SUMMARY OF CHANGES

For advisers

12 April 2025



The following is a summary of product changes available under AIA Australia's Priority Protection (PP) benefit range effective 12 April 2025.

The table below is a summary only and should be read in conjunction with the full terms and conditions relating to the amended benefit in the Priority Protection Product Disclosure Statement and Policy Document (PDS) version 31 dated 12 April 2025.

The description of the benefit or term 'Prior to change' shown is as per the PDS version 30 dated 15 December 2024 and Incorporated by Reference document dated October 2023.

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1. ALL PLANS — GENERAL CHANGES

Benefit Prior to change After change

AIA Vitality

Change: We have made some updates to the information on the AIA Vitality program in the PDS. The annual fee amount is no longer being stated; however, policyholders will continue to be disclosed the fee amount on their quote.

Section: 11. The Cost of Insurance, section 11.2 Premiums pages 181–182

AIA Vitality membership discount

If the Life Insured is a member of the AIA Vitality program (AIA Vitality) provided by AIA Australia, the premium in relation to your Policy may be discounted. Premium discounts are not guaranteed. Fees and charges may apply to AIA Vitality membership.

AIA Vitality discounts are dependent on your continued membership and activity in the AIA Vitality program. The AIA Vitality discount will reduce or end if certain conditions are not met, such as when the Life Insured hasn't participated in the AIA Vitality program. Alternatively, the AIA Vitality discount could increase (which will reduce premiums) based on the Life Insured's AIA Vitality activity.

AIA Vitality discounts are not guaranteed and may change or cease if you decide to cease membership in the AIA Vitality program, the AIA Vitality program is changed or if AIA removes the AIA Vitality program. We will notify you if the premium discounts described in this PDS are withdrawn or varied, and any resulting changes to the premium payable for your Policy will be advised to you at least 30 days prior to such change taking effect. For more information go to aiavitality.com.au

Not all lives insured, types of premiums or Plans may be eligible for membership or premium discounts. AIA Vitality Starter* members are not eligible for Priority Protection or Priority Protection for Platform Investors AIA Vitality membership discounts.

Whether the premium under your Policy is discounted because of an AIA Vitality membership, and the extent of any discounts, will depend on our rules that govern such discounts, the Life Insured's activity under AIA Vitality and the terms and conditions of AIA Vitality. Consequently, we do not guarantee any premium discounts will outweigh or offset the fees and charges applicable to access and use your AIA Vitality membership. For example, where an AIA Vitality membership is attached to a Priority Protection or Priority Protection for Platform Investors Policy, an AIA Vitality contribution fee is required to be paid, which as at the date of this PDS is \$138 per annum. The AIA Vitality contribution fee is payable for so long as your AIA Vitality membership is attached to a Priority Protection or Priority Protection for Platform Investors Policy unless we notify you otherwise, regardless of your level of engagement in the AIA Vitality program.

Please refer to the 'AIA Vitality Premium Adjustment Rules' available at aiavitality.com.au for rules governing premium discounts available because of an AIA Vitality membership.

We may vary or withdraw the rules from time to time. You can also speak to your financial adviser for further information about these discounts or to obtain a copy of the rules governing these discounts.

Section: 11. The Cost of Insurance, section 11.2 Premiums pages 182–183

AIA Vitality membership discount

If the Life Insured is a member of the AIA Vitality program (AIA Vitality) provided by AIA Australia, the premium in relation to your Policy may be discounted. Premium discounts are not guaranteed. Fees and charges may apply to AIA Vitality membership.

AIA Vitality discounts are dependent on your continued membership and engagement/participation in the AIA Vitality program. The AIA Vitality discount will reduce or end if certain conditions are not met, such as when the Life Insured hasn't participated in the AIA Vitality program by activating their membership and using the AIA Vitality app to engage in the program. Alternatively, the AIA Vitality discount could increase (which will reduce premiums) based on the Life Insured's AIA Vitality activity.

AIA Vitality discounts are not guaranteed and may change or cease if you decide to cease membership in the AIA Vitality program, the AIA Vitality program is changed or if AIA removes the AIA Vitality program. We will notify you if the premium discounts described in this PDS are withdrawn or varied, and any resulting changes to the premium payable for your Policy will be advised to you at least 30 days prior to such change taking effect. For more information go to aiavitality.com.au

Not all lives insured, types of premiums or Plans may be eligible for membership or premium discounts. AIA Vitality Starter* members are not eligible for Priority Protection or Priority Protection for Platform Investors AIA Vitality membership discounts.

Whether the premium under your Policy is discounted because of an AIA Vitality membership, and the extent of any discounts, will depend on our rules that govern such discounts, the Life Insured's activity under AIA Vitality and the terms and conditions of AIA Vitality. Consequently, we do not guarantee any premium discounts will outweigh or offset the fees and charges applicable to access and use your AIA Vitality membership. For example, where an AIA Vitality membership is attached to a Priority Protection or Priority Protection for Platform Investors Policy, an AIA Vitality contribution fee is required to be paid. The fee will be shown on your quote. The AIA Vitality contribution fee is payable for as long as your AIA Vitality membership is attached to a Priority Protection or Priority Protection for Platform Investors Policy unless we notify you otherwise, regardless of your level of engagement in the AIA Vitality program. The AIA Vitality contribution fee may change in

Please refer to the 'AIA Vitality Premium Adjustment Rules' available at aiavitality.com.au for rules governing premium discounts available because of an AIA Vitality membership.

To attach AIA Vitality membership to a Priority Protection or Priority Protection for Platform Investors Policy issued as an Ordinary Plan, the Policy Owner will be required to pay fees and charges associated with AIA Vitality on behalf of the Life Insured (in respect of the Ordinary Plans where the Policy Owner is a natural person), unless otherwise agreed with us and to the extent permitted by law.

For Superannuation Plans, membership of AIA Vitality will need to be established and paid for by you outside of the superannuation fund.

For further information, please contact AIA Vitality by mail to PO Box 6111, Melbourne VIC 3004, by email to queries@ aiavitality.com.au or by phone on 1800 VITALITY.

*AIA Vitality and AIA Vitality Starter are provided by AIA Australia. Access to the AIA Vitality or AIA Vitality Starter program arises under and is subject to the AIA Vitality Terms and Conditions. AIA Vitality and AIA Vitality Starter partners, benefits and rewards are subject to change at any time. For the most up-to-date information and to view the AIA Vitality Terms and Conditions, see aiavitality.com.au. Additional program partner terms and conditions may apply.

After change

We may vary or withdraw the rules from time to time. You can also speak to your financial adviser for further information about these discounts or to obtain a copy of the rules governing these discounts.

To attach AIA Vitality membership to a Priority Protection or Priority Protection for Platform Investors Policy issued as an Ordinary Plan, the Policy Owner will be required to pay fees and charges associated with AIA Vitality on behalf of the Life Insured (in respect of the Ordinary Plans where the Policy Owner is a natural person), unless otherwise agreed with us and to the extent permitted by law.

For Superannuation Plans, membership of AIA Vitality will need to be established and paid for by you outside of the superannuation fund.

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ΠΡΡΊ ΤΟ ΟΙ ΔΙΜ Εςς ΔΙ ΔΤΙΩΝ RENEFIT EXPIRY

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	DATE WORDING

Claim Escalation

Benefit

Prior to change After change

Change: We have updated our wording to be clear on when the benefit expires. This change is to mitigate potential misunderstanding of the expiry age and expiry date.

Section: 8.15.2 General terms and conditions

Not applicable.

Section: 8.15.2 General terms and conditions - page 142 **Premium Expiry Date**

The Premium Expiry Date for Claim Escalation under Income Protection, Income Protection Accident Only and Income Protection CORE is the Policy Anniversary prior to:

- · your 64th birthday for Occupation Categories A1, A2, M, A3, A4, B1, B2, C1, C2 and D, or
- · your 54th birthday for Occupation Category E.

Section: 8.15.4 When cover begins and ends - page 141

The Claim Escalation benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away
- · cover ending for the main benefit the Claim Escalation is linked to, or
- · the Expiry Date of the benefit.

Section: 8.15.4 When cover begins and ends - page 142

The Claim Escalation benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- · the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away
- · cover ending for the main benefit the Claim Escalation is linked to, or
- · the Expiry Date of the benefit.

3. CLARIFYING OPTIMUM PREMIUM DISCLOSURE

Benefit Prior to change After change

Change: We have updated wording to be clear on which benefits are not eligible for the Optimum premium type. Benefit sections in the PDS have also been updated to specify eligible Premium options. Updated sections include:

- Total and Permanent Disablement and Accidental Total and Permanent Disablement, page 29
- Waiver of Premium, page 103
- Family Protection, page 128
- Needlestick Injury, page 131
- Day 1 Accident, page 138
- Repayment Relief, page 145.

Section: 11.2 Premiums - page 179

Optimum

The Optimum premium option means your premiums are Variable age-stepped from the commencement of the Policy and automatically convert to Variable at the Policy Anniversary when the Variable age-stepped premium amount becomes greater than the Variable premium amount based on the age of the Life Insured at the start of the Policy.

When the premiums convert to Variable, it means premiums will be based on the current premium rate applicable to your age at the start of the Policy until the earlier of the Policy Anniversary prior to your 65th birthday or the Expiry Date of the benefit. There are other reasons your premium can change (see 'Other reasons why premiums can change). After that, if cover continues, Variable age-stepped premiums are payable until the Policy/benefit ends.

A premium loading applies from the commencement of the Policy until the earlier of the Policy Anniversary prior to your 65th birthday or the Expiry Date of the benefit.

