

Hi Nick & Team,

Firstly, well done on pulling this together – it is obvious that there has been a huge amount of work and effort gone into this!

I have suggested improvements for this version of the code (as per below in table). Please note: I have read this as someone who knows little about the technical aspects of insurance and therefore I have deliberately taken the lens of the customer.

With this in mind, and given the focus of the work of SuperFriend, as an overarching comment, I think it will be essential (in creating transparency, clarity and building trust) that this Code defines a ‘Mental health condition’ as one that is ‘diagnosed (in accordance with the DSM5) by a qualified health professional’.

Mental health, mental illness, poor mental health, mental ill-health, mental disorder, mental condition, psychological condition, psychological injury etc..... are all terms that are frequently used (and frequently misused) by our society and the financial services industry.

Therefore, I think it avoid ambiguity and to give confidence in the life industry, I believe it would be *highly beneficial* to both the life insurers and all of their customers if there was a clear unified definition of what is a mental health condition (ie diagnosable) versus other terms used. This would then be helpful for vulnerable population section as well, as it would address the line between people experiencing poor mental health (who may not be considered as a vulnerable person by the FSC definition) and those with a diagnosed mental health condition.

I am more than happy to help further - if needed – in clarifying this.

Another comment - is that I *do not believe* that surveillance should be an option for use by the insurer to determine validity of claim for people with a diagnosed mental health condition. I appreciate I have not been part of the discussions/debates, but I strongly believe that surveillance is not appropriate in determining the cognitive impairment or functioning of an individual’s mental health state. I would support this being reviewed and clarified in the Code.

Page #	Section #	Comment
1		Bullet point 3 – rather than state it will give confidence and speak about trust, I suggest you reframe this in the benefit to the consumer – e.g. Improve transparency and clearly define expectations of what you can expect from the life insurance industry.

1		I suggest having a bold heading (to further emphasise) for Definitions – e.g. <b>Where can I find explanations of terminology and definitions?</b> Chapter 3 provides definitions for terms that are used in various parts of the Code.
6	2.8	For clarity – is it worth mentioning workers compensation insurance
8	3.4 c)	Add the work insurance: How much your insurance cover costs (the premiums).
13	4.3A a)	Placeholder: outbound calling – needs to be completed
18	Example 10	Add the word ‘diagnosed’ before mental health condition (or as suggested above – put that in the definitions)
18	Example 10	Medication does NOT necessarily indicate severity or capacity or functioning. There are MANY people on medication for their mental health condition (as a maintenance strategy) who continue to work etc. The life insurance industry should <b>never</b> ask two questions in one – ie in this example, the industry is asking an application about ‘time off work’ AND ‘medication’ – which are NOT dependent variables. I suggest that the example is modified to only include EITHER time off work OR medication, not both.
18	5.3B	Suggest Adding.... c) Repeat your answer back to you to ensure we have captured it accurately d) Provide you the option to modify your answer that is recorded at the time of asking you the questions
18	Example 11	? Could there be another example where a person has had a diagnosed mental health condition, they disclose at time of application and the insurance company applies a higher premium
19	5.8	There is no mention of if the report is provided to the treating doctor and/or the person being insured. It is important that people know that they can get a copy and/or so can their doctor.
20	Example 13	First Paragraph, 2 <sup>nd</sup> line: it should read ‘their left shoulder’ not ‘the’ Last Paragraph, 1 <sup>st</sup> line: remove ‘that’
22	Footnote 17	‘Avoiding’ your policy.... Shouldn’t it be ‘voiding’. Also what about premium refund?? – It would be good to have a section that speaks to this
25	Footnote 21	‘Procedural Fairness Process’ needs to be defined. (this is not lay person language or understanding).
26	Footnote 23	‘Avoiding’ your policy.... Shouldn’t it be ‘voiding’.
27	Example 14	For Clarity (and to remove ambiguity), I suggest changing ‘they’ to ‘the customer’

		Eg: ....finds the missing information when <i>the customer</i> makes and otherwise valid claim. (s is also missing) Eg: ... As <i>the customer</i> did not withhold the information fraudulently .....
27	Example 15	Changes for clarity as proposed in example 14 (above) ' <i>in force</i> ' is technical language (last paragraph, second last line) and needs to be in lay person language. Suggest changing "If <i>it</i> does not, the life... (last paragraph, second last line), to "If <i>the exclusion</i> does not apply...."
27	Example 16	First paragraph, last line: when <i>the customer</i> makes an otherwise valid claim (s is also missing) Second paragraph, 2 <sup>nd</sup> line: "the insurer avoids the policy" - I appreciate you have the definition here, but I also think it needs to be explained in the definitions section.
30	8.12 e)	I think 'family or friends' needs to be added to the list. The surveillance investigator should not be communicating with family and/or friends. Please NOTE my comment in the body of the email regarding surveillance for people on claim for a diagnosed mental health condition.
31	Footnote 30	Procedural fairness process - definition required (as above)
33	8.24	I suggest you add at the end of the last sentence.... empathy, compassion and respect <i>and in accordance with Clause 1.7.</i>
33	Example 17	Remove the word 'serious' and replace with 'severe' mental health condition.
61	24.5 b)	At least one consumer representative. This needs to be at least 2 consumer representatives. Best practice is having at least two people representing people with lived experience or carer/consumer. (one may be perceived/considered tokenistic, which is not ideal. 2 gives legitimacy to their role on the Life CCC)
65	27 Definitions	<b>Applicant</b> - suggest the word <i>customer</i> is also included after policy owner or life insured
	27 Definitions	Need to ADD: Mental Health Condition - Is a condition that has been diagnosed (in accordance with the DSM5) by a qualified health professional

I trust the above is constructive and helpful in refining this important work. I think it has come a long way and is most definitely heading in the right direction. Well done again, and thank you very much for the opportunity to contribute.

Please don't hesitate to let me know if I can assist further in any way.

Kind regards  
Margo



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