

Professional Insurance Portfolio Policy Enhancement Summary

Issued 15 December 2012

From time to time AIA Australia upgrades its product range to ensure that the benefits and features offered to our 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 Professional Insurance Portfolio Product Disclosure Statement and any other policy notices. The enhancements outlined in this document now form part of your policy document.

These enhancements apply effective 15 December 2012. The enhanced benefits and features 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 Condition at the effective date of the improvement in the insurance benefits.

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
Term Life benefit, Limited Term benefit, Accidental Death benefit		
Funeral Cash Advance benefit	<p>Term Life Benefit</p> <p><i>Funeral Cash Advance</i></p> <ul style="list-style-type: none"> • If the Policy Owner is an individual then on the death of the Life Insured and subject to the Conditions below, We will pay to the Policy Owner or nominated beneficiary at the time of death the lower of: <ul style="list-style-type: none"> – 10% of the Term Life Sum Insured, and – \$10,000.00; • The maximum total amount that We will pay under the Funeral Cash Advance in respect to the Term Life benefit, any Limited Term benefit and any Accidental Death benefit under the Policy will be \$10,000; • If the Policy Owner is a company or a business entity then on the death of the Life Insured and subject to the Conditions below, We will pay to the Policy Owner or nominated beneficiary at the time of death the lower of: <ul style="list-style-type: none"> – 10% of the Term Life Sum Insured, and – \$25,000; • Death certificate and proof of policy ownership must be provided to Us before payment can occur; and • Any Funeral Cash Advance payment under the Term Life benefit will be deducted from the Term Life Sum Insured and the balance remaining will be payable upon the settlement of the claim. The Funeral Cash Advance benefit is not a payment in addition to the Term Life Sum Insured. 	<p>Term Life Benefit</p> <p><i>Funeral Cash Advance</i></p> <ul style="list-style-type: none"> • On the death of the Life Insured and subject to the Conditions below, We will pay to the Policy Owner or nominated beneficiary at the time of death the lower of: <ul style="list-style-type: none"> – 10% of the Term Life Sum Insured, and – \$25,000; • The maximum total amount that We will pay under the Funeral Cash Advance in respect to the Term Life, any Limited Term benefit and any Accidental Death benefit under the Policy will be \$25,000; • Death certificate and proof of policy ownership must be provided to Us before payment can occur; and • Any Funeral Cash Advance payment under the Term Life benefit will be deducted from the Term Life Sum Insured and the balance remaining will be payable upon the settlement of the claim. The Funeral Cash Advance benefit is not a payment in addition to the Term Life Sum Insured.
	<p>Limited Term Benefit</p> <p><i>Funeral Cash Advance</i></p> <ul style="list-style-type: none"> • If the Policy Owner is an individual then on the death of the Life Insured and subject to the Conditions below, We will pay to the Policy Owner or nominated beneficiary at the time of death the lower of: <ul style="list-style-type: none"> – 10% of the Term Life Sum Insured, and – \$10,000.00; • The maximum total amount that We will pay under the Funeral Cash Advance in respect to the Term Life benefit, any Limited Term benefit and any Accidental Death benefit under the Policy will be \$10,000 if the Policy Owner is an individual; • If the Policy Owner is a company or a business entity then on the death of the Life Insured and subject to the Conditions below, We will pay to the Policy Owner or nominated beneficiary at the time of death the lower of: <ul style="list-style-type: none"> – 10% of the Term Life Sum Insured, and – \$25,000; • Death certificate and proof of policy ownership must be provided to Us before payment can occur; and • Any Funeral Cash Advance payment under the Term Life benefit will be deducted from the Term Life Sum Insured and the balance remaining will be payable upon the settlement of the claim. The Funeral Cash Advance benefit is not a payment in addition to the Term Life Sum Insured. 	<p>Limited Term Benefit</p> <p><i>Funeral Cash Advance</i></p> <ul style="list-style-type: none"> • On the death of the Life Insured and subject to the Conditions below, We will pay to the Policy Owner or nominated beneficiary at the time of death the lower of: <ul style="list-style-type: none"> – 10% of the Limited Term Sum Insured, and – \$25,000; • The maximum total amount that We will pay under the Funeral Cash Advance in respect to the Limited Term benefit, any Term Life benefit and any Accidental Death benefit under the Policy will be \$25,000; • Death certificate and proof of policy ownership must be provided to Us before payment can occur; and • Any Funeral Cash Advance payment under the Limited Term benefit will be deducted from the Limited Term Sum Insured and the balance remaining will be payable upon the settlement of the claim. The Funeral Cash Advance benefit is not a payment in addition to the Limited Term Sum Insured.

