there may be an adverse impact on you, we will give you prior notice of the change. When we update the Policy terms that affect you, we will notify you of the changes via email. A copy of your PDS can be found at any time in your online profile via our website. You may also contact us if you require a copy to be sent via mail.

Our website is also updated regularly with the latest PDS. Please note the PDS on our website may differ from the PDS applicable to your Policy, which can be found in your online profile via our website.

## PROTECTING YOUR RIGHTS

We truly hope we never have any disagreements that can't be resolved amicably. On the rare occasion you want to make a complaint about your Policy, please contact our Resolutions Team. We will promptly investigate your complaint and aim to resolve it within 45 days.



[getflip.com.au](https://www.getflip.com.au)



[resolutions@getflip.com.au](mailto:resolutions@getflip.com.au)



(03) 6361 6161

If an issue has not been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides a fair and independent financial services complaint resolution process that is free to consumers.

1800 931 678 (free call)  
[afca.org.au](https://www.afca.org.au)  
[info@afca.org.au](mailto:info@afca.org.au)  
Australian Financial Complaints Authority,  
GPO Box 3, Melbourne VIC 3001





## OUR PRIVACY STATEMENT

Flip is committed to best practice privacy protection. Like, seriously.

We collect your personal information including sensitive information such as health information from you and from other third parties detailed in the Flip Privacy Policy, so we can:

- comply with applicable laws;
- manage our relationship with you;
- provide information and offers on life insurance products and services to you (including through third parties);
- manage and pay claims and benefits;
- assess your life insurance and related needs;
- investigate fraudulent or improper claims and assess risks;
- research and develop products, services and benefits that may better serve your needs and objectives;
- assess your possible interest in and tell you about other HCF products and services; and,
- administer our business and manage complaints.

The types of organisations and individuals we disclose personal information to include:

- third party organisations who deliver services on our behalf or to us, some of whom may be located overseas;
- research companies contracted to us to ask your opinion on improving our service, benefits or product offerings;
- other insurers or reinsurers;
- government, including law enforcement agencies;
- related HCF companies; and,
- any other authorised individual.

We may provide HCF or Flip Insurance with your personal data for the purposes of underwriting the insurance provided and to support the handling of claims. More information about HCF's handling of your personal data can be found at:

[www.hcf.com.au/privacy](http://www.hcf.com.au/privacy)

If you do not provide the personal information we request, we may not be able to provide you with our products or services. You can ask us at any time to stop direct marketing to you by emailing [marketing@getflip.com.au](mailto:marketing@getflip.com.au)

For more information about the personal information we collect and how we handle it, how to access and correct your personal information or how to make a complaint and how we will respond to complaints, please read the Flip Privacy Policy at: [getflip.com.au/privacy](http://getflip.com.au/privacy)

## LICOP SIGNATORY STATEMENT

HCF Life, the owner of Flip Insurance, is proud to be a member of the Financial Services Council and we are bound by its Life Insurance Code of Practice which sets out the Australian life insurance industry's key commitments and obligations to our Flipping awesome customers. Further information is available at [fsc.org.au](http://fsc.org.au)



# 5. Glossary

Where the below terms appear throughout this document, they hold the meanings stated in the table below.

Term	Meaning
<b>Accident</b>	means an event that is: <ul style="list-style-type: none"> <li>• external to the body; and</li> <li>• visible; and</li> <li>• unexpected; and</li> <li>• unintended.</li> </ul>
<b>Active</b>	<ul style="list-style-type: none"> <li>• for Subscription, means the period of time between when your Policy starts as indicated on your Certificate of Cover and when your Policy ends in accordance with section “When Cover Ends” on <a href="#">page 6</a>; and</li> <li>• for Boost, means the period of time for which Boost is turned on, as indicated on your Certificate of Cover.</li> </ul>
<b>Boost</b>	means additional daily cover you can elect to take out, which will increase the benefits payable to you, in accordance with the table of benefits on <a href="#">page 7</a> .
<b>Certificate of Cover</b>	means a document issued by us which shows important information about your Policy, including your Policy number, premiums and when your Policy starts.
<b>Flip Insurance</b>	means Flip Insurance Pty Ltd which is a wholly-owned subsidiary of HCF Life.
<b>Health Professional</b>	means a registered medical practitioner, dentist, or physiotherapist relevant to the Specified Injury you have suffered.
<b>Ongoing Care</b>	means more than one (1) visit to a registered nurse or medical practitioner for wound management.
<b>Policy/Cover</b>	means this Combined Product Disclosure Statement and Policy Document, together with your Certificate of Cover.
<b>Policy Owner</b>	means the person indicated on your Certificate of Cover as the Policy Owner.
<b>Policy Term</b>	means the period that we guarantee to continue your Policy and is shown on your Certificate of Cover. The Policy Term begins on the date your Policy starts and ends on the third (3rd) anniversary of the Policy.
<b>Specified Injury</b>	means an injury listed in the table of benefits on <a href="#">page 7</a> for which a benefit may be paid under this Policy.
<b>Subscription</b>	means the continuous level of cover you have under this Policy, in accordance with the table of benefits on <a href="#">page 7</a> .