Section: 11.2 Premiums - page 180

Optimum

The Optimum premium option means your premiums are Variable age-stepped from the commencement of the Policy and automatically convert to Variable at the Policy Anniversary when the Variable age-stepped premium amount becomes greater than the Variable premium amount based on the age of the Life Insured at the start of the Policy.

When the premiums convert to Variable, it means premiums will be based on the current premium rate applicable to your age at the start of the Policy until the earlier of the Policy Anniversary prior to your 65th birthday or the Expiry Date of the benefit. There are other reasons your premium can change (see 'Other reasons why premiums can change). After that, if cover continues, Variable age-stepped premiums are payable until the Policy/benefit ends.

A premium loading applies from the commencement of the Policy until the earlier of the Policy Anniversary prior to your 65th birthday or the Expiry Date of the benefit.

The following benefits are not eligible for the Optimum premium option as they do not have Variable age-stepped premium and Variable premium options:

- Day 1 Accident
- Family Protection
- Waiver of Premium
- Needlestick
- Accidental Death
- Accidental TPD
- · Repayment Relief

These benefits may still be taken out under a policy with the Optimum premium option selected. The premium option for these benefits will be based on the applicable premium option available under the selected benefit and will not be subject to the Optimum premium loading.

4. UPDATE TO RETIREMENT OPTIMISER

Benefit Prior to change After change

Retirement Optimiser benefit **Change:** We have updated the Retirement Optimiser (RO) benefit under closed Income Protection benefit to be '5%' instead of 'up to 5%'.

Section: 17.4.1 Built-in Benefits

page 34 of the INCORPORATED BY REFERENCE MATERIAL

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Retirement Optimiser. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 17.4.2–4 and Section 10.2 of the PDS.

With Retirement Optimiser, you can insure up to 5% of your average monthly Income so that your nominated superannuation account will continue to accumulate contributions whilst you are being paid an Income Protection benefit.

This means that when we pay your Insured Monthly Benefit for Total Disablement or Partial Disablement, we will also pay an additional amount into your nominated superannuation account.

The amount we pay depends on whether your Income Protection/Income Protection Accident Only insurance cover is Agreed Value, Indemnity or Extended Indemnity (see below).

Section: 17.4.2 General terms and conditions - page 35

Benefit	All occupations (excluding Home Duties)	Conditions
Retirement Optimiser	Insure up to 5% of your average monthly Income	Paid as a contribution to a nominated superannuation fund on your behalf.

Section: 17.4.1 Built-in Benefits

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This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Retirement Optimiser. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 17.4.2–4 and Section 10.2 of the PDS.

With Retirement Optimiser, you can insure 5% of your average monthly Income so that your nominated superannuation account will continue to accumulate contributions whilst you are being paid an Income Protection benefit.

This means that when we pay your Insured Monthly Benefit for Total Disablement or Partial Disablement, we will also pay an additional amount into your nominated superannuation account.

The amount we pay depends on whether your Income Protection/Income Protection Accident Only insurance cover is Agreed Value, Indemnity or Extended Indemnity (see below).

Section: 17.4.2 General terms and conditions - page 35

Benefit	All occupations (excluding Home Duties)	Conditions
Retirement Optimiser	Insure 5% of your average monthly Income	Paid as a contribution to a nominated superannuation fund on your behalf.

5. UPDATE TO BENIGN BRAIN OR SPINAL CORD TUMOUR WITH SERIOUS FUNCTIONAL IMPAIRMENT

Benefit Prior to change After change

Crisis Events, Partial benefit payments and Complimentary Family Protection Crisis Events **Change:** We have corrected the definition to align with other similar definitions for Benign Brain or Spinal Cord Tumour with severe functional impairment.

Section: 12.2 Medical Definitions - page 198

Benign Brain or Spinal Cord Tumour with serious functional impairment means a non-cancerous tumour on the brain or spinal cord. 100% of the Sum Insured will be paid if the Benign Brain or Spinal Cord Tumour gives rise to symptoms of permanent neurological deficit and results in either:

- the total and permanent inability to perform any one of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment.

The requirements above will be waived if the Benign Brain or Spinal Cord Tumour with serious functional impairment is surgically removed on the advice of a consultant neurologist/neurosurgeon.

Where the above is not met, 25% of the Sum Insured (up to a maximum of \$50,000) will be paid for a diagnosis of a noncancerous tumour on the brain or spinal cord giving rise to symptoms of neurological deficit.

The presence of the underlying tumour must be confirmed by a consultant neurologist/neurosurgeon based on imaging studies such as CT scan or MRI (Magnetic Resonance Imaging).

Cysts, granulomas, cholesteatomas, malfunctions in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are not covered. Section: 12.2 Medical Definitions - page 200

Benign Brain or Spinal Cord Tumour with serious functional impairment means a non-cancerous tumour of the brain or spinal cord. 100% of the Sum Insured will be paid if the Benign Brain or Spinal Cord Tumour gives rise to symptoms of permanent neurological deficit and results

- the total and permanent inability to perform any one of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment.

The requirements above will be waived if the Benign Brain or Spinal Cord Tumour with serious functional impairment is surgically removed on the advice of a consultant neurologist/neurosurgeon.

Where the above is not met, 25% of the Sum Insured (up to a maximum of \$50,000) will be paid for a diagnosis of a noncancerous tumour of the brain or spinal cord giving rise to symptoms of neurological deficit.

The presence of the underlying tumour must be confirmed by a consultant neurologist/neurosurgeon based on imaging studies such as CT scan or MRI (Magnetic Resonance Imaging).

Cysts, granulomas, cholesteatomas, malfunctions in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland and/or cauda equina are not covered.

6. UPDATE WORDING ON CRISIS RECOVERY SECOND CANCER EVENT

Benefit

Prior to change

After change

Crisis Recovery

Change: We have updated wording to provide clarification for a second Cancer Event, which is payable as a partial benefit for Crisis Recovery that has been reinstated after an initial Cancer Event.

Section: 8.8.2 Built-in Benefits - page 119

Partial Benefit Payment

Where a Crisis Recovery benefit has been reinstated before the Policy Anniversary prior to your 65th birthday, and an exclusion for Cancer Crisis Events or Coronary Crisis Events has been applied to the reinstated cover (see 'Limitations and Exclusions'), we will pay a partial benefit for a second Cancer or Heart Attack Crisis Event that occurs after the reinstatement of the Crisis Recovery benefit.

The partial payment will be 10% of the Reinstated Crisis Recovery Sum Insured up to a maximum of \$50,000.

The partial benefit is payable for:

- a second Cancer Crisis Event related to or caused by the same medical condition where a claim has already been paid in respect to a Cancer Crisis Event, or
- a second Heart Attack related to or caused by the same medical condition where a claim has already been paid in respect to a Heart Attack.

After a partial payment is made in respect of a second Cancer Crisis Event, no further benefits are available for Cancer Crisis Events under your reinstated Crisis Recovery.

After a partial payment is made in respect to a second Heart Attack, no further benefits are available for Coronary Crisis Events under your reinstated Crisis Recovery.

The partial benefit is not available if the Reinstatement Date falls on or after the Policy Anniversary prior to your 65th birthday.

Section: 8.8.2 Built-in Benefits - page 120

Partial Benefit Payment

Where a Crisis Recovery benefit has been reinstated before the Policy Anniversary prior to your 65th birthday, and an exclusion for Cancer Crisis Events or Coronary Crisis Events has been applied to the reinstated cover (see 'Limitations and Exclusions'), we will pay a partial benefit for a second Cancer or Heart Attack Crisis Event that occurs after the reinstatement of the Crisis Recovery benefit.

The partial payment will be 10% of the Reinstated Crisis Recovery Sum Insured up to a maximum of \$50,000.

The partial benefit is payable for:

- a histologically* related second Cancer Crisis Event where a claim has already been paid in respect to a Cancer Crisis Event, or
- a second Heart Attack related to or caused by the same medical condition where a claim has already been paid in respect to a Heart Attack.

After a partial payment is made in respect of a second Cancer Crisis Event, no further benefits are available for Cancer Crisis Events under your reinstated Crisis Recovery.

After a partial payment is made in respect to a second Heart Attack, no further benefits are available for Coronary Crisis Events under your reinstated Crisis Recovery.

The partial benefit is not available if the Reinstatement Date falls on or after the Policy Anniversary prior to your 65th birthday.

* Where a histological evaluation is not practical to obtain, we will accept that the second cancer is histologically related to the first cancer subject to confirmation by a relevant specialist Medical Practitioner.

7. UPDATE TO NEEDLESTICK INJURY

Benefit Prior to change After change

Needlestick Injury benefit Change: We have removed the 30-day requirement to report the accident to the relevant licencing body.

Section: 8.11.1 Built-in Benefits - page 130

You must report the accident to the relevant licensing body within 30 days of the accident and have a negative HIV, Hepatitis B or Hepatitis C antibody test taken within seven days of the accident, with sero-conversion evidence to occur within six months of the accident.

Section: 8.11.1 Built-in Benefits - page 131

You must:

- report the accident to the relevant licensing body and;
- have a negative HIV, Hepatitis B or Hepatitis C antibody test taken within seven days of the accident, with sero-conversion evidence to occur within six months of the accident.