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
	<p>Accidental Death Benefit</p> <p><i>Funeral Cash Advance</i></p> <ul style="list-style-type: none"> • If the Policy Owner is an individual then on the death of the Life Insured and subject to the Conditions below, We will pay to the Policy Owner or nominated beneficiary at the time of death the lower of: <ul style="list-style-type: none"> – 10% of the Term Life Sum Insured, and – \$10,000.00; • The maximum total amount that We will pay under the Funeral Cash Advance in respect to the Term Life benefit, any Limited Term benefit and any Accidental Death benefit under the Policy will be \$10,000 if the Policy Owner is an individual; • If the Policy Owner is a company or a business entity then on the death of the Life Insured and subject to the Conditions below, We will pay to the Policy Owner or nominated beneficiary at the time of death the lower of: <ul style="list-style-type: none"> – 10% of the Accidental Death benefit Sum Insured, and – \$25,000; • Death certificate and proof of Policy Ownership must be provided to Us before payment can occur; and • Any Funeral Cash Advance payment under the Limited Term benefit will be deducted from the Limited Term Sum Insured and the balance remaining will be payable upon the settlement of the claim. The Funeral Cash Advance benefit is not a payment in addition to the Accidental Death Sum Insured. 	<p>Accidental Death Benefit</p> <p><i>Funeral Cash Advance</i></p> <ul style="list-style-type: none"> • On the death of the Life Insured and subject to the Conditions below, We will pay to the Policy Owner or nominated beneficiary at the time of death the lower of: <ul style="list-style-type: none"> – 10% of the Accidental Death Sum Insured, and – \$25,000; • The maximum total amount that We will pay under the Funeral Cash Advance in respect to the Accidental Death benefit, any Term Life benefit and any Limited Term benefit under the Policy will be \$25,000; • Death certificate and proof of policy ownership must be provided to Us before payment can occur; and • Any Funeral Cash Advance payment under the Accidental Death benefit will be deducted from the Accidental Death Sum Insured and the balance remaining will be payable upon the settlement of the claim. The Funeral Cash Advance benefit is not a payment in addition to the Accidental Death Sum Insured.
Enhancement	<p>The maximum Funeral Cash Advance benefit for an individual has increased from \$10,000 to \$25,000. The maximum Funeral Cash Advance benefit for a company or business entity has remained at \$25,000.</p>	

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
Crisis Recovery benefit		
Bacterial Meningitis	<p>'BACTERIAL MENINGITIS' means the diagnosis of the Life Insured with bacterial meningitis. The meningitis must produce neurological deficit causing permanent and functional impairment resulting in the Life Insured being totally and permanently unable to perform any one of the Activities of Daily Living.</p> <p>Diagnosis must be confirmed by a consultant neurologist.</p> <p>Bacterial meningitis in the presence of HIV is excluded. All other forms of meningitis including viral, are excluded.</p>	<p>'BACTERIAL MENINGITIS' means the diagnosis of the Life Insured with bacterial meningitis. The meningitis must produce neurological deficit causing permanent and significant functional impairment. 'Significant functional impairment' shall mean that the Life Insured is either:</p> <ul style="list-style-type: none"> • totally and permanently unable to perform any one of the Activities of Daily Living; or • suffering at least a 25% impairment of whole person function as defined in <i>Guides to the Evaluation of Permanent Impairment (Guides) 5th edition</i>, American Medical Association. <p>Diagnosis must be confirmed by a consultant neurologist. Bacterial meningitis in the presence of HIV infection is excluded. All other forms of meningitis, including viral, are excluded.</p>
Enhancement	The definition has been improved by providing alternative criteria for diagnosis of bacterial meningitis.	
Benign Brain Tumour	<p>'BENIGN BRAIN TUMOUR' means a non-cancerous tumour on the brain or spine giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory or motor skills impairment as confirmed by a consultant neurologist. The tumour must result in permanent neurological deficit, causing the Life Insured to be totally and permanently unable to perform any one of the Activities of Daily Living.</p> <p>The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging).</p> <p>Cysts, granulomas, cholesteatomas, malfunctions in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are not covered.</p>	<p>'BENIGN BRAIN TUMOUR' means a non-cancerous tumour on the brain or spine giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory or motor skills impairment as confirmed by a consultant neurologist. The tumour must result in permanent neurological deficit, resulting in the Life Insured either:</p> <ul style="list-style-type: none"> • being totally and permanently unable to perform any one of the Activities of Daily Living; or • suffering at least a 25% impairment of whole person function as defined in <i>Guides to the Evaluation of Permanent Impairment (Guides) 5th edition</i>, American Medical Association. <p>The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging).</p> <p>Cysts, granulomas, cholesteatomas, malfunctions in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are not covered.</p> <p>Diagnosis must be confirmed by a consultant neurologist.</p>
Enhancement	The definition has been improved by providing alternative criteria for diagnosis of benign brain tumour.	

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
Cancer	<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"> tumours which are histologically described as premalignant or showing the changes of 'carcinoma in situ'; <ul style="list-style-type: none"> 'carcinoma in situ' of the breast is not excluded if 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 acceptable to Us. 25% of the Sum Insured, subject to a maximum payment of \$25,000 under all policies We have issued covering the life insured, will be paid for 'carcinoma in situ of the breast' where no mastectomy is performed; melanomas of less than 1.5mm thickness, without ulceration, as determined by histological examination; 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; and Tumours treated by endoscopic procedures alone. <p>'Skin cancer' – where diagnosed by an appropriate specialist acceptable to Us, We will pay:</p> <ul style="list-style-type: none"> 100% of the Sum Insured for melanomas where the tumour is with ulceration or is diagnosed as 1.5mm or greater in Breslow's depth of invasion; and 10% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed stage T3N0M0 under the TNM Classification system; and 100% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed at greater than T3N0M0 or any T N1, 2 or 3 or metastases are present; <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 1.5mm 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. 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>

