

We've improved your cover from 26 October 2022

Thank you for continuing your insurance protection with AIA Australia.

We've improved your policy, providing you and your family with even more protection. Take a moment to understand the improvements to your cover.

Important notes

- 1. Your policy has been updated in response to the changes to Unfair Contract Terms (UCT) law. The latest enhancements which are being passed back to existing policy holders are listed in this document.
- 2. The improved terms and conditions apply to the products you hold with us. The improvements don't, however, apply to any medical conditions which the life insured already had as at **26 October 2022**.
- 3. It is important to read the improvements described below in this notice (which is a summary only) together with your existing policy document and any other policy notices previously provided in relation to it (together, the **Policy Document**). The enhancements outlined in this document now form part of your Policy.
- 4. 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 exclusions.
- 5. Except where otherwise indicated, words in italics in this document are defined in the Policy Document.
- 6. Where the change is limited to a word or phrase, it has been highlighted for ease of reading.
- 7. The enhancement still applies to you if your existing Product Disclosure Statement and Policy Document has a different description of this cover.
- 8. This summary illustrates the changes for your understanding and only includes the relevant parts of the policy wording that have changed, and in some instances an example only, rather than the entire policy clause/s.

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Table 1. Policy updates to lump sum cover

Policy term and change **Prior to change** After change Life Care, TPD Cover, Trauma Cover **Life Care Advance Payment benefit Advance Payment benefit** An advance of up to \$30,000 to help with the cost An advance of the Life Care benefit up to \$30,000 **Advance Payment benefit** of funeral expenses. to help with the cost of funeral expenses. Added 'the Life Care benefit' **Life Care** Nominating beneficiaries under Total Care Plan Nominating beneficiaries under Total Care Plan Nominating beneficiaries under • a nominated beneficiary has no rights under the • a nominated beneficiary has no rights under the **Total Care Plan** policy, other than to receive the relevant benefit policy, other than to receive the relevant benefit Clarified wording proceeds after we have admitted a claim proceeds after the claim has been admitted **TPD Cover Misconduct** We won't pay a TPD Cover benefit for any condition What exclusions apply arising solely from a permanent or temporary Misconduct banning, deregistration or disqualification of the Removed exclusion life insured which prevents them from pursuing, practicing or engaging in their occupation or profession. **TPD Cover** When you can use this option When you can use this option **Option to convert**

When you can use this option

which you can use this option

Added 'apply to', removed 'Requirements' and 'unless we agree otherwise' You can take out *Life Care* under a new individual policy without providing further medical evidence if we pay a *TPD Cover benefit* which ends your *TPD Cover* under the same policy and at that time you have neither *Life Care* nor *Trauma Cover* for the *life insured*

Requirements

For the new individual policy, you or, where applicable, the *life insured* must meet our minimum policy issue and underwriting requirements.

How we issue the policy

We'll issue the $\it Life\ Care$ policy to you:

 without the benefit of any of the optional features which can be selected under the individual policy, unless we agree otherwise You can apply to take out *Life Care* under a new individual policy without providing further medical evidence if we pay a *TPD Cover benefit* which ends your *TPD Cover* under the same policy and at that time you have neither *Life Care* nor *Trauma Cover* for the *life insured*.

How we issue the policy

We'll issue the $\it Life\ Care$ policy to you:

...

 without the benefit of any of the optional features which can be selected under the individual policy

Trauma Cover

and Child Cover Other insurances

Replaced 'may' with 'will' and updated the refund wording

Prior to change

Other insurances

We may reduce the amount of the Trauma Cover benefit/Child Cover benefit payable (to nothing if necessary) if a benefit is payable on the life insured's life under any other policies of insurance similar to the Trauma Cover/Child Cover.

We calculate the reduction on the basis that the amount of the *Trauma Cover benefit/Child Cover benefit* payable, when added to any other benefit payable on the *life insured's* life/for the *insured child*, doesn't exceed \$2 million/\$250,000 or a greater amount at our discretion. In calculating the reduction, we won't take into account any cover you told us about before the *Trauma/Child Cover* first started.

If, having made the reduction, the amount of *Trauma Cover benefit/Child Cover benefit* paid is less than the amount for which you've been paying premiums, we'll refund the additional premium you've paid over the previous 12 months. We base this refund on the premium which would have applied to the *Trauma Cover benefit/Child Cover benefit* actually paid out.

After change

Other insurances

Any Trauma Cover benefit/Child Cover benefit payable under the policy will be reduced (to nothing if necessary) if a benefit is payable on the life insured's life/insured child under any other policies of insurance similar to the Trauma Cover benefit/Child Cover.

The reduction is calculated on the basis the amount of the *Trauma/Child Cover benefit* payable, when added to any other benefit payable on the *life insured*'s life/for the *insured child*, doesn't exceed \$2 million/\$250,000. In calculating the reduction, we won't take into account any cover you told us about before the *Trauma/Child Cover* first started.