8. UPDATE TO COUNSELLING BENEFIT

Benefit Prior to change After change

Counselling Benefit

Change: We have updated the Counselling Benefit wording to ensure claims are limited to counselling sessions related to the claimable event and that future claims are timebound to 24 months. Each benefit section in the PDS that includes the Counselling benefit has been updated to reflect the new wording. These include:

- Life Cover, page 16 & 17
- · Accidental Death, page 21 & 22
- Term Cover, page 25
- Total and Permanent Disablement and Accidental Total and Permanent Disablement, page 30 & 32
- Universal Total and Permanent Disablement, page 36 & 37
- Crisis Recovery, page 41 & 46
- Double Total and Permanent Disablement, page 95 & 97
- Double Universal Total and Permanent Disablement, page 100 & 101
- · Crisis Extension, page 111 & 113
- Double Crisis Recovery, page 123 & 126
- Maximiser, page 159

Counselling Benefit

Where we pay the death or Terminal Illness sum Insured, we will pay \$200 for each session of grief counselling you and/or an Immediate Family Member subsequently attend, up to a maximum total value of \$1,200 per Life Insured.

Counselling Benefit

Where we pay the death benefit or Terminal Illness sum Insured, we will pay \$200 for each session of grief counselling you and/or an Immediate Family Member of the Life Insured, subsequently attend with a counsellor or psychologist.

Your counsellor or psychologist must, at the time of providing the counselling service, be registered with the Australian Counselling Association (www.theaca.net.au) or the Psychotherapy and Counselling Federation of Australia (pacfa.org.au).

The maximum total Counselling Benefit amount we will pay across all benefits and all policies held with AIA is \$1,200 per Life Insured.

The Counselling Benefit will only be paid to policyholders or nominated beneficiaries.

Counselling Benefit is not available when cover is solely structured through superannuation.

Counselling Benefit

Where we pay the death or Terminal Illness sum Insured, we will pay \$200 for each session of grief counselling you and/or an Immediate Family Member attend related to the claimable event, up to a maximum total value of \$1,200 per Life Insured.

Counselling Benefit

Where we pay the death benefit or Terminal Illness sum Insured, we will pay \$200 for each session of grief counselling you and/or an Immediate Family Member of the Life Insured, attend with a counsellor or psychologist in relation to the claimable event.

Your counsellor or psychologist must, at the time of providing the counselling service, be registered with the Australian Counselling Association (www.theaca.net.au) or the Psychotherapy and Counselling Federation of Australia (pacfa.org.au).

The maximum total Counselling Benefit amount we will pay across all benefits and all policies held with AIA is \$1,200 per Life Insured.

The Counselling Benefit will only be paid to policyholders or nominated beneficiaries and must be related to counselling sessions occurring within 24 months of the claimable event.

Counselling Benefit is not available when cover is solely structured through superannuation.

9. NEW DEFINITION OF OWN OCCUPATION FOR TOTAL & PERMANENT DISABILITY BENEFIT

Benefit	Prior to change	After change		
TPD	_	inition of Own Occupation in respect of TPD including clarity on how we will treat ired has multiple occupations at time of claim.		
	Not applicable	Section: 12.1 General Definitions - page 191		
		Own Occupation means the trades, professions or types of work you were last engaged in, that generated an Income, immediately prior to the Date of Disablement.		
		If you have been working in more than one occupation that meets these criteria, 'Own Occupation' will include all those occupations that you were engaged in before the event giving rise to the claim. You will not be disabled if you can work in any one or more of those occupations.		
		If you were not working in an occupation, business or employment prior to the Date of Disablement, Own Occupation means the trades, professions, or types of work you were last engaged in, that generated an Income.		

10. UPDATES TO THE DEFINITIONS OF DISABILITY FOR TPD

Benefit Prior to change After change

TPD

Change: We have made an update to various Definitions of Disability for TPD. Wording improvements and specific changes made throughout the PDS where applicable such as:

- · use of 'as a result' changed to 'because of';
- · added requirement for a 'specialist' Medical Practitioner
- added reference to the new Date of Disablement.

Definitions impacted include:

- Total & Permanent Disablement (Own Occupation), pages 196 & 197
- Total & Permanent Disablement (Any Occupation), page 195
- Total & Permanent Disablement (Home Duties), page 196
- · Total & Permanent Disablement (Universal), page 197

Note, various sections of the PDS have been updated where the above wording changes apply. For example Total and Permanent Disablement (Own Occupation).

Total and Permanent Disablement (Own Occupation)means:

- a) you have suffered the total and irrecoverable loss of the:
 - sight of both eyes,
 - use of two limbs, or
 - · sight of one eye and use of one limb

or

- b) solely as a result of Injury or Sickness
 - you have been absent from work in your own occupation and have not worked in any occupation for an uninterrupted period of at least three consecutive months and
 - you attend a Medical Practitioner and have undergone all reasonable and usual treatment, including (where appropriate) rehabilitation for the Injury or Sickness, and
 - at the end of the period of three months, in reasonable consideration of all relevant medical and other evidence you have become incapacitated to such an extent as to render you unlikely ever to engage in your own occupation.

or

c) you have suffered Loss of Independence.

Total and Permanent Disablement (Own Occupation) means:

- a) you have suffered the total and irrecoverable loss of the:
 - · sight of both eyes,
 - · use of two limbs, or
 - sight of one eye and use of one limb

or

- b) solely because of Injury or Sickness,
 - you have been absent from work in your Own Occupation; and
 - have not worked for an uninterrupted period of at least three consecutive months from the Date of Disablement, and
 - you attend a specialist Medical Practitioner and have undergone all reasonable and usual treatment and rehabilitation, recommended by a specialist Medical Practitioner for the Injury or Sickness, and
 - at the end of the period of three months, reasonable consideration of all relevant medical and other evidence confirms that you have become incapacitated to such an extent as to render you unlikely ever to engage in your Own Occupation.

or

c) you have suffered Loss of Independence.

11. UPDATE TO INCOME PROTECTION CORE WORDING

DEFINITION OF DISABILITY

IP CORE (5 year Benefit)

Benefit

Change: We have updated the Definition of Disability for IP CORE including changing 'as a result of' to 'because of' and including a new obligation to engage with rehabilitation where recommended by a Medical Practitioner.

After change

Partial Disablement

Section: 12.1 General Definitions - page 190

For the 5 year Benefit Period option:

Prior to change

Partial Disablement (Income Protection CORE) means you

- · only capable of working in your Own Occupation (Income Protection CORE) in a reduced capacity; and
- · earning an Income which is less than 80% of your Pre-disablement Income (Income Protection CORE); and
- under the regular care of, and following the advice and treatment of, a Medical Practitioner in relation to that Injury or Sickness.

Section: 12.1 General Definitions - page 192

For the 5 year Benefit Period option:

Partial Disablement (Income Protection CORE) means you are, solely because of Injury or Sickness:

- · only capable of working in your Own Occupation (Income Protection CORE) in a reduced capacity; and
- · earning an Income which is less than 80% of your Pre-disablement Income (Income Protection CORE); and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by, a Medical Practitioner, in relation to that Injury or Sickness.

Total **Disablement**

Section: 12.1 General Definitions - page 195

For the 5 year Benefit Period option:

Total Disablement (Income Protection CORE) means you are, solely as a result of Injury or Sickness:

- not capable of performing the Material and Substantial Duties of your Own Occupation (Income Protection CORE) in any capacity, and
- under the regular care of, and following the advice and treatment of, a Medical Practitioner in relation to that Injury or Sickness; and
- · not working (whether paid or unpaid).

Section: 12.1 General Definitions - page 197

For the 5 year Benefit Period option:

Total Disablement (Income Protection CORE) means you are, solely because of Injury or Sickness:

- · not capable of performing the Material and Substantial Duties of your Own Occupation (Income Protection CORE) in any capacity, and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by, a Medical Practitioner, in relation to that Injury or Sickness;
- not working (whether paid or unpaid).

Benefit

Prior to change

IP CORE (other than 5 year Benefit)

Partial Disablement Section: 12.1 General Definitions – page 190

Partial Disablement (Income Protection CORE) means:

For benefit periods other than the 5 year option:

In the first 24 months of your Benefit Period that you are working, or capable of working, (whether paid or unpaid) and, solely as a result of Injury or Sickness:

- only capable of working in your Own Occupation (Income Protection CORE) in a reduced capacity; and
- earning an Income which is less than 80% of your Predisablement Income (Income Protection CORE); and
- under the regular care of, and following the advice and treatment of, a Medical Practitioner in relation to that Injury or Sickness.

If you are Partially Disabled in the first 24 months of your Benefit Period and you are either not working in, or not working to the extent of your capability in, your Own Occupation (Income Protection CORE) (having regard to your Injury or Sickness) and this situation continues for at least two months, then your benefit will be calculated based on what you could reasonably be expected to earn in your Own Occupation (Income Protection CORE) if you were working in that occupation to the extent of your capability.

Following the first 24 months of your Benefit Period, Partial Disablement (Income Protection CORE) means that you are working, or capable of working (whether paid or unpaid) and solely as a result of Injury or Sickness:

- only capable of working in a Suited Occupation in a reduced capacity for no more than the lower of:
 - 40 hours a week or
 - 80% of the average weekly hours worked by you in the 12 months prior to disability; and
- earning an Income which is less than 80% of your Predisablement Income (Income Protection CORE); and
- under the regular care of, and following the advice and treatment of, a Medical Practitioner in relation to that Injury or Sickness.

After change

Section: 12.1 General Definitions – page 191

Partial Disablement (Income Protection CORE) means:

For benefit periods other than the 5 year option:

In the first 24 months of your Benefit Period that you are working (paid or unpaid), or capable of working and, solely because of Injury or Sickness, you are:

- only capable of working in your Own Occupation (Income Protection CORE) in a reduced capacity; and
- earning an Income which is less than 80% of your Predisablement Income (Income Protection CORE); and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by a Medical Practitioner, in relation to that Injury or Sickness.