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
<p>Enhancement</p>	<ul style="list-style-type: none"> The criteria for claiming for melanoma have been improved by the addition of the Clark Level 3 test. Previously the Policy paid 100% of the Sum Insured for melanomas where the tumour is with ulceration or is diagnosed as 1.5mm or greater in Breslow's depth of invasion. The Policy will now pay 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. A new benefit has been introduced 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 payment limit is the greater of \$10,000 and 15% of the Sum Insured The payment limit for the disease of Carcinoma in Situ of the breast (no mastectomy) has been amended to the greater of \$10,000 and 10% of the Sum Insured. This change in limit will not apply to existing policies for which a higher limit currently applies, namely the lower of \$25,000 and 25% of the Sum Insured. A new benefit has been introduced for the disease of Carcinoma in Situ of the vagina, vulva, ovary and fallopian tube. The payment limit will be the greater of \$10,000 and 10% of the sum Insured. The definition has been changed to remove the exclusion for 'Tumours treated by endoscopic procedures alone. <p>NOTE: The current Professional Insurance Portfolio Product Disclosure Statement i.e. Version 8, provides a partial benefit for Carcinoma in Situ of the Cervix-Uteri with a grading of either TNM stage TIS or CIN 3 or above. This benefit improvement has not been passed back.</p>	
<p>Chronic Diagnosis Advancement Benefit</p>	<p>The Chronic Diagnosis Advancement benefit is an advanced payment of the Crisis Recovery / Crisis Recovery Stand Alone benefit, payable when certain Crisis Events have been diagnosed, but the Conditions have not yet met the definition of that Crisis Event as described in Condition 2 of the Policy Terms and Conditions.</p> <p>The payment is 25% of the Crisis Recovery / Crisis Recovery Stand Alone Sum Insured, to a maximum of \$25,000 under all policies issued by Us covering the Life Insured.</p> <p>The Chronic Diagnosis Advancement benefit will be paid if an appropriate specialist Medical Practitioner confirms, to</p> <p>Our satisfaction, that the Life Insured:</p> <p>a) has suffered or been medically diagnosed with one of the following Crisis Events:</p> <ul style="list-style-type: none"> Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, and Parkinson's Disease <p>but has not yet met the definition of that Crisis Event in Condition 2 of the Policy Terms and Conditions; or</p> <p>b) has been placed on a waiting list to receive a major organ transplant of the kind described in the definition of the 'Major Organ Transplant' Crisis Event (see Condition 2) and that the procedure is unrelated to any previous procedure or surgery undergone by the Life Insured.</p> <p>If the Chronic Diagnosis Advancement benefit is paid, the Crisis Recovery / Crisis Recovery Stand Alone Sum Insured will be reduced by the amount paid. If the Life Insured subsequently qualifies for the payment of the Crisis Recovery / Crisis Recovery Stand Alone benefit, the reduced Crisis Recovery / Crisis Recovery Stand Alone benefit will be paid.</p> <p>Only one Chronic Diagnosis Advancement benefit payment will be made in respect of the Life Insured.</p>	<p>The Chronic Diagnosis Advancement benefit is an advanced payment of the Crisis Recovery / Crisis Recovery Stand Alone benefit, payable when certain Crisis Events have been diagnosed, but the Conditions have not yet met the definition of that Crisis Event as described in Condition 2 of the Policy Terms and Conditions.</p> <p>The payment is 25% of the Crisis Recovery / Crisis Recovery Stand Alone Sum Insured, to a maximum of \$25,000 under all policies issued by Us covering the Life Insured.</p> <p>The Chronic Diagnosis Advancement benefit will be paid if an appropriate specialist Medical Practitioner confirms, to Our satisfaction, that the Life Insured has suffered or been medically diagnosed with one of the following Crisis Events:</p> <ul style="list-style-type: none"> Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, and Parkinson's Disease <p>but has not yet met the definition of that Crisis Event in Condition 2 of the Policy Terms and Conditions;</p> <p>If the Chronic Diagnosis Advancement benefit is paid, the Crisis Recovery / Crisis Recovery Stand Alone Sum Insured will be reduced by the amount paid. If the Life Insured subsequently qualifies for the payment of the Crisis Recovery / Crisis Recovery Stand Alone benefit, the reduced Crisis Recovery / Crisis Recovery Stand Alone benefit will be paid.</p> <p>Only one Chronic Diagnosis Advancement benefit payment will be made in respect of the Life Insured.</p>
<p>Enhancement</p>	<p>Previously only a partial benefit was paid under the Chronic Diagnosis Advancement benefit for the Life Insured being placed on a waiting list to receive a major organ transplant (terms applied).</p> <p>Instead, a full benefit will now be paid under the definition of Major Organ Transplant if the Life Insured is placed on a waiting list to receive a major organ transplant in Australia or New Zealand. (See "Major Organ Transplant" section further below.)</p>	