If, having made the reduction, the amount of *Trauma Cover benefit/Child Cover benefit* paid is less than the amount for which you've been paying premiums, we'll refund the additional premium you've paid. We base this refund on the premium which would have applied to the *Trauma Cover benefit/Child Cover benefit* actually paid out.

Trauma Reinstatement benefit and Trauma Reinstatement Booster option

When we won't pay - exclusions

Removed 'in our opinion' and 'we nominate'

When we won't pay - exclusions

We won't pay a claim under the reinstated *Trauma* Cover for:

-

 a Trauma Cover condition which, in our opinion (as confirmed by a relevant medical specialist we nominate):

When we won't pay - exclusions

We won't pay a claim under the reinstated *Trauma Cover* for:

•••

 a Trauma Cover condition which (as confirmed by an appropriate and relevant medical specialist):

Trauma Cover and Child Cover

Qualifying period

When does it apply

Clarified wording

When does it apply?

The qualifying period applies if the procedure or the symptoms or diagnosis of the condition occurred, or the circumstances leading to the procedure or the condition became apparent, either before or within the first 90 days from:

When does it apply?

The qualifying period applies if the procedure or the diagnosis of the condition occurred, or the symptoms or circumstances leading to the procedure or the condition became reasonably apparent, either before or within the first 90 days from:

Child Continuation option

Clarified wording

Child Continuation option

Replace Child Cover without providing more health information.

If we receive such a request, we will issue the policy or the replacement cover under this policy, as applicable, without requesting medical evidence if:

•••

 our minimum policy issue requirements are met for the new policy

We issue the new death and trauma cover:

...

 without the benefit of any of the optional features which can be selected under the individual policy or this policy, as applicable, (including Trauma Plus Cover) unless we agree otherwise

Child Continuation option

Lets you apply to replace Child Cover without providing more health information.

Acceptance of application under the Child Continuation option is subject to:

We issue the new death and trauma cover:

 without the benefit of any of the optional features which can be selected under the individual policy or this policy, as applicable, (including Trauma Plus Cover)

Policy term and change	Prior to change	After change
Life Care, TPD Cover and	When we pay it	When we pay it
Trauma Cover	For us to pay this benefit, the person claiming	To receive this benefit, the person claiming it
Financial Planning benefit	it must provide proof of the cost of the financial	must provide reasonable proof of the cost of the
When we pay it	planning advice for which reimbursement is sought.	financial planning advice for which they're seeking reimbursement.
Added reasonableness		
Life Care, TPD Cover and	If the policy is reinstated or replaced	If the policy is reinstated or replaced
Trauma Cover	If this policy is reinstated or replaced by another	If this policy is reinstated or replaced by another
Loyalty Bonus	policy (and we agree it's a replacement policy), we treat the reinstated or replacement policy (or this policy, if it's the replacement policy) as a continuation of the original policy to work out	equivalent Tailored Protection policy, we treat the reinstated or replacement policy (or this policy, if it's the replacement policy) as a continuation of the original policy to work out whether the fifth
If the policy is reinstated or replaced		
Clarified and added	whether the fifth anniversary has occurred.	anniversary has occurred.
reasonableness	We won't pay a benefit for any condition that first occurred, or the circumstances leading to which first became apparent, while the policy was not in force.	We won't pay a benefit for any condition that first occurred, or the circumstances leading to which first became apparent or you would have been reasonably aware of, while the policy was not

in force.

Table 2. Policy updates to Income Protection and Business Overheads Cover

Policy term and change

Prior to change

After change

Income Protection and Business Overheads Cover

Income Protection

Partial Disability benefit

Removed 'in our opinion' and 'we're satisfied' and added 'reasonably' Income Care Platinum – If, for reasons other than sickness or injury, the life insured has not in our opinion been working to their capability for at least two consecutive months, 'B' also includes any monthly income the life insured could reasonably be expected to earn if they were working to the extent of their capability. In determining this, we will consider all available medical evidence and any other relevant matters.

If income is reduced to less than 20%

We'll only continue to pay the Total Disability benefit while we're satisfied the *life insured* remains *partially disabled* in the terms described on page 74.

Income Care Platinum – If, for reasons other than sickness or injury, the life insured has not been working to their capability for at least two consecutive months, 'B' also includes any monthly income the life insured could reasonably be expected to earn if they were working to the extent of their capability. In determining this, we will reasonably consider all available medical evidence and any other relevant matters.

If income is reduced to less than 20%

We'll only continue to pay the Total Disability benefit while the *life insured* remains *partially disabled* in the terms described on page 74.

Income Protection

Boosted Total Disability benefit

When it applies

Removed 'we agree to pay a' and 'we're satisfied'

When it applies

This benefit applies if we agree to pay a total disability claim and we're satisfied the life insured's total disability is such that they are in a serious medical condition.

When it applies

This benefit applies if the *life insured* qualifies for a benefit under a total disability claim and the *life insured's total disability* is such that they are in a serious medical condition.