If you are Partially Disabled in the first 24 months of your Benefit Period and you are either not working in, or not working to the extent of your capability in, your Own Occupation (Income Protection CORE) (having regard to your Injury or Sickness) and this situation continues for at least two months, then your benefit will be calculated based on what you could reasonably be expected to earn in your Own Occupation (Income Protection CORE) if you were working in that occupation to the extent of your capability.

Following the first 24 months of your Benefit Period, Partial Disablement (Income Protection CORE) means that you are working (paid or unpaid), or capable of working and solely because of Injury or Sickness:

- only capable of working in a Suited Occupation in a reduced capacity for no more than the lower of:
 - 40 hours a week or
 - 80% of the average weekly hours worked by you in the 12 months prior to disability; and
- earning an Income which is less than 80% of your Predisablement Income (Income Protection CORE); and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by a Medical Practitioner, in relation to that Injury or Sickness.

Benefit

Prior to change

IP CORE (other than 5 year Benefit)

Total Disablement Section: 12.1 General Definitions – page 195

Total Disablement (Income Protection CORE) means:

For benefit periods other than 5 year option:

In the first 24 months of the Benefit Period that you are, solely as a result of Injury or Sickness:

- not capable of performing the Material and Substantial Duties of your Own Occupation (Income Protection CORE) in any capacity, and
- under the regular care of, and following the advice and treatment of, a Medical Practitioner in relation to that Injury or Sickness; and
- · not working (whether paid or unpaid).

If you are capable of performing the Material and Substantial Duties of your Own Occupation (Income Protection CORE) in a reduced capacity, you won't be Totally Disabled but you may be Partially Disabled.

Following the expiry of the first 24 months and for the balance of the Benefit Period, Total Disablement (Income Protection CORE) means that you are solely as a result of that Injury or Sickness:

- not capable of performing the Material and Substantial Duties of a Suited Occupation in any capacity, and
- under the regular care of, and following the advice and treatment of, a Medical Practitioner in relation to that Injury or Sickness; and
- · not working (whether paid or unpaid).

If you are capable of performing the Material and Substantial Duties of a Suited Occupation in a reduced capacity, you won't be Totally Disabled but you may be Partially Disabled.

After change

Section: 12.1 General Definitions – page 197

Total Disablement (Income Protection CORE) means:

For benefit periods other than 5 year option:

In the first 24 months of the Benefit Period that you are, solely because of Injury or Sickness:

- not capable of performing the Material and Substantial Duties of your Own Occupation (Income Protection CORE) in any capacity, and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by a Medical Practitioner, in relation to that Injury or Sickness; and
- · not working (whether paid or unpaid).

If you are capable of performing the Material and Substantial Duties of your Own Occupation (Income Protection CORE) in a reduced capacity, you won't be Totally Disabled but you may be Partially Disabled.

Following the expiry of the first 24 months and for the balance of the Benefit Period, Total Disablement (Income Protection CORE) means that you are solely because of that Injury or Sickness:

- not capable of performing the Material and Substantial Duties of a Suited Occupation in any capacity, and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by a Medical Practitioner, in relation to that Injury or Sickness; and
- not working (whether paid or unpaid).

If you are capable of performing the Material and Substantial Duties of a Suited Occupation in a reduced capacity, you won't be Totally Disabled but you may be Partially Disabled.

12. UPDATE TO DATE OF DISABLEMENT DEFINITION

Benefit Prior to change After change

All benefits

Change: We have updated part of the existing Date of Disablement definition to provide clarity on how the first day of disablement is defined.

Section: 12.1 General Definitions – page 185 **Date of Disablement** is the earlier of:

- the date that you first cease work due to the condition that gave rise to your claim; and
- the first date on which you are only capable of working in your Own Occupation (Income Protection CORE) in a reduced capacity due to the condition that gave rise to your claim;

as long as you consult a Medical Practitioner about the condition within seven days after that date and the Medical Practitioner provides reasonable medical evidence about when the disablement began.

If, however, the consultation with the Medical Practitioner does not occur within the required seven days, then the Date of Disablement is the date that the consultation subsequently occurs.

Section: 12.1 General Definitions – page 186 Date of Disablement:

In respect of Total and Permanent Disability benefits:

- 1. If on the date you, solely because of Injury or Sickness, first became incapable of working, you were engaged in a trade, profession or type of work for the purpose of generating an Income, the Date of Disablement is the date that you first cease work due to the Injury or Sickness that gave rise to your claim.
- 2. If on the date you, solely because of Injury or Sickness, first became incapable of working, you were not engaged in a trade, profession or type of work for the purpose of generating an Income, or you are on employer approved maternity, paternity or Sabbatical Leave, the Date of Disablement is the date that you were first unable to work due to the Injury or Sickness that gave rise to your claim.

In respect of Income Protection CORE:

- 1. If on the date you, solely because of Injury or Sickness, first became incapable of working, you were engaged in a trade, profession or type of work for the purpose of generating an Income, the Date of Disablement is the earlier of:
 - the date that you first cease work due to the Injury or Sickness that gave rise to your claim; and,
 - the first date on which you are only capable of working in your Own Occupation (Income Protection CORE) in a reduced capacity due to the Injury or Sickness that gave rise to your claim.
- 2. If on the date you, solely because of Injury or Sickness, first became incapable of working, you were not engaged in a trade, profession or type of work for the purpose of generating an Income, or you are on employer approved maternity, paternity or Sabbatical Leave, the Date of Disablement is the date that you were first unable to work due to the Injury or Sickness that gave rise to your claim.

The above determination of the Date of Disablement for both Total and Permanent Disability benefits and Income Protection CORE is subject to you consulting a Medical Practitioner about the Injury or Sickness within seven days after that date, and the Medical Practitioner provides reasonable medical evidence about when the disablement began. If, however, the consultation with the Medical Practitioner does not occur within the required seven days, then the Date of Disablement is the date that the consultation subsequently occurs.

Where applicable, AIA will take into account the operation of s54 of the Insurance Contracts Act 1984 (Cth) in determining the Date of Disablement.

We may not pay claims where:

- 1. you have not consulted a Medical Practitioner about the claimed condition within 7 days of ceasing work; or
- you have not reasonably undergone medical treatment or rehabilitation recommended by a Medical Practitioner for the Injury or Sickness; and
- reasonable evidence suggests that not undergoing such medical treatment or rehabilitation could reasonably be regarded as capable of causing or contributing to the disablement.

However, we will not decline a claim for any period where it was not reasonably possible for you to consult a Medical Practitioner and will only reduce payment by the amount to which we are disadvantaged.

13. UPDATE TO IP CORE WAITING PERIOD DEFINITION

Benefit Prior to change After change

All benefits within IP CORE

Change: We have updated part of the IP CORE Waiting Period definition to refer to the Date of Disablement and previous duplicate wording in the waiting period definition has been removed.

Section: 12.1 General Definitions - page 196

Waiting Period (Income Protection CORE) is stated on the Policy Schedule and means, in respect of the Injury or Sickness that is causing your disablement, the number of days at the beginning of a period of disablement in respect of which no Total or Partial Disablement benefits are payable.

The Waiting Period (Income Protection CORE) begins on the earlier of;

- the date that you first cease work due to the condition that gave rise to your claim; and
- the first date on which you are only capable of working in your Own Occupation (Income Protection CORE) in a reduced capacity due to the condition that gave rise to your claim;

as long as you consult a Medical Practitioner about the condition within seven days after that date and the Medical Practitioner provides reasonable medical evidence about when the disablement began.

If, however, the consultation with the Medical Practitioner does not occur within the required seven days, then the Waiting Period (Income Protection CORE) begins on the date that the consultation subsequently occurs.

Section: 12.1 General Definitions - page 198

Waiting Period (Income Protection CORE) is stated on the Policy Schedule and means, in respect of the Injury or Sickness that is causing your disablement, the number of days at the beginning of a period of disablement in respect of which no Total or Partial Disablement benefits are payable.

The Waiting Period (Income Protection CORE) begins on the Date of Disablement.

Premiums must continue to be paid during the Waiting Period and will be reimbursed if your claim is accepted.

You can return to work at any time during the Waiting Period, without the Waiting Period recommencing, subject to the following criteria being satisfied:

14. NEW SECTION FOR SECTION 10.1

Benefit Prior to change After change

IP and TPD

Change: We've introduced a new section to highlight key information about the claims process requirements, customer obligations and our expectation of customers with respect to TPD and IP CORE.

This new section has been highlighted within the Benefit Overview under TPD and IP CORE benfits to refer customers to read about their obligations relating to these benefits. PDS sections include: 3.1.1, 3.2.1, 5.1.1, 5.2.1.

Not applicable

Inserted as new section in PDS

Section: 10.1 - Risks - Page 170

Your obligations:

In providing you your policy, we've contracted to insure you for the agreed cover set out in your Policy Schedule. While we've accepted the risks associated with any potential loss we have insured, you also have an obligation to mitigate your loss. You must not knowingly contribute to the severity or duration of any disablement or insured event, or your claim may not be accepted.

Before a Total and Permanent Disability or Accidental Total and Permanent Disability claim will be considered, you must:

- be under the care of, and complying with, the reasonable advice of an appropriate specialist Medical Practitioner; and
- have received a diagnosis from the specialist Medical Practitioner; and
- have completed any treatment plan and rehabilitation recommended by the specialist Medical Practitioner.

The payment of Total and Permanent Disability or Accidental Total and Permanent Disability benefits will only be considered once your condition has reached a point where functional improvement is unlikely, even with additional intervention or treatment (medical and non-medical).

In arriving at this determination, we will consider all medical information from your specialist Medical Practitioner and other Medical and allied health providers. If reasonably required, we will also seek independent specialist Medical Practitioner opinion.