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
Chronic Liver Disease	<p>‘CHRONIC LIVER DISEASE’ means end stage liver failure, together with two of the following conditions:</p> <ul style="list-style-type: none"> • Permanent jaundice; • Ascites; or • Hepatic encephalopathy. <p>Such disease directly related to alcohol or drug abuse is excluded.</p>	<p>‘CHRONIC LIVER DISEASE’ means end stage liver failure, together with two of the following conditions:</p> <ul style="list-style-type: none"> • Permanent jaundice; • Ascites; or • Hepatic encephalopathy.
Enhancement	The exclusion for alcohol or drug abuse has been removed.	
Complimentary Child Crisis Recovery	This benefit was not covered previously under the Crisis Recovery benefit under Superannuation PLUS.	<p>The Complimentary Child Crisis Recovery benefit is now available as a built-in benefit under the Crisis Recovery benefit under Superannuation PLUS.</p> <p>It pays a lump sum benefit up to \$20,000 if the insured child is diagnosed with one or more of the listed serious illnesses.</p>
Enhancement	The Complimentary Child Crisis Recovery benefit is now available as a built in benefit under the Crisis Recovery benefit under Superannuation PLUS.	
Dementia	<p>‘DEMENTIA’ means the diagnosis of dementia as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment. Significant cognitive impairment means deterioration in the Life Insured’s Mini Mental State Examination, or equivalent thereof, scores to 20 or less.</p> <p>Dementia as a result of alcohol or drug abuse is excluded.</p>	<p>‘DEMENTIA’ means the diagnosis of dementia as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment. Significant cognitive impairment means deterioration in the Life Insured’s Mini Mental State Examination, or equivalent thereof, scores to 20 or less.</p>
Enhancement	The exclusion for alcohol or drug abuse has been removed.	
Major Burns	<p>‘MAJOR BURNS’ means the life insured has suffered third degree burns to:</p> <ul style="list-style-type: none"> • at least 20% of the body surface; • whole of both hands, requiring surgical debridement and/or grafting; or • whole of the head requiring surgical debridement and/or grafting. <p>(Note payment would be made for the whole of face.)</p>	<p>‘MAJOR BURNS’ means third degree burns or full thickness burns to at least:</p> <ul style="list-style-type: none"> • 20% of the body surface area as measured by the Lund and Browder Body Surface Chart; • 50% of both hands, requiring surgical debridement and/or grafting; or • 50% of the face, requiring surgical debridement and/or grafting.
Enhancement	A full payment will now be made for 50% of both hands as opposed to 100% of both hands and for 50% of the face as opposed to 100% of the head.	
Major Head Trauma	<p>‘MAJOR HEAD TRAUMA’ means an accidental head injury resulting in permanent neurological deficit, causing the Life Insured to be totally and permanently unable to perform any one of the ‘Activities of Daily Living’.</p>	<p>‘MAJOR HEAD TRAUMA’ means an accidental head injury resulting in permanent neurological deficit, causing the Life Insured to be either:</p> <ul style="list-style-type: none"> • totally and permanently unable to perform any one of the Activities of Daily Living; or • suffering at least a 25% impairment of whole person function as defined in <i>Guides to the Evaluation of Permanent Impairment 5th edition</i>, American Medical Association. <p>Diagnosis must be confirmed by a consultant neurologist.</p>
Enhancement	The definition has been improved by providing alternative diagnosis criteria for major head trauma.	

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
Major Organ Transplant	'MAJOR ORGAN TRANSPLANT' means having received, from a human donor, a medically necessary transplant involving one or more of the following organs: kidney, heart, liver, lung, bone marrow, pancreas and small bowel.	'MAJOR ORGAN TRANSPLANT' means having received, from a human donor, a medically necessary transplant involving one or more of the following organs: kidney, heart, liver, lung, bone marrow, pancreas and small bowel. The full Sum Insured under the Crisis Recovery and Crisis Recovery Stand Alone benefit will be paid if the Life Insured has been placed on the Australian or New Zealand waiting list to receive a major organ transplant of the kind described above for the Major Organ Transplant crisis event and that the procedure is unrelated to any previous procedure or surgery undergone by the life insured.
Enhancement	A full payment will now be made if the Life Insured is placed on a waiting list in Australia or New Zealand to receive a major organ transplant.	
Multiple Sclerosis	'MULTIPLE SCLEROSIS' means the unequivocal diagnosis of Multiple Sclerosis confirmed by a consultant neurologist, evidenced by: (a) more than one episode of well defined neurological deficit, and (b) residual neurological impairment persisting for a continuous period of at least six months.	'MULTIPLE SCLEROSIS' means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist.
Enhancement	The two criteria defining the diagnosis of multiple sclerosis have been removed.	
Parkinson's Disease	'PARKINSON'S DISEASE' means the unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist and requiring treatment. All other types of Parkinsonism are excluded.	'PARKINSON'S DISEASE' means the unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist. All other types of Parkinsonism are excluded (e.g. secondary to medication).
Enhancement	The condition that the disease needs to be one that requires treatment has been removed from the definition.	
Severe Diabetes	This crisis event was not covered previously.	'SEVERE DIABETES' means Diabetes Mellitus, either insulin or non-insulin dependent, as certified by a consultant Endocrinologist and resulting in at least two of the following criteria: <ul style="list-style-type: none">• severe diabetic retinopathy resulting in visual acuity (uncorrected and corrected) of 6/36 or worse in both eyes despite treatment;• diabetic gangrene resulting in the need for surgical amputation and Loss of Digit*• severe diabetic nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28ml/min (CKD stage 4, International Chronic Kidney Disease classification);• Neuropathy including:<ul style="list-style-type: none">– irreversible autonomic neuropathy resulting in postural hypotension, and/or motility problems in the gut with intractable diarrhoea.– Polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits. * 'Loss of Digit' means the surgical removal of a finger or toe from the hand or foot at the proximal interphalangeal joint
Enhancement	'Severe Diabetes' has been added as a new crisis event under: <ul style="list-style-type: none">• Crisis Recovery,• Crisis Recovery Stand Alone, and• Crisis Recovery under the PLUS Optional benefit under the Disability Income benefit. 'Severe Diabetes' has been added to the 'Other Serious Crisis Events Group' and will be included within the following Crisis Recovery Modules: <ul style="list-style-type: none">• Comprehensive,• Cancer Plus, and• Coronary Plus.	

