

PRIORITY PROTECTION

FOR POLICYHOLDERS

Policy Enhancement Summary

21 May 2012

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Every year AIA Australia upgrades its Priority Protection benefit range to ensure that the features and benefits offered to our customers and policyholders meet their changing needs.

The latest enhancements which are being passed back to existing policyholders are listed below.

It is important to read this Policy Enhancement Summary together with your Priority Protection Policy Document and any other policy notices. The enhancements outlined in this document now form part of your Policy Document.

These enhancements apply from 21 May 2012. The improved features and benefits outlined below are only effective on and from this date. These enhancements will not apply to any policy where a claim is pending or where a claim is in the process of being paid. The enhancements override your existing policy terms and conditions (except to the extent where you are disadvantaged in any way, in which case the previous policy wording will apply) and are subject to any pre-existing conditions (with the exception of any increase in fees and charges).

Feature/Benefit Description	Previous key features and benefits that applied to policies prior to 21 May 2012	Enhanced key features and benefits to apply effective from 21 May 2012
Crisis Recovery benefit		
Intensive Care – new crisis event	This crisis event was not covered previously.	'Intensive Care' means a Sickness or Injury has resulted in the Life Insured requiring continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Excluded from this definition is Intensive Care as a result of medically induced coma.
Enhancement	'Intensive Care' has been added as a new crisis event under: Crisis Recovery, Double Crisis Recovery, Crisis Recovery Stand Alone and Crisis Recovery under the PLUS Optional benefit under the Income Protection benefit.	
Out of Hospital Cardiac Arrest – new crisis event	This crisis event was not covered previously.	'OUT OF HOSPITAL CARDIAC ARREST' means cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to: <ul style="list-style-type: none"> • cardiac asystole; or • ventricular fibrillation with or without ventricular tachycardia.
Enhancement	'Out of Hospital Cardiac Arrest' has been added as a new crisis event under: Crisis Recovery, Double Crisis Recovery, Crisis Recovery Stand Alone and Crisis Recovery under the PLUS Optional benefit under the Income Protection benefit.	
Heart Attack definition	<p>'HEART ATTACK' (myocardial infarction) means the death of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by:</p> <ul style="list-style-type: none"> – typical rise and fall of cardiac biomarker blood test (Troponin T, Troponin I or CK-MB) with at least one level above the 99th percentile of the upper reference limit PLUS – acute cardiac symptoms and signs consistent with myocardial infarction (e.g. chest pain) <p>OR</p> <ul style="list-style-type: none"> – new serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB). <p>If the above tests are inconclusive we will consider other appropriate and medically recognised tests.</p> <p>Other acute coronary syndromes including but not limited to angina pectoris are excluded.</p>	<p>'HEART ATTACK' (myocardial infarction) means the death of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by typical rise and/or fall of cardiac biomarker blood test (Troponin T, Troponin I or CK-MB) with at least one level above the 99th percentile of the upper reference limit PLUS:</p> <ul style="list-style-type: none"> – acute cardiac symptoms and signs consistent with myocardial infarction (e.g. chest pain) <p>OR</p> <ul style="list-style-type: none"> – new serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB) <p>OR</p> <ul style="list-style-type: none"> – imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. <p>If the above tests are inconclusive we will consider other appropriate and medically recognised tests. Other acute coronary syndromes including but not limited to angina pectoris are excluded.</p>
Enhancement	The definition of Heart Attack has been improved. The definition has been changed to include typical rise and/or fall of cardiac biomarker blood test and also imaging evidence.	