Payments under Income Protection CORE are subject to you;

- being under the care of an appropriate Medical Practitioner and;
- complying with and actively participating in any treatment plan and rehabilitation recommended by a Medical Practitioner.

Payments under Income Protection CORE may be withheld or delayed during periods of Total or Partial Disablement where you:

- do not follow the prescribed advice, treatment plan or rehabilitation provided by the Medical Practitioner.
- are not under the care of an appropriate Medical Practitioner as recommended or where appropriate.

If your condition does not improve as would generally be expected, we may not pay a benefit until you (where reasonable and appropriate):

- attend an assessment with, and receive confirmation of your diagnosis, severity of symptoms and treatment plan from an appropriate specialist Medical Practitioner; and
- are under the care of an appropriate specialist Medical Practitioner;
 and
- are complying with and actively participating in any treatment plan and rehabilitation recommended by the specialist Medical Practitioner.

These requirements may not apply for periods where, in the reasonable opinion of a specialist Medical Practitioner, continued or future treatment would be of no benefit; or it was not reasonably possible for you to seek and follow medical advice or treatment. If reasonably required, we will also seek independent specialist Medical Practitioner opinion.

Benefit	Prior to change	After change
		We may not pay claims where: you have not consulted a Medical Practitioner about the claimed condition within 7 days of ceasing work; or you have not reasonably undergone medical treatment or rehabilitation recommended by a Medical Practitioner for the Injury or Sickness; and reasonable evidence suggests that not undergoing such medical treatment or rehabilitation could reasonably be regarded as capable of causing or contributing to the disablement.
		However, we will not decline a claim for any period where it was not reasonably possible for you to consult a Medical Practitioner and will only reduce payment by the amount to which we are disadvantaged.

15. REVISED DEFINITION OF MEDICAL PRACTITIONER

Benefit Prior to change After change

All benefits

Change: We have amended the definition for Medical Practitioner including clarity around when the practitioners are practising outside of Australia.

Section: 12.1 General Definitions - page 188

Medical Practitioner means a legally qualified and registered doctor of medicine, other than the Policy Owner or you, or a family member, business partner, Employee, work colleague or employer of either the Policy Owner or you.

Section: 12.1 General Definitions - page 189

Medical Practitioner means a person, who is legally qualified and registered as a Medical Practitioner by The Australian Health Practitioner Regulation Agency (Ahpra), or equivalent successor body, but not where that Medical Practitioner is;

- the Policy owner or Life Insured;
- a business partner, employee, work colleague or employer of the Policy owner or Life Insured; or
- an Immediate Family Member of the Policy owner or Life Insured.

The Medical Practitioner must be an appropriate Medical Practitioner for the treatment of the condition resulting from your Injury or Illness.

Where reasonable and appropriate, we may require evidence from a Medical Practitioner who is registered on the Ahpra Specialists Register.

If practising other than in Australia, the Medical Practitioner must be approved by us, acting reasonably, have qualifications equivalent to Australian standards and be willing to communicate in English or via a translator.

16. UPDATE TO INCOME DEFINITION

Benefit Prior to change After change

IP CORE

Change: We have updated the Income definition to include specific wording for Income when related to Total and Permanent Disability.

Section: 12.1 General Definitions - page 186

Income for Income Protection CORE means for:

Self-employed Person

Income that you generate and receive from your business or practice due to your personal exertion or activities, less your share of necessarily incurred business expenses. Any voluntary superannuation contributions will also be included.

This does not include income which is not derived from your personal exertion or activities such as dividends, interest, rental income or proceeds from the sale of assets, or royalties.

• Employed Person

The total pre-tax remuneration paid to an Employed person including salary, voluntary superannuation contributions, commission, regular bonuses, overtime and fringe benefits.

This does not include income which is not derived from your personal exertion or activities, such as dividends, interest, rental income or proceeds from the sale of assets, or royalties.

No Employer Super Guarantee Contributions may be included within the definition of Income.

Section: 12.1 General Definitions - page 187

Income means:

In respect of Income for Income Protection CORE:

Self-employed Person

Income from your business or practice related to your personal exertion or activities, less your share of necessarily incurred business expenses. Any voluntary superannuation contributions will also be included.

This does not include income which is not related to your personal exertion or activities such as dividends, interest, rental income or proceeds from the sale of assets, or royalties.

Employed Person

The total pre-tax remuneration paid to an Employed person including salary or wages, voluntary superannuation contributions, commission, regular bonuses, overtime and fringe benefits.

This does not include income which is not derived from your personal exertion or activities, such as dividends, interest, rental income or proceeds from the sale of assets, or royalties.

No Employer Super Guarantee Contributions may be included within the definition of Income.

In respect of Total and Permanent Disability Benefits:

- Self-employed person, a working director or partner in a partnership: Income or turnover generated by the business or practice related to their personal exertion or activities.
- Employed person: Salary or wages, fees, fringe benefits, commissions and bonuses paid due to their personal exertion or activities.

17. REMOVAL OF LARGE SUM INSURED DISCOUNT FOR TPD

Benefit	Prior to change			After change				
TPD	Change: We have removed L	Change: We have removed Large Sum Insured discount for TPD.						
	Section: 11.2 Premiums, Prepage 182–183	Section: 11.2 Premiums, Premium Discounts page 182–183			Section: 11.2 Premiums, Premium Discounts page 184			
	Large Sum Insured discount			Large Sum Insured discount				
	Benefit	Sum Insured Monthly Benefits	Large Sum Benefit Insured discount for all ages		Sum Insured Monthly Benefits	Large Sum Insured discount for all ages		
	Life Cover and Term Cover	Up to \$249,999	0%	Life Cover and Term Cover	Up to \$249,999	0%		
	These discounts are not available for Accidental Death	\$250,000 to \$499,999	10%	These discounts are not available for Accidental Death	\$250,000 to \$499,999	10%		
		\$500,000 to \$749,999	20%		\$500,000 to \$749,999	20%		
		\$750,000 to \$999,999	26%		\$750,000 to \$999,999	26%		
		\$1 million or greater	30%		\$1 million or greater	30%		
	TPD Rider Benefit These discounts also apply to Accidental TPD and Universal TPD Rider Benefits TPD Stand Alone	Up to \$999,999	0%	Alone These discounts are based on the combined Crisis Recovery Stand Alone and any attached Crisis Extension Sum Insured and are applied to the premiums for both benefits. Income Protection, Superannuation Income Protection and Business Expenses Plans The same large sum insured discounts will apply to the Claim Escalation, Advantage Optional, PLUS Optional, Income Protection Lump Sum, Day 1 Accident and to all benefits provided under Super Extras when selected	Up to \$299,999	0%		
		\$1 million or greater	5%		\$300,000 to \$499,999	3%		
		Up to \$499,999	0%		\$500,000 or greater	5%		
	These discounts also apply to Accidental TPD Stand Alone and Universal TPD	\$500,000 to \$999,999	5%					
	Stand Alone.	\$1 million or greater	10%		Up to \$3,999 per month	0%		
	Crisis Recovery Stand	Up to \$299,999	0%		\$4,000 to \$9,999 per	7.5%		
	Alone These discounts are based on the combined Crisis	\$300,000 to \$499,999	3%		month	10%		
	Recovery Stand Alone and any attached Crisis Extension Sum Insured and are applied to the premiums for both benefits.	\$500,000 or greater	5%		month or greater	10%		
	Income Protection, Superannuation Income	Up to \$3,999 per month	0%	and Complimentary Income Protection CORE Extras.				
	Protection and Business Expenses Plans The same large sum insured discounts will apply to the	\$4,000 to \$9,999 per month	7.5%					
	Claim Escalation, Advantage Optional, PLUS Optional, Income Protection Lump Sum, Day 1 Accident and to all benefits provided under Super Extras when selected and Complimentary Income Protection CORE Extras.	\$10,000 per month or greater	10%					

18. UPDATE TO REHABILITATION EXPENSES BENEFIT WORDING

Benefit Prior to change After change

Rehabilitation Expenses Benefit **Change:** We have amended the Rehabilitation Expenses Benefit wording to provide clarity on what the benefit does and doesn't include.

Updates were made within the Rehabilitation Expenses Benefit in sections:

- Section 5.1.2, page 60
- Section 5.2.4, page 67

Section: 5.1.2 Rehabilitation Expenses Benefit - page 59

As a result of a claim under this policy, we will pay the costs of your participation in a rehabilitation program approved by us that is part of a structured return to work program and is necessary to assist in your rehabilitation back to work, following your Illness or Sickness.

We will pay this benefit for the following types of programs:

- graded exercise programs
- wellness programs
- business coaching
- · graded return-to-work programs
- · modification of work environments
- work-related counselling
- · career advice and redirection
- · re-skilling or retraining
- the supply of ergonomic equipment
- other types of programs which we approve from time to time.

However, we will not reimburse costs of participating in any program where the relevant program:

- involves 'treatment' as defined by the Life Insurance and Health Insurance Acts
- provides ongoing services that do not have the specific and stated objective of leading to an increase in function does not have the primary purpose of returning you to paid employment
- does not have goals incorporated into the plan that can be measured; or
- is of a type ordinarily engaged in for general health and wellbeing.

We recommend you seek our approval of the program prior to your participation otherwise there is the risk that you'll be out of pocket for the costs incurred. We won't unreasonably delay letting you know whether or not we'll reimburse you for the proposed rehabilitation program.

Section: 5.1.2 Rehabilitation Expenses Benefit - page 60

As a result of a claim under this policy, we will pay the costs of your participation in an Occupational Rehabilitation Program approved by us that is part of a structured return to work program and is necessary to assist in your rehabilitation back to work, following your Injury or Sickness.