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
<p>Severe Rheumatoid Arthritis</p>	<p>‘RHEUMATOID ARTHRITIS’ means widespread joint destruction with major deformity of three or more of the following joint areas:</p> <p>Hands, wrists, elbows, cervical spine, knees, ankles, metatarsophalangeal joints in the feet.</p> <p>The Condition must result in the permanent inability to perform any two of the following ‘Activities of Daily Living’, as confirmed by a consultant physician:</p> <ul style="list-style-type: none"> • Bathing • Dressing • Eating • Toileting • Transferring 	<p>‘SEVERE RHEUMATOID ARTHRITIS’ means the unequivocal diagnosis of severe rheumatoid arthritis by a consultant rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:</p> <ul style="list-style-type: none"> • at least a six week history of severe rheumatoid arthritis, which involves three or more of the following joint areas: <ul style="list-style-type: none"> – proximal interphalangeal joints in the hands; – metacarpophalangeal joints in the hands; and – metatarsophalangeal joints in the foot, wrist, elbow, knee, or ankle; • simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone); • typical rheumatoid joint deformity; and • at least two of the following criteria: <ul style="list-style-type: none"> – morning stiffness; – rheumatoid nodules; – erosions seen on x-ray imaging; – the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of Severe Rheumatoid Arthritis. <p>Degenerative osteoarthritis and all other arthritides are excluded.</p>
<p>Enhancement</p>	<p>The definition of Rheumatoid Arthritis has been improved.</p> <p>The name of the crisis event has been changed to “Severe Rheumatoid Arthritis”.</p>	
<p>Viral Encephalitis</p>	<p>‘VIRAL ENCEPHALITIS’ means the diagnosis of the Life Insured with encephalitis due to direct viral infection of the central nervous system. The encephalitis must produce neurological deficit causing permanent and functional impairment resulting in the Life Insured being totally and permanently unable to perform any one of the Activities of Daily Living. The diagnosis must be certified by a consultant neurologist. Encephalitis in the presence of HIV infection is excluded.</p>	<p>‘VIRAL ENCEPHALITIS’ means severe inflammation of the brain resulting in permanent neurological deficit resulting in the either:</p> <ul style="list-style-type: none"> • being totally and permanently unable to perform any one of the Activities of Daily Living; or • suffering at least a 25% impairment of whole person function as defined in <i>Guides to the Evaluation of Permanent Impairment 5th edition</i>, American Medical Association. <p>Diagnosis must be confirmed by a consultant neurologist.</p>
<p>Enhancement</p>	<p>The definition has been improved by providing alternative diagnosis criteria for viral encephalitis. In addition the exclusion of Encephalitis in the presence of HIV infection has been removed.</p>	

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
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Permanent Disablement benefit

Partial and Permanent Disablement benefit	Benefits b) Partial and Permanent Disablement A partial benefit will be paid if the Life Insured suffers a permanent loss of use of one arm, or one leg or the permanent loss of sight in one eye. The partial benefit payable will be the lesser of 25% of the Sum Insured and \$250,000. The partial benefit will be paid only once during the lifetime of the policy. Any payment made under the partial benefit provisions will reduce the Sum Insured under the Permanent Disablement benefit.	b) Partial and Permanent Disablement A partial benefit will be paid if the Life Insured suffers a permanent loss of use of one arm, one leg or the sight in one eye. The amount of the partial benefit payable will be the lower of 25% of the Permanent Disablement Sum Insured and \$750,000. The partial benefit will be paid only once during the lifetime of the Policy. Any payment made under the partial benefit provisions will reduce the Sum Insured under the Permanent Disablement benefit.
Enhancement	The maximum payment for a partial and permanent disablement has been increased to \$750,000 (from \$250,000) under the Permanent Disablement benefit under the Term Life Plan. The partial and permanent disablement benefit is not payable under the Permanent Disablement benefit under the Superannuation Term Life Plan.	

Permanent Disablement Stand Alone benefit

Partial and Permanent Disablement benefit	Benefits b) Partial and Permanent Disablement A benefit will be paid if the Life Insured suffers a permanent loss of use of one arm, or one leg or the permanent loss of sight in one eye and the Life Insured survives for a period of 14 days, after the loss of the limb or sight in one eye. The amount of partial benefit payable will be the lesser of 25% of the Total and Permanent Disablement Stand Alone Sum Insured and \$250,000. The benefit will be paid once only during the lifetime of the Policy. Any payment made under the partial benefit provisions will reduce the sum insured under the Total and Permanent Disablement Stand Alone benefit.	b) Partial and Permanent Disablement A partial benefit will be paid if the Life Insured suffers a permanent loss of use of one arm, one leg or the sight in one eye and the Life Insured survives for a period of 14 days, after the loss of use of the limb or sight in one eye. The amount of the partial benefit payable will be the lower of 25% of the Permanent Disablement Stand Alone Sum Insured and \$750,000. The partial benefit will be paid only once during the lifetime of the Policy. Any payment made under the partial benefit provisions will reduce the Sum Insured under the Permanent Disablement Stand Alone benefit.
Enhancement	The maximum payment for a partial and permanent disablement benefit under the Permanent Disablement Stand Alone benefit under the Term Life Plan has been increased to \$750,000 (from \$250,000) The partial and permanent disablement benefit is not payable under the Permanent Disablement Stand Alone benefit under the Superannuation Term Life Plan.	