Feature/Benefit Description	Previous key features and benefits that applied to policies prior to 21 May 2012	Enhanced key features and benefits to apply effective from 21 May 2012
Cancer definition	<p>'CANCER' means the presence of one or more malignant tumours including Hodgkin's disease, leukaemia and other malignant bone marrow disorders, and characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:</p> <ul style="list-style-type: none"> • all hyperkeratoses or basal cell carcinomas of the skin; • cutaneous squamous cell carcinomas of T2N0M0 and below grade tumours, where the tumour is less than 5 cm in greatest diameter; and • Polycythemia Rubra Vera requiring treatment by venesection alone. <p>'Skin cancer' – where diagnosed by an appropriate specialist Medical Practitioner acceptable to us, we will pay:</p> <ul style="list-style-type: none"> • 100% of the Sum Insured for any melanoma where the tumour is with ulceration or is diagnosed as 1.5mm or greater in Breslow's depth of invasion or Clark Level 3 or greater in depth of invasion; • the greater of 15% of the Sum Insured and \$10,000 for any melanoma without ulceration and measuring less than 1.5mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion. The amount of the payment cannot exceed the Sum Insured; • 100% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed as greater than T3N0M0 or any stage T where N1, 2 or 3 or metastases are present; • 10% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed as stage T3N0M0 under the TNM Classification system. <p>'Carcinoma in situ'</p> <p>Carcinoma in situ refers to a primary uncontrolled growth of cells that remains in the original location and has not invaded or destroyed neighbouring tissues nor penetrated the basement membrane. Carcinoma in situ covered by this policy must be confirmed by histopathology.</p> <p>Staging of carcinoma in situ is based on FIGO (International Federation of Gynecology and Obstetrics) classification and TNM classification.</p> <p>The disease of Carcinoma in Situ covered by this policy must be confirmed by a biopsy and is limited only to the following sites for which we will pay the greater of \$10,000 and 10% of the Sum Insured for the Crisis Recovery or Crisis Recovery Stand Alone benefit:</p> <ul style="list-style-type: none"> • Vagina, ovary, vulva, fallopian tube where the tumour must be classified as TIS according to the TNM staging method or FIGO* Stage 0. • Cervix-Uteri with a grading of either TMN stage TIS or CIN 3 or above. • Carcinoma in situ of the breast where no mastectomy is performed. <p>The amount of the partial payment cannot exceed the Sum Insured.</p> <p>The full Sum Insured will be paid for carcinoma in situ of the breast where the entire breast is removed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist Medical Practitioner acceptable to us.</p> <p>After any payment for cancer the Sum Insured will be reduced by the payment made.</p>	<p>'CANCER' means the presence of one or more malignant tumours including Hodgkin's disease, leukaemia and other malignant bone marrow disorders, and characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:</p> <ul style="list-style-type: none"> • all hyperkeratoses or basal cell carcinomas of the skin; • cutaneous squamous cell carcinomas of T2N0M0 and below grade tumours, where the tumour is less than 5 cm in greatest diameter; and • Polycythemia Rubra Vera requiring treatment by venesection alone. <p>'Skin cancer' – where diagnosed by an appropriate specialist Medical Practitioner acceptable to us, we will pay:</p> <ul style="list-style-type: none"> • 100% of the Sum Insured for any melanoma where the tumour is with ulceration or is diagnosed as 1 mm or greater in Breslow's depth of invasion or Clark Level 3 or greater in depth of invasion; • the greater of 15% of the Sum Insured and \$10,000 for any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion. The amount of the payment cannot exceed the Sum Insured; • 100% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed as greater than T3N0M0 or any stage T where N1, 2 or 3 or metastases are present; • 10% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed as stage T3N0M0 under the TNM Classification system. <p>'Carcinoma in situ'</p> <p>Carcinoma in situ refers to a primary uncontrolled growth of cells that remains in the original location and has not invaded or destroyed neighbouring tissues nor penetrated the basement membrane. Carcinoma in situ covered by this Policy must be confirmed by histopathology.</p> <p>Staging of carcinoma in situ is based on FIGO (International Federation of Gynecology and Obstetrics) classification and TNM classification.</p> <p>The disease of Carcinoma in Situ covered by this Policy must be confirmed by a biopsy and is limited to the following sites for which we will pay the greater of \$10,000 and 10% of the Sum Insured for the Crisis Recovery or Crisis Recovery Stand Alone benefit:</p> <ul style="list-style-type: none"> • Vagina, ovary, vulva, fallopian tube, penis, testicle where the tumour must be classified as TIS according to the TNM staging method or FIGO Stage 0. • Cervix-Uteri with a grading of either TNM stage TIS or CIN 3 or above. • Carcinoma in situ of the breast where no mastectomy is performed. <p>The amount of the partial payment cannot exceed the Sum Insured.</p> <p>The full Sum Insured will be paid for carcinoma in situ of the breast where the entire breast is removed or where other surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy) is performed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist Medical Practitioner acceptable to us.</p> <p>After any payment for cancer the Sum Insured will be reduced by the payment made.</p>
Enhancement	<p>The definition of Cancer has been improved.</p> <p>Carcinoma in situ of male genitalia has been included.</p> <p>The definition has been changed to provide the full benefit for carcinoma in situ of the breast where the insured undergoes breast conserving surgery followed by adjuvant therapy.</p> <p>The Skin Cancer definition has been amended to cover a melanoma of 1 mm Breslow's Depth of Invasion.</p>	