# 6. Financial Services Guide (FSG)

**This Financial Services Guide provides information about the services provided by HCF Life Insurance Company Pty Limited (HCF Life) and Flip Insurance Pty Limited (Flip Insurance) in relation to Flip cover and is designed to assist you in deciding whether to use any of these services.**

**It contains information about remuneration paid to HCF Life and Flip Insurance, as well as their staff and The Hospitals Contribution Fund of Australia Limited (HCF) for the services offered, and how complaints in relation to these services are dealt with.**

**If HCF Life or Flip Insurance offers or arranges to issue you Flip cover, we will provide you with a Product Disclosure Statement relating to that product where required. The Product Disclosure Statement sets out the significant features of the product and will assist you to compare and make informed decisions about the product.**

HCF Life's Australian Financial Services Licence (AFSL Number 236 806) authorises HCF Life to issue life insurance products and provide financial product advice about life insurance products. HCF Life is a wholly owned subsidiary of HCF and acts on its own behalf. Premiums for the life insurance products, including Flip cover, are paid to HCF Life. HCF receives commission of 80% of HCF Life's underwriting profit each year calculated as premiums less claims and expenses.

HCF holds professional indemnity insurance that complies with the compensation requirements of Section 912B of the Corporations Act. This includes cover for claims in relation to the conduct of representatives and employees who no longer work for HCF but who did at the time of the relevant conduct. As part of the HCF Group, HCF Life and Flip Insurance, and their activities, are covered under this professional indemnity insurance. Flip Insurance is a wholly owned subsidiary of HCF Life and is an authorised representative of HCF Life (ARN 001288198). Flip Insurance is authorised to provide financial product advice about life insurance products.

Flip Insurance may provide general advice about the suitability of Flip for your needs. This means we do not take into account individual objectives, financial situations or needs. You should, before acting on that advice, consider the appropriateness of the advice, having regard to your objectives, financial situation or needs. Please read the Product Disclosure Statement before deciding to purchase any of these products.

Flip Insurance may receive remuneration from HCF Life for the financial services it provides in relation to Flip cover. Flip Insurance and HCF Life employees receive a salary, paid by HCF Life, for the financial services they provide in relation to Flip cover. In addition, HCF, HCF Life and Flip Insurance employees may also receive an incentive depending on the total revenue and profitability of the products which they sell. The portion of this attributable to Flip products will not exceed 10% of HCF Life's premium revenue earned from Flip cover.

If you have a complaint about any of the services we offer in this Financial Services Guide, please contact us on **(03) 6361 6161**. If we have not resolved your complaint within 45 days or you are not satisfied with our response, you can contact The Australian Financial Complaints Authority (AFCA). AFCA is an independent body available free of charge to consumers and can be contacted at:

1800 931 678 (free call)

[afca.org.au](http://afca.org.au)

[info@afca.org.au](mailto:info@afca.org.au)

Australian Financial Complaints Authority,  
GPO Box 3, Melbourne VIC 3001

# Thank you!

Hopefully it all made sense and you feel good about being protected by Flip! If you have any questions, please contact us at:



**Visit:** [getflip.com.au](https://getflip.com.au)



**Email:** [help@getflip.com.au](mailto:help@getflip.com.au)



**For technical support**  
**Call:** (03) 6161 3547 (6161 FLIP)