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
Disability Income benefit		
<p>Crisis Recovery benefit</p>	<p>Crisis Recovery Benefit</p> <p>If the Life Insured survives for 14 days from the date the Life Insured is diagnosed with one of the Crisis Events listed below and defined in Condition 2, We will pay a lump sum benefit equal to six times the Insured Monthly Benefit upon Our confirmation of the satisfaction of the definition of the Crisis Event. Alternatively, You can choose to receive the payment in equal monthly instalments.</p> <p>After the payment of a claim under this benefit in respect of a Crisis Event, the benefit will cease and no further amount will be payable under this benefit.</p> <p>This benefit, whether taken in a lump sum or in instalments, is in effect the payment of the first six monthly payments under the Disability Income benefit which otherwise may have become payable as a result of the Life Insured's total or partial disablement. Payment of the remainder of the Total or Partial Disablement benefit will commence six months after the end of the Waiting Period provided the Life Insured is then Totally or Partially Disabled.</p> <p>If You are eligible to claim a Specified Injury benefit at the same time as a Crisis Recovery benefit, You will be paid only for the benefit equivalent to the longest payment period. That is, the benefits will not be paid consecutively. You will be paid one benefit only.</p> <p>The Crisis Recovery benefit will be paid instead of the Total or Partial Disablement benefit or the Bed Confinement benefit under the PLUS Optional benefit.</p>	<p>Crisis Recovery Benefit</p> <p>If the Life Insured survives for 14 days from the date the Life Insured is diagnosed with one of the Crisis Events listed below and defined in the Policy, We will pay a lump sum benefit equal to six times the Insured Monthly Benefit upon Our confirmation of the satisfaction of the definition of the Crisis Event. Alternatively, You can choose to receive the payment in equal monthly instalments.</p> <p>After the payment of a claim under this benefit in respect of a Crisis Event, the benefit will cease and no further amount will be payable under this benefit.</p> <p>This benefit, whether taken in a lump sum or in instalments, is in effect the payment of the first six monthly payments under the Disability Income benefit which otherwise may have become payable as a result of the Life Insured's total or partial disablement.</p> <p>If the Disability Income Waiting Period is 14, 30, 60 or 90 days payment of the disablement monthly benefit may commence six months after the assessed date of loss if the Life Insured is still unable at that time to work due to disablement. If the Disability Income Waiting Period is one or two years, payment of the disablement monthly benefit may commence at the end of the Disability Income Waiting Period if the Life Insured is still unable at that time to work due to disablement.</p> <p>If You are eligible to claim a Specified Injury benefit at the same time as a Crisis Recovery benefit, You will be paid only for the benefit with the longest payment period. That is, the benefits will not be paid consecutively. You will be paid one benefit only.</p> <p>The Crisis Recovery benefit will be paid instead of the Total or Partial Disablement benefit or the Bed Confinement benefit under the PLUS Optional benefit.</p> <p>The Accidental HIV Infection Crisis Event under the Crisis Recovery benefit and the Occupationally Acquired Hepatitis B or Hepatitis C infection under the PLUS Optional benefit are not payable in conjunction with the Needlestick Injury benefit.</p> <p>Please note that no partial payments will be made under the Crisis Recovery benefit under the Disability Income benefit.</p> <p>The Crisis Events covered under this benefit are listed below and are defined in the Policy:</p> <ul style="list-style-type: none"> • Accidental HIV Infection • Alzheimer's Disease • Aplastic Anaemia • Bacterial Meningitis • Benign Brain Tumour • Blindness • Cancer* • Cardiomyopathy • Chronic Liver Disease • Chronic Lung Disease • Coma • Coronary Artery Angioplasty* • Coronary Artery By-pass Surgery • Dementia • Diplegia • Heart Attack • Heart Valve Surgery • Hemiplegia

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
		<ul style="list-style-type: none"> • Kidney Failure • Loss of Hearing • Loss of Independence • Loss of Use of Limbs and/or Sight* • Loss of Speech • Major Burns • Major Head Trauma • Major Organ Transplant • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Occupationally Acquired Hepatitis B or Hepatitis C Infection • Other Serious Coronary Artery Disease • Paraplegia • Parkinson's Disease • Pneumonectomy • Pulmonary Arterial Hypertension (primary) • Quadriplegia • Severe Diabetes • Severe Rheumatoid Arthritis • Stroke • Surgery to Aorta • Terminal Illness • Viral Encephalitis <p>* We will not pay a benefit for any Crisis Event for which We may pay a partial payment under the Crisis Recovery benefit under the Term Life benefit, if selected. These include:</p> <ul style="list-style-type: none"> • Cancer; • Coronary Artery Angioplasty; and • Loss of Use of Limbs and/or Sight.
Enhancement	If the Life Insured's waiting period is less than one year, the Life Insured will no longer need to wait the length of their waiting period plus six months for their monthly benefit to commence. Instead, the Life Insured will only need to wait six months from the assessed date of loss.	