Feature/Benefit Description	Previous key features and benefits that applied to policies prior to 21 May 2012	Enhanced key features and benefits to apply effective from 21 May 2012
Family Protection benefit	Family Protection benefit Crisis Events <ul style="list-style-type: none">• Death• Terminal Illness• Cancer Events (excluding Carcinoma in Situ of the Breast)<ul style="list-style-type: none">– Invasive Cancer*– Hodgkin's Disease*– Leukaemia*– Malignant Bone Marrow Disorder*– Skin Cancer*• Coronary Events<ul style="list-style-type: none">– Cardiomyopathy– Stroke* <p>*Qualifying Period: The Family Protection benefit is not payable if your Child suffers a Crisis Event within three months of the benefit being activated. We will waive this three-month qualifying period if your policy replaces another policy from a previous insurer for the same Sum Insured or lower where the full qualifying period was already served.</p>	Family Protection benefit Crisis Events <ul style="list-style-type: none">• Death• Terminal Illness• Cancer Events (excluding Carcinoma in Situ of the Breast)<ul style="list-style-type: none">– Invasive Cancer*– Hodgkin's Disease*– Leukaemia*– Malignant Bone Marrow Disorder*– Skin Cancer*• Coronary Events<ul style="list-style-type: none">– Cardiomyopathy– Heart Attack*– Stroke* <p>*Qualifying Period: The Family Protection benefit is not payable if your Child suffers a Crisis Event within three months of the benefit being activated. We will waive this three-month qualifying period if your policy replaces another policy from a previous insurer for the same Sum Insured or lower where the full qualifying period was already served.</p>
	Enhancement	The Family Protection benefit has been improved. Heart Attack has been added as a Coronary Event.
Income Protection benefit		
Terminal Illness benefit	This benefit was not available previously under the Income Protection benefit.	Terminal Illness If you are receiving a benefit under the Income Protection Plan and are diagnosed with a Terminal Illness before the Expiry Date of your benefit and we confirm the diagnosis, we will pay you a forward payment of the Death Benefit. We will pay this benefit once only. If we make a forward payment of the Death Benefit for Terminal Illness we will not also pay it upon the death of the life insured. We pay this benefit for Terminal Illness in addition to any other benefits payable while the life insured is on claim under this cover.
Enhancement	The Terminal Illness benefit has been added to the Income Protection benefit.	
Cosmetic or Elective Surgery benefit	This benefit was not available previously under the Income Protection or Advantage Optional benefits.	Cosmetic or Elective Surgery benefit We will pay your Total Disablement benefit if you become totally disabled as a result of: <ul style="list-style-type: none">• cosmetic surgery, or• other elective surgery, or• as a result of surgery to transplant an organ from you into the body of another person and you remain totally disabled for longer than your selected waiting period. The benefit will be payable from the end of the waiting period subject to your surgery taking place more than 6 months after the commencement date of your benefit or the date of any increase or reinstatement. Normal post-surgery recovery does not constitute total disablement for the purposes of this benefit and consequently we will not pay any benefit for normal post-surgery recovery.
Enhancement	A Cosmetic or Elective Surgery benefit is now added to the Income Protection benefit.	

This is general information only. The information in this document does not constitute advice financial or otherwise. While AIA Australia has used all reasonable efforts to ensure the information in this document is complete and accurate, AIA Australia makes no representation or warranty in this regard. Full terms and conditions are outlined in the Priority Protection policy document dated 21 May 2012.

Alternatively, for more information about AIA Australia's Priority Protection benefit range or for a paper copy of this Policy Enhancement Summary, which will be provided free of charge, please contact AIA Australia on 1800 333 613.