We will pay this benefit for the following types of programs:

- graded exercise programs
- wellness programs
- · business coaching
- graded return-to-work programs
- · modification of work environments
- vocational counselling
- · career advice and redirection
- re-skilling or retraining
- the supply of ergonomic equipment
- other types of programs which we approve from time to time.

However, we will not reimburse costs of participating in any program where the relevant program:

- is not a service approved by us, and provided by one of AIA's supplier panel: or
- involves 'treatment' as defined by the Life Insurance Act and Health Insurance Acts; or
- provides ongoing services that do not have the specific and stated objective of leading to an increase in function;
- does not have the primary purpose of returning you to paid employment; or
- does not have goals incorporated into the plan that can be measured; or
- is of a type ordinarily engaged in for general health and wellbeing.

We recommend you seek our approval of the program prior to your participation otherwise there is the risk that your participation in the program may not be approved and, as a result, you are out of pocket for the costs incurred. We won't unreasonably delay letting you know whether or not we'll reimburse you for the proposed rehabilitation program.

19. REDUCED THE HEALTHIER LIFE LUMP SUM BUNDLED DISCOUNT

Benefit	Prior to change	After change
All Benefits	Change: We have reduced the Healthier Life Lump Sum Bur	ndled discount from 10% to 8%.
	Section: 11.2 Premiums – page 181	Section: 11.2 Premiums – page 182
	Lump Sum Bundled discount	Lump Sum Bundled discount
	If the life insured holds all of the Lump Sum covers (as listed below), each with a premium of \$400 or more per year, then the Lump Sum cover premiums will receive the Lump Sum Bundled discount of 4% (or 10% where a policy eligible for Lump Sum Bundled discount is also eligible for Healthier Life Reward).	If the life insured holds all of the Lump Sum covers (as listed below), each with a premium of \$400 or more per year, then the Lump Sum cover premiums will receive the Lump Sum Bundled discount of 4% (or 8% where a policy eligible for Lump Sum Bundled discount is also eligible for Healthier Life Reward).
	The \$400 annual premium threshold excludes stamp duty, policy fees, the AIA Vitality contribution fee and AIA Vitality discount.	The \$400 annual premium threshold excludes stamp duty, policy fees, the AIA Vitality contribution fee and AIA Vitality discount.

20. INCLUSION OF UNLAWFUL ACTIVITY EXCLUSION FOR TPD

Benefit Prior to change After change

TPD

Change: We have introduced an unlawful activity exclusion for TPD. The new wording has been amended under Limitations and exclusions in each TPD benefit, sections include:

- Section 3.1.4: TPD and Accidental TPD
- Section 3.2.4: Universal TPD
- Section 8.2.4: Double TPD
- Section 8.3.4: Double Universal TPD

Exclusions

A benefit is not payable for TPD or Accidental TPD in relation to any event or disablement which is caused by intentional self-inflicted injury or any such attempt by you.

Exclusions

A benefit is not payable for TPD or Accidental TPD in relation to any event or disablement:

- where disablement is related to intentional self-inflicted injury or any such attempt by you
- where disablement is related to your participation in an unlawful activity punishable by imprisonment or resulting from imprisonment.

21. UPDATE TO MINIMUM ENTRY AGE FOR VARIABLE PREMIUM

Change: We have increased the minimum entry age for all Variable premium main benefits to age 35 next birthday.

This change is applied to the following benefits under the Variable premium type with the corresponding PDS sections:

- 2.1.3 Life Cover
- 2.3.3 Term Cover
- 3.1.3 TPD
- 3.2.3 Universal TPD
- 4.3 Crisis Recovery
- 5.1.3 IP Core
- 6.3 Business Expense
- 8.1.3 TPD Buy-back
- 8.2.3 Double TPD
- 8.3.3 Double Universal TPD
- 8.4.2 Waiver of Premium
- 8.5.3 Life Cover Purchase
- 8.6.3 Crisis Extension
- 8.7.3 Crisis Recovery Buy-back
- 8.8.3 Crisis Reinstatement
- 8.9.3 Double Crisis Recovery
- 8.12.2 Forward Underwriting
- 8.13.2 Business Safeguard Forward Underwriting
- 8.15.2 Claim Escalation
- 8.16.2 Retirement Protector

We have also added a table to specify Premium Options in sections where it didn't exist for formatting consistency.

Life Cover

Prior to change

Section: 2.1.3 General terms and conditions – page 18

Entry age

Benefit	Premium type	Minimum entry age		Maximum entry age	
	Variable age-stepped premium	10 years	15 years	74 years	73 years
Life Cover	Variable premium	10 years	15 years	63 years	63 years
	Optimum	34 years	34 years	63 years	63 years

After change

Section: 2.1.3 General terms and conditions - page 18

Entry age

Benefit	Premium type	Minimum entry age		Maximum entry age	
Life Cover	Variable age-stepped premium	10 years	15 years	74 years	73 years
	Variable premium and Optimum	34 years	34 years	63 years	63 years

22. UPDATE TO BUY-BACK AND REINSTATEMENT PREMIUM EXPIRY DATES

Benefit Prior to change After change

TPD Buy-back, Crisis Recovery Buy-back, Crisis Reinstatement and Life Cover Purchase **Change:** We have clarified wording regarding the Premium Expiry Dates for the impacted benefits to ensure we are clear on when the premium ceases to charge. We have also introduced a definition for 'Premium Expiry Date' and have reflected these in PDS Sections:

- Total and Permanent Disablement Buy-back, page 91
- Crisis Recovery Buy-back, page 115
- Crisis Reinstatement, page 119
- General definitions, page 192

8.1.2 Built-in Benefits - page 91

Total and Permanent Disablement Buy-back

If a claim is paid under TPD, the Life Cover Sum Insured (and any Crisis Recovery and Crisis Extension Sum Insured) will be reduced by the amount of the claim paid.

TPD Buy-back will automatically reinstate the Life Cover Sum Insured that was reduced after we have paid 100% of the TPD Sum Insured.

TPD Buy-back will automatically reinstate the Life Cover Sum Insured on the Reinstatement Date, unless you notify us that you don't want the Life Cover Sum Insured to be reinstated. The Reinstatement Date for TPD Buy-back is the date 12 months after your claim was paid.

Once a TPD benefit is paid, no further TPD benefits will be payable, and any reduction in the Crisis Recovery or Crisis Extension Sum Insured will not be reinstated. The repurchase of the Life Cover Sum Insured will be:

- subject to our premium rates applicable for your age at the time of buy-back
- · available without evidence of health, and
- provided under the same acceptance terms as were applied to the original Life Cover benefit.

Premiums for TPD Buy-back must continue to be paid until the date the buy-back option is exercised or expires.

8.1.2 Built-in Benefits - page 92

Total and Permanent Disablement Buy-back

If a claim is paid under TPD, the Life Cover Sum Insured (and any Crisis Recovery and Crisis Extension Sum Insured) will be reduced by the amount of the claim paid.

TPD Buy-back will automatically reinstate the Life Cover Sum Insured that was reduced if we have paid 100% of the TPD Sum Insured before the TPD Buy-Back Premium Expiry Date.

TPD Buy-back will automatically reinstate the Life Cover Sum Insured on the Reinstatement Date, unless you notify us that you don't want the Life Cover Sum Insured to be reinstated. The Reinstatement Date for TPD Buy-back is the date 12 months after your claim was paid.

Once a TPD benefit is paid, no further TPD benefits will be payable, and any reduction in the Crisis Recovery or Crisis Extension Sum Insured will not be reinstated. The repurchase of the Life Cover Sum Insured will be:

- subject to our premium rates applicable for your age at the time of buy-back
- available without evidence of health, and
- provided under the same acceptance terms as were applied to the original Life Cover benefit.

Premiums for TPD Buy-back must continue to be paid until the earliest of:

- the Reinstatement Date, or
- the Premium Expiry Date.

8.1.3 General terms and conditions – page 91 Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories						
	A1, A2, M,	B1, B2, C1, E		Home			
	A3, A4	C2, D		Duties			
TPD	70th	65th	55th	65th			
Buy-back	birthday	birthday	birthday	birthday			

8.1.3 General terms and conditions – page 92

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	nefit Occupation Categories					
	A1, A2, M,	B1, B2, C1, E		Home		
	A3, A4	C2, D		Duties		
TPD	70th	65th	55th	65th		
Buy-back	birthday	birthday	birthday	birthday		

Premium Expiry Date

The Premium Expiry Date for Total and Permanent Disablement Buy-back is the Policy Anniversary one year prior to your Expiry Date.

8.5.2 Built-in Benefits - page 106

Life Cover Purchase

This benefit allows you to buy Life Cover without having to provide information about your health or insurability after a full benefit payment has been made for one of the following:

- TPD Stand Alone
- · Crisis Recovery Stand Alone, or
- TPD Rider Benefit under Crisis Recovery Stand Alone.

The amount of Life Cover you can purchase is the amount of the claim paid up to your Life Cover Purchase sum insured.

The purchase of the Life Cover Sum Insured under the Life Cover Purchase option will be subject to the premium rates applicable for your age at the time of purchase, and provided on the same acceptance terms as were applied to the original TPD Stand Alone, TPD Rider Benefit to Crisis Stand Alone, or Crisis Recovery Stand Alone cover.

Exercising the option

For all conditions other than those listed below, the Life Cover option must be exercised within 30 days after the 12-month anniversary of your claim being paid.