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
Needlestick Injury	This benefit was not covered previously.	<p>Effective from the date of issue of this document, the Needlestick Injury benefit will be a built-in benefit under the Disability Income benefit.</p> <ul style="list-style-type: none"> • To be eligible for this benefit, the Life Insured's Occupation Category must be AA at time of claim. • All Disability Income benefits except Disability Income Accident Only cover the Life Insured, if as a result of a needlestick injury or splash injury occurring while performing the duties of their normal occupation, he/she becomes infected with Human Immunodeficiency Virus, the Acquired Immune Deficiency Syndrome, Hepatitis B or Hepatitis C and a reduction in their earnings is experienced as a result. • The amount of the benefit is based on the reduction in the Life Insured's income as at the Date of Loss (Needlestick) and whether the policy is selected on an Agreed Value or an Indemnity basis. The benefit is payable after completion of the Waiting Period (Needlestick). • The Needlestick Injury benefit is not payable in conjunction with the Accidental HIV Infection Crisis Event under the Crisis Recovery benefit, or the Occupationally Acquired Hepatitis B or Hepatitis C infection under the PLUS Optional benefit. • Cover for the Needlestick Injury benefit will not apply where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available before the accident giving rise to a claim. <p>Needlestick Injury Benefit (Agreed Value) The initial monthly benefit payable will be: $(A - B) / A \times C$, where: A = Pre-Needlestick Injury Income (Agreed Value), B = Monthly income after Date of Loss (Needlestick); and C = Insured Monthly Benefit</p> <p>If the Life Insured's monthly income whilst the Needlestick Injury benefit is being paid is negative, We will treat 'B' above as zero.</p> <p>If there is a delay between when the Life Insured generated the monthly income and when the Life Insured actually received it, We will deem the income to have been received in the month in which it was actually generated and this income will form the basis of our calculation of 'B'.</p> <p>The amount of benefit payable in a month may be reduced for any claim offsets.</p> <p>See below for the definitions of Pre-Needlestick Injury Income (Agreed Value), Date of Loss (Needlestick) and Waiting Period (Needlestick). Different definitions apply to agreed value and indemnity.</p> <p>Needlestick Injury Benefit (Indemnity) The initial monthly benefit payable will be: $(A - B) / A \times C$, where A = Pre-Needlestick Injury Income (Indemnity), B = Monthly income after Date of Loss (Needlestick); and C = Insured Monthly Benefit</p> <p>If the Life Insured's monthly income whilst the Needlestick Injury benefit is being paid is negative, We will treat 'B' above zero.</p>

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
		<p>If there is a delay between when the Life Insured generated the monthly income and when the Life Insured actually received it, We will deem the income to have been received in the month in which it was actually generated and this income will form the basis of our calculation of 'B'.</p> <p>The amount of benefit payable in a month may be reduced for any claim offsets.</p> <p>The aggregate of the Needlestick Injury Benefit (Indemnity), the Life Insured's earnings in that month from personal exertion and any other payments received by the Life Insured (see (i) and (ii) of the 'claim offset' condition, where applicable, cannot exceed the lower of the Insured Monthly Benefit under the Needlestick Injury benefit (Indemnity) and 100% of the Life Insured's Pre-Needlestick Injury Income (Indemnity).</p> <p>See below for the definitions of:</p> <ul style="list-style-type: none"> • Date of Loss (Needlestick); • Pre-Needlestick Injury Income (Agreed Value); • Pre-Needlestick Injury Income (Indemnity); and • Waiting Period (Needlestick). <p>'DATE OF LOSS (NEEDLESTICK)' is determined as the date that sero-conversion takes place (i.e. the date upon which the Life Insured is diagnosed as HIV positive, Hepatitis B positive or Hepatitis C positive).</p> <p>'PRE-NEEDLESTICK INJURY INCOME (AGREED VALUE)' is the Life Insured's highest average monthly income for any financial year since the date two years before the commencement date of the Needlestick Injury benefit up until the Date of Loss (Needlestick).</p> <p>Whilst the Needlestick Injury benefit is being paid, the Pre-Needlestick Injury Income (Agreed Value) amount will be increased every 12 months, following the date of commencement of claim payments for the Needlestick Injury benefit, by 5% or the CPI Increase (whichever is the greater).</p> <p>'PRE-NEEDLESTICK INJURY INCOME (INDEMNITY)' is the greater of the Life Insured's average monthly Income:</p> <ul style="list-style-type: none"> • for the 12 consecutive months preceding the Date of Loss (Needlestick); and • for the latest financial year preceding the Date of Loss (Needlestick). <p>Whilst the Needlestick Injury benefit is being paid, the Pre- Needlestick Injury (Indemnity) amount will be increased every 12 months, following the date of commencement of claim payments for the Needlestick Injury benefit, by 5% or the CPI Increase (whichever is the greater).</p> <p>'WAITING PERIOD (NEEDLESTICK)' means the number of days at the beginning of a Needlestick Injury benefit claim (applicable to Occupation Category AA only) in respect of which no Needlestick Injury benefit is payable. The Waiting Period (Needlestick) begins at the Date of Loss (Needlestick).</p>
Enhancement	Needlestick Injury benefit is introduced as a new benefit under Disability Income.	