For the following conditions, Life Cover must be purchased within 30 days after the six-month anniversary of your claim being paid:

- Alzheimer's Disease or Dementia with significant cognitive impairment
- Blindness (excluding as a result of a stroke/cancer)
- Loss of Hearing
- Multiple Sclerosis
- Paralysis (total and permanent) (excluding as a result of a stroke/cancer), and
- · Parkinson's Disease.

This option can only be exercised once.

Where the Life Cover Purchase benefit has been selected as a Rider Benefit under the TPD Stand Alone benefit, the Life Cover Purchase is able to be exercised after a TPD Stand Alone or Maximiser claim.

After change

8.5.2 Built-in Benefits - page 107

Life Cover Purchase

This benefit allows you to buy Life Cover without having to provide information about your health or insurability if a full benefit payment has been made for one of the following:

- TPD Stand Alone
- · Crisis Recovery Stand Alone, or
- TPD Rider Benefit under Crisis Recovery Stand Alone.

The amount of Life Cover you can purchase is the amount of the claim paid up to your Life Cover Purchase sum insured.

The purchase of the Life Cover Sum Insured under the Life Cover Purchase option will be subject to the premium rates applicable for your age at the time of purchase, and provided on the same acceptance terms as were applied to the original TPD Stand Alone, TPD Rider Benefit to Crisis Stand Alone, or Crisis Recovery Stand Alone cover.

Exercising the option

For all conditions other than those listed below, the Life Cover option must be exercised within 30 days after the 12-month anniversary of your claim being paid.

For the following conditions, Life Cover must be purchased within 30 days after the six-month anniversary of your claim being paid:

- Alzheimer's Disease or Dementia with significant cognitive impairment
- Blindness (excluding as a result of a stroke/cancer)
- Loss of Hearing
- Multiple Sclerosis
- Paralysis (total and permanent) (excluding as a result of a stroke/cancer), and
- Parkinson's Disease.

You must continue to pay premiums for the Life Cover Purchase option until the date the option is exercised or expires (see 8.5.5 When cover begins and ends).

This option can only be exercised once.

Where the Life Cover Purchase benefit has been selected as a Rider Benefit under the TPD Stand Alone benefit, the Life Cover Purchase is able to be exercised after a TPD Stand Alone or Maximiser claim.

8.5.4 Limitations and exclusions – page 108

Limitations

- The new Life Cover amount cannot be increased via Guaranteed Future Insurability, Forward Underwriting or Business Safeguard Forward Underwriting benefit.
- Benefit Indexation will not apply to the new Life Cover Sum Insured.
- All increases in cover are subject to financial assessment at the time the option is exercised.
- When an option under an existing Priority Protection Policy is exercised to purchase a new Priority Protection Policy, the Life Insured must be the same as the Life Insured under the existing Policy.
- Any special conditions or exclusions that apply to the existing Policy will also apply under the new policy.
- The new Priority Protection Policy will be on terms that apply to other new Priority Protection policies (or policies referable to other similar products as reasonably determined by us) available at the time the option is exercised.
- You must continue to pay premiums for the Life Cover Purchase option until the date the option is exercised or expires.
- Where Life Cover Purchase is purchased both in conjunction with the Crisis Recovery Stand Alone and TPD as a Rider Benefit under Crisis Recovery Stand Alone, the Life Cover Purchase option can only be exercised once. If a full claim under Crisis Recovery Stand Alone is paid, the TPD Rider Benefit will expire and so will the Life Cover Purchase option attached to the TPD Rider Benefit. However, the Life Cover Purchase option can still be exercised on the Crisis Recovery Stand Alone benefit for an amount up to 100% of the Sum Insured for Crisis Recovery Stand Alone.
- Where the Life Cover Purchase benefit is purchased as a TPD Rider Benefit under Crisis Recovery Stand Alone and 100% of the benefit payment has been made on the TPD Rider Benefit, the Crisis Recovery Stand Alone Sum Insured amount will:
 - be reduced by the amount of the TPD claim, or
 - if both Sums Insured are equal, the Crisis Recovery Stand Alone benefit will end.
- The Life Cover Purchase benefit can be exercised up to the TPD Rider Benefit amount.

After change

8.5.4 Limitations and exclusions – page 109

Limitations

- The new Life Cover amount cannot be increased via Guaranteed Future Insurability, Forward Underwriting or Business Safeguard Forward Underwriting benefit.
- Benefit Indexation will not apply to the new Life Cover Sum Insured.
- All increases in cover are subject to financial assessment at the time the option is exercised.
- When an option under an existing Priority Protection Policy is exercised to purchase a new Priority Protection Policy, the Life Insured must be the same as the Life Insured under the existing Policy.
- Any special conditions or exclusions that apply to the existing Policy will also apply under the new policy.
- The new Priority Protection Policy will be on terms that apply to other new Priority Protection policies (or policies referable to other similar products as reasonably determined by us) available at the time the option is exercised.
- Where Life Cover Purchase is purchased both in conjunction with the Crisis Recovery Stand Alone and TPD as a Rider Benefit under Crisis Recovery Stand Alone, the Life Cover Purchase option can only be exercised once. If a full claim under Crisis Recovery Stand Alone is paid, the TPD Rider Benefit will expire and so will the Life Cover Purchase option attached to the TPD Rider Benefit. However, the Life Cover Purchase option can still be exercised on the Crisis Recovery Stand Alone benefit for an amount up to 100% of the Sum Insured for Crisis Recovery Stand Alone.
- Where the Life Cover Purchase benefit is purchased as a TPD Rider Benefit under Crisis Recovery Stand Alone and 100% of the benefit payment has been made on the TPD Rider Benefit, the Crisis Recovery Stand Alone Sum Insured amount will:
 - be reduced by the amount of the TPD claim, or
 - if both Sums Insured are equal, the Crisis Recovery Stand Alone benefit will end.
- The Life Cover Purchase benefit can be exercised up to the TPD Rider Benefit amount.

8.7 Crisis Recovery Buy-back – page 114

Availability

The minimum Sum Insured for Crisis Recovery Buy-back is \$10,000.

- Crisis Recovery Buy-back can be purchased as a Rider Benefit to Life Cover (Ordinary Plan or Linked Benefit).
- Crisis Recovery Buy-back cannot be purchased as a Rider Benefit to Crisis Recovery Stand Alone cover.
- The Crisis Recovery Buy-back benefit is not available where your Crisis Recovery is limited to one of the three Crisis Recovery modules as set out in Section 4.4 (i.e. Cancer and Coronary, Cancer Plus and Coronary Plus).

8.7 Crisis Recovery Buy-back – page 115 **Availability**

The minimum Sum Insured for Crisis Recovery Buy-back is \$10,000.

- Crisis Recovery Buy-back can be purchased as a Rider Benefit to:
 - Crisis Recovery, and
 - Crisis Extension
 - when Crisis Recovery is purchased as a Rider Benefit to Life Cover (Ordinary Plan or Linked Benefit).
- Crisis Recovery Buy-back cannot be purchased as a Rider Benefit to Crisis Recovery Stand Alone cover.
- The Crisis Recovery Buy-back benefit is not available where your Crisis Recovery is limited to one of the three Crisis Recovery modules as set out in Section 4.4 (i.e. Cancer and Coronary, Cancer Plus and Coronary Plus).

8.7.2 Built-in Benefits - page 115

Crisis Recovery Buy-back

Crisis Recovery Buy-back automatically reinstates the Life Cover Sum Insured that was reduced after:

- a Crisis Recovery Sum Insured is paid in full, or a restricted benefit is paid for the diagnosis of Prostate Cancer or
- a Crisis Extension claim is paid before the Policy Anniversary prior to your 64th birthday.

Crisis Recovery Buy-back does not apply where the reduction in the Life Cover Sum Insured was due to a payment of less than 100% of the Crisis Recovery Sum Insured (Cancer, Coronary Artery Angioplasty, Loss of Use of Limbs and/or Sight, Severe Rheumatoid Arthritis (failed conventional DMARDs), and Benign Brain or Spinal Cord Tumour with serious functional impairment events).

Crisis Recovery Buy-back will automatically reinstate the Life Cover Sum Insured on the Reinstatement Date, unless you notify us that you don't want the Life Cover Sum Insured reinstated. The Reinstatement Date for Crisis Recovery Buy-back is the date 12 months after your claim was paid.

If the Reinstatement Date falls before the Policy Anniversary prior to your 65th birthday, the Life Cover Sum Insured is automatically reinstated to the amount that applied under the policy before the Crisis Recovery or Crisis Extension claim was paid.

If the Reinstatement Date falls on or after the Policy Anniversary prior to your 65th birthday, this benefit automatically reinstates the lesser of \$10,000 and the amount of Life Cover reduced by the Crisis Recovery claim.

Premiums for Crisis Recovery Buy-back must continue to be paid until the date the Buy-back option ends.

The reinstated Life Cover Sum Insured will be:

- subject to the premium rates applicable for your age at the Reinstatement Date
- · available without evidence of health, and
- provided on the same underwriting acceptance terms as were applied to the original Life Cover benefit.

Any reduction in the TPD, Accidental TPD or Universal TPD Sum Insured as a result of a Crisis Recovery or Crisis Extension claim being paid will not be reinstated.

After change

8.7.2 Built-in Benefits - page 116

Crisis Recovery Buy-back

Crisis Recovery Buy-back automatically reinstates the Life Cover Sum Insured that was reduced if:

- a Crisis Recovery Sum Insured is paid in full, or a restricted benefit is paid for the diagnosis of Prostate Cancer or
- a Crisis Extension claim is paid before the Crisis Recovery Buy-back Premium Expiry Date.

Crisis Recovery Buy-back does not apply where the reduction in the Life Cover Sum Insured was due to a payment of less than 100% of the Crisis Recovery Sum Insured (Cancer, Coronary Artery Angioplasty, Loss of Use of Limbs and/or Sight, Severe Rheumatoid Arthritis (failed conventional DMARDs), and Benign Brain or Spinal Cord Tumour with serious functional impairment events).

Crisis Recovery Buy-back will automatically reinstate the Life Cover Sum Insured on the Reinstatement Date, unless you notify us that you don't want the Life Cover Sum Insured reinstated. The Reinstatement Date for Crisis Recovery Buy-back is the date 12 months after your claim was paid.

If the Reinstatement Date falls before the Policy Anniversary prior to your 65th birthday, the Life Cover Sum Insured is automatically reinstated to the amount that applied under the policy before the Crisis Recovery or Crisis Extension claim was paid.

If the Reinstatement Date falls on or after the Policy Anniversary prior to your 65th birthday, this benefit automatically reinstates the lesser of \$10,000 and the amount of Life Cover reduced by the Crisis Recovery claim.

Premiums for Crisis Recovery Buy-back must continue to be paid until the earliest of:

- · the Reinstatement Date, or
- the Premium Expiry Date.

The reinstated Life Cover Sum Insured will be:

- subject to the premium rates applicable for your age at the Reinstatement Date
- available without evidence of health, and
- provided on the same underwriting acceptance terms as were applied to the original Life Cover benefit.

Any reduction in the TPD, Accidental TPD or Universal TPD Sum Insured as a result of a Crisis Recovery or Crisis Extension claim being paid will not be reinstated.

8.7.3 General terms and conditions – page 115 **Expiry Date**

The Expiry Date for Crisis Recovery Buy-back is the Policy Anniversary prior to your 70th birthday.

After change

8.7.3 General terms and conditions – page 116

Expiry Date

The Expiry Date for Crisis Recovery Buy-back is:

- the Policy Anniversary prior to your 70th birthday where Crisis Recovery Buy-back is purchased as a Rider Benefit to Crisis Recovery, or
- the Policy Anniversary prior to your 65th birthday where Crisis Recovery Buy-back is purchased as a Rider Benefit to Crisis Extension.

Premium Expiry Date

The Premium Expiry Date for Crisis Recovery Buy-back is the Policy Anniversary prior to:

- your 69th birthday where Crisis Recovery Buy-back is purchased as a Rider Benefit to Crisis Recovery, or
- your 64th birthday where Crisis Recovery Buy-back is purchased as a Rider Benefit to Crisis Extension.

8.7.5 When cover begins and ends - page 116

The Crisis Recovery Buy-back benefit, in relation to the Life Cover Sum Insured reduced by a Crisis Recovery claim, will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- the Crisis Recovery Buy-back Reinstatement Date (unless Crisis Reinstatement is purchased as a Rider Benefit to Crisis Recovery Buy-back)
- the date you are no longer eligible for Crisis
 Reinstatement (where Crisis Reinstatement is purchased
 as a Rider Benefit to Crisis Recovery Buy-back) (see
 Section 8.8.2)
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where Crisis Recovery Buy-back benefit is taken as a Superannuation PLUS benefit)
- · your passing away, or
- · the Expiry Date of the benefit.

The Crisis Recovery Buy-back benefit, in relation to the Life Cover Sum Insured reduced by a Crisis Extension claim, will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- the Crisis Recovery Buy Back Reinstatement Date
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where Crisis Recovery Buy-back benefit is taken as a Superannuation PLUS benefit),
- your passing away, or
- the policy anniversary prior to your 65th birthday.

8.7.5 When cover begins and ends - page 117

The Crisis Recovery Buy-back benefit, in relation to the Life Cover Sum Insured reduced by a Crisis Recovery claim, will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- the Crisis Recovery Buy-back Reinstatement Date (unless Crisis Reinstatement is purchased as a Rider Benefit to Crisis Recovery Buy-back)
- the date you are no longer eligible for Crisis
 Reinstatement (where Crisis Reinstatement is purchased
 as a Rider Benefit to Crisis Recovery Buy-back) (see
 Section 8.8.2)
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where Crisis Recovery Buy-back benefit is taken as a Superannuation PLUS benefit)
- your passing away, or
- · the Expiry Date of the benefit.

The Crisis Recovery Buy-back benefit, in relation to the Life Cover Sum Insured reduced by a Crisis Extension claim, will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- the Crisis Recovery Buy Back Reinstatement Date
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where Crisis Recovery Buy-back benefit is taken as a Superannuation PLUS benefit),
- · your passing away, or
- the Expiry Date of the benefit.

8.8.2 Built-in Benefits - page 118

Crisis Reinstatement

Crisis Reinstatement automatically reinstates the Crisis Recovery Sum Insured that was reduced after a full benefit is paid for Crisis Recovery, or a restricted benefit is paid for the diagnosis of Prostate Cancer (see 'Prostate Cancer – Restricted reinstatement' in this section).

Premiums for this Crisis Reinstatement option must continue to be paid until the option ends. This includes the period where the Crisis Recovery Sum Insured is yet to be reinstated.

8.8.2 Built-in Benefits - page 119

Crisis Reinstatement

Crisis Reinstatement automatically reinstates the Crisis Recovery Sum Insured that was reduced if a full benefit is paid for Crisis Recovery, or a restricted benefit is paid for the diagnosis of Prostate Cancer (see 'Prostate Cancer – Restricted reinstatement' in this section), before the Premium Expiry Date.

Premiums for this Crisis Reinstatement option must continue to be paid until the earliest of:

- the date you are no longer eligible for Crisis Reinstatement, or
- the Premium Expiry Date.

8.8.2 Built-in Benefits - page 118

Reinstatement Date

Crisis Reinstatement will automatically reinstate the Crisis Recovery Sum Insured on the Reinstatement Date provided premiums for the Reinstatement option have been paid and are up to date, unless you notify us that you don't want the Crisis Recovery Sum Insured to be reinstated.

The Reinstatement Date for Crisis Recovery purchased as a Rider Benefit for Life Cover is the date 12 months after your claim was paid.

The Reinstatement Date for Crisis Recovery Stand Alone is the date 30 days after your claim was paid.

8.8.3 General terms and conditions – page 119

Expiry Date

The Expiry Date for Crisis Reinstatement is the Policy Anniversary prior to your 70th birthday.

After change

8.8.2 Built-in Benefits - page 119

Reinstatement Date

Crisis Reinstatement will automatically reinstate the Crisis Recovery Sum Insured on the Reinstatement Date provided premiums for the Reinstatement option have been paid and are up to date, unless you notify us that you don't want the Crisis Recovery Sum Insured to be reinstated.

The Reinstatement Date for Crisis Recovery purchased as a Rider Benefit for Life Cover is the date 12 months after your claim was paid.

The Reinstatement Date for Crisis Recovery Stand Alone is the date 30 days after your claim was paid.

8.8.3 General terms and conditions – page 120

Expiry Date

The Expiry Date for Crisis Reinstatement is the Policy Anniversary prior to your 70th birthday.

Premium Expiry Date

The Premium Expiry Date for Crisis Reinstatement is the Policy Anniversary prior to;

- your 69th birthday where Crisis Recovery is purchased as a Rider Benefit, or
- your 70th birthday where Crisis Recovery is purchased as a Stand Alone cover.

12.1 General Definitions - page 185

Expiry Date for a benefit means the premium expiry date shown on the Policy Schedule for that benefit.

12.1 General Definitions - page 186

Expiry Date for a benefit means the Policy Anniversary prior to the expiry age for that benefit, as disclosed in the applicable section of this PDS based on your occupation category and/or ownership structure.

12.1 General Definitions

No definition – new definition being added

12.1 General Definitions - page 194

Premium Expiry Date for a benefit means the date from which you are no longer required to pay premiums for that benefit, as disclosed in the applicable section of this PDS. For some benefits, the premium expiry date may not be the same as the Expiry Date of the benefit.

In some cases, your cover may continue after the Premium Expiry Date of the benefit. Please refer to the applicable 'When cover begins and ends' section for when the benefit will end.

12.1 General Definitions - page 193

Reinstatement Date refers to the date on which the Life Cover Sum Insured or the Crisis Recovery Sum Insured is automatically reinstated under a Crisis Recovery Buy-back, TPD Buy-back or Crisis Reinstatement Rider Benefit.

12.1 General Definitions - page 195

Reinstatement Date refers to the date on which the Life Cover Sum Insured or the Crisis Recovery Sum Insured is automatically reinstated under a Crisis Recovery Buy-back, TPD Buy-back or Crisis Reinstatement Rider Benefit.

The Reinstatement Date must occur before the Expiry Date of the Crisis Recovery Buy-back, TPD Buy-back or Crisis Reinstatement Rider Benefit.

5.1.3 General terms and conditions – page 60

Expiry age

Income Protection CORE insurance cover will cease on the anniversary of policy commencement prior to the insured's 65th birthday.

5.1.3 General terms and conditions – page 61

Expiry Date

The Expiry Date for Income Protection CORE insurance is the Policy Anniversary prior to your 65th birthday.

nefit Prior to change 8.16.2 General terms and conditions – page 143 Expiry Date		8.16.2 General terms and conditions – page 144 Expiry Date			
			The Expiry Date is the Policy Anniversary prior to your:		The Expiry Date is the Policy Anniversary prior to your 65th
				A1, A2, M, A3, A4, B1, B2, C1, C2, D	
Retirement Protector	65th birthday				
	8.16.2 General terms a Expiry Date The Expiry Date is the F	8.16.2 General terms and conditions – page 143 Expiry Date The Expiry Date is the Policy Anniversary prior to your: A1, A2, M, A3, A4, B1, B2, C1, C2, D			

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