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
<p>Partial Disablement Capability Clause</p>	<p>‘PARTIAL DISABLEMENT – DISABILITY INCOME CAPABILITY CLAUSE’</p> <p>Partial Disablement Benefit Amount (Agreed Value and Indemnity)</p> <p>The initial benefit payable will be: $(A - B) / A \times$ Insured Monthly Benefit, where A = Life Insured’s monthly Pre-disablement Income, and B = Life Insured’s income from all sources for the month in which the partial disablement benefit is being paid.</p> <p>When the Life Insured is partially disabled but not working to their optimum capability, ‘B’ will be calculated on the monthly income it would be reasonable for the Life Insured to earn if working to the extent of His/Her optimum capability.</p> <p>In determining what the Life Insured could reasonably be expected to earn if the Life Insured were working to the extent of His/Her optimum capability, the following will be taken into account:</p> <ul style="list-style-type: none"> • All available medical evidence from the Life Insured, • All available medical evidence from the Life Insured’s registered Medical Practitioner, • Any additional information that directly relates to the Life Insured’s medical Condition. <p>The amount of benefit payable will be adjusted for any claim offsets. (Refer to the Claim Offsets section on page 25.)</p> <p>If the Life Insured is earning 25% or less of Pre-disablement Income during any of the first three months immediately after the end of the Waiting Period, we will pay the total disablement benefit for that month.</p>	<p>‘PARTIAL DISABLEMENT – DISABILITY INCOME CAPABILITY CLAUSE’</p> <p>Partial Disablement Benefit Amount (Agreed Value and Indemnity)</p> <p>The initial benefit payable will be: $(A - B) / A \times C$, where A = Pre-disablement Income; B = Monthly Income while partially disabled; and C = Insured Monthly Benefit</p> <p>If the Life Insured’s monthly Income while partially disabled is negative, we will treat it as zero.</p> <p>If there is a delay between the time the Life Insured generated the monthly Income and when the Life Insured actually received it, We will deem the Income to have been received in the month in which it was actually generated and this Income will form the basis of our calculation of ‘B’.</p> <p>If the Life Insured is partially disabled and is not working to the extent of his/her capability as a result of causes other than Injury or Sickness and this situation continues for at least 2 months, then ‘B’ will be calculated based on what the Life Insured could reasonably be expected to earn if he/she were working to the extent of his/her capability.</p> <p>In determining what the Life Insured could reasonably be expected to earn if he/she were working to the extent of his/her capability, we will take into account available medical evidence (including the opinion of the Life Insured’s Medical Practitioner) and any other relevant considerations directly related to the Life Insured’s medical condition (including information provided by the Life Insured).</p> <p>If we are making monthly benefit payments and intend to adjust future payments due to a change in how we calculate ‘B’, we will notify you 30 days prior to this taking place.</p> <p>If the Life Insured is unable to perform the important income-producing duties of his/her usual occupation for more than 10 hours per week then we will not change how we calculate ‘B’.</p> <p>The amount of benefit payable will be adjusted for any claim offsets.</p> <p>If the Life Insured is earning 25% or less of pre-disablement income during any of the first three months immediately after the end of the Waiting Period, we will pay the total disablement benefit for that month.</p>
<p>Enhancement</p>	<p>The Capability Clause now allows for a monthly benefit payment to be made for at least 2 months in the event the Life Insured is unable to work for reasons other than Injury or Sickness.</p>	

Benefit/Feature Description	Benefits and features as per the Product Disclosure Statement dated 1 June 2010	Enhanced benefits and features as at 15 December 2012
Waiting Period	<p>'WAITING PERIOD' is stated on the Policy Schedule and means the number of days at the beginning of a period of total disablement, in respect of which no Total or Partial Disablement benefit is payable.</p> <p>The Waiting Period begins on the earlier to occur of the date:</p> <ul style="list-style-type: none"> the Life Insured first consults a Medical Practitioner about the Condition that is causing the disablement; and the Life Insured first ceases work due to the Condition that is causing the disablement as long as it is not more than seven days before the Life Insured first consults a Medical Practitioner about the Condition and provides reasonable medical evidence about when the disablement began. <p>If during the Waiting Period the Life Insured returns to work for</p> <ul style="list-style-type: none"> 5 consecutive days or a shorter period for Waiting Period of 14 or 30 days, or 10 consecutive days or a shorter period for Waiting Period of 60, 90 days, 1 year or 2 years, <p>then the Waiting Period will not recommence but will be extended by the number of days worked.</p> <p>If the Life Insured returns to work for a longer period, the Waiting Period will restart from the day after the last day worked, provided a Medical Practitioner confirms that the Life Insured is Totally Disabled.</p>	<p>The section below has been added to the current definition of 'WAITING PERIOD' in the Policy Document:</p> <p><u>Note: group salary continuance</u></p> <p>Where:</p> <ul style="list-style-type: none"> the Waiting Period under Your Policy is 2 years, as stated on the Policy Schedule; and the Life Insured is insured by Us under a current group salary continuance policy with a 2 year benefit period; and the Life Insured returns to work on a full time basis following payment of a disablement benefit under the group salary continuance policy and the same or related disablement recurs within 12 months of returning to work; <p>then the Waiting Period under Your Policy in respect of the recurring disablement will not recommence but will be extended by the number of days worked.</p> <p>If the Life Insured returns to work for more than 12 months, then the Waiting Period applicable to the Life Insured in respect of recurring disablement will restart from the day after the last day worked.</p>
Enhancement	<p>The 2-year Waiting Period definition has been improved.</p> <p>Where the Waiting Period is 2 years and the Life Insured is also covered by a group salary continuance policy with a 2-year Benefit Period insured by AIA Australia, the definition now allows for the Life Insured to return to work on a full time basis for more than 10 days and less than 1 year without the Waiting Period restarting.</p>	

Business Expenses Insurance

Cosmetic or Elective Surgery benefit	<p>This benefit was not covered previously under the Business Expenses Insurance benefit.</p>	<p>We will pay the Total Disablement (Business Expenses Insurance) benefit if the Life Insured becomes totally disabled as a result of:</p> <ul style="list-style-type: none"> cosmetic surgery, or other elective surgery, or as a result of surgery to transplant an organ from the Life Insured into the body of another person. <p>The benefit will be payable subject to the surgery taking place more than 6 months after the commencement date of the Business Expenses Insurance benefit or date of any increase or reinstatement.</p>
Enhancement	<p>Cosmetic or Elective Surgery benefit is now covered under Business Expenses Insurance Plan.</p>	

All Benefits

WeCare	<p>This service was not covered previously.</p>	<p>All Professional Insurance Portfolio policyholders and their immediate family members have access to a range of free life support services via WeCare, including:</p> <ul style="list-style-type: none"> Counselling and grief support Funeral assistance Legal advice Home assistance
Enhancement	<p>All clients are offered access to a range of free support services.</p>	

This is a summary only. Full terms and conditions are outlined in the Professional Insurance Portfolio Product Disclosure Statement dated 15 December 2012.