Income Protection

Medical Professionals benefit

When it applies

Removed last bullet point

When it applies

The cover applies while the life insured is practising a medical profession in terms of these requirements and, in practising their medical profession, they have been:

- performing or assisting in exposure-prone medical procedures monthly on average or more frequently
- making reasonable efforts to comply with relevant and readily available current state and Commonwealth departmental guidelines dealing with infection of health care workers.

When it applies

The cover applies while the *life insured* is practising a medical profession in terms of these requirements and, in practising their medical profession, they have been:

 performing or assisting in exposure-prone medical procedures monthly on average or more frequently.

Income Protection

Medical Professionals benefit

When we pay it

Removed 'persistent'

When we pay it

We pay this benefit if:

 the life insured contracts a persistent infection of the Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C and

When we pay it

We pay this benefit if:

 the life insured contracts an infection of the Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C and

Income Protection

Rehabilitation benefit

Clarified and removed 'we've approved in advance and agrees'

Added 'Which types of rehabilitation programs are covered' and 'When we won't pay'

Prior to change

You can claim this benefit if:

Rehabilitation benefit

- if you already have Accidental Death Cover, it
 we pay you a Total Disability benefit or a Partial
 Disability benefit for a period of disability before
 the cover expiry date for income protection and
- during that period, the life insured is actively participating and co-operating in an approved occupational rehabilitation program which we've approved in advance and agrees is designed to assist the life insured return to the paid work they were performing in their own occupation before their disability (or, where medically necessary, a new occupation).

After change

Rehabilitation benefit

You can claim this benefit if:

- we pay you a Total Disability benefit or a Partial Disability benefit for a period of disability before the cover expiry date for income protection and
- during that period, the life insured is actively
 participating and co-operating in an approved
 occupational rehabilitation program which is
 designed to assist the life insured return to the
 paid work they were performing in their own
 occupation before their disability (or, where
 medically necessary, a new occupation).

...

Which types of rehabilitation programs are covered

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

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

•••

When we won't pay

We won't pay the costs of your participation in certain types of rehabilitation programs. For example, we will not reimburse costs of participating in the following types of programs:

- Programs which provide treatment as defined by the Life Insurance and Health Insurance Acts
- Ongoing services that do not lead to an increase in function
- Programs that do not have the primary purpose of returning you to paid employment
- Programs that do not have goals incorporated into the plan that can be measured
- Programs that are for general wellbeing and are not part of an occupational rehabilitation program.

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.

•••

Removed 2nd requirement under 'When it ends'

Prior to change

When it ends

The benefit ends on the first of the following:

- · we've paid the maximum amount of the benefit
- when the provider of the approved occupational rehabilitation program indicates the rehabilitation goal is unlikely to be achieved in the expected timeframe.
- the benefit period ends
- the life insured is no longer disabled
- · this policy ends
- the cover expiry date for income protection
- the life insured dies
- the life insured unreasonably refuses to undergo medical treatment for the disability recommended by their medical practitioner, including participation in an approved occupational rehabilitation program
- we pay a Permanent Disablement benefit for the life insured under the Permanent Disablement Cover option (see page 86).

After change

When it ends

The benefit ends on the first of the following:

- · we've paid the maximum amount of the benefit
- the benefit period ends
- the life insured is no longer disabled
- this policy ends
- the *cover expiry date* for income protection
- the *life insured* dies
- the life insured unreasonably refuses to undergo medical treatment for the disability recommended by their medical practitioner, including participation in an approved occupational rehabilitation program
- we pay a *Permanent Disablement benefit* for the *life insured* under the Permanent Disablement Cover option (see page 86)

Essential Cover (accidents only)

What exclusions apply

Clarified wording

What exclusions apply

The following are excluded:

- ...
- an injury which is caused directly or indirectly by attempt at suicide, self-inflicted infection, participation in criminal activity, an act of war (whether declared or not), the taking of alcohol or the taking of drugs other than prescribed by a medical practitioner or
- an injury in connection with a condition which first occurred, or first became apparent, before the cover under this policy or an increase in cover came into effect (for this purpose, a condition includes, but is not limited to, a disease, infection, hernia or cerebral vascular accident).

What exclusions apply

The following are excluded:

...

- an injury which is caused directly or indirectly
 by attempt at suicide, self-inflicted infection,
 participation in criminal activity, an act of war
 (whether declared or not), the taking of alcohol,
 or the taking of drugs other than in the manner
 prescribed by a medical practitioner or
- an injury in connection with a condition which first occurred, or which a reasonable person in the circumstances could be expected to have been aware of, before the cover under this policy or an increase in cover came into effect (for this purpose, a condition includes, but is not limited to, a disease, infection, hernia or cerebral vascular accident).

Income Protection

Specific Injuries benefit Lump sum option

Removed 'agree to'

Lump sum option

If we agree to pay a Specific Injuries benefit for an event for which the payment period is 24 months or less, you can choose to receive that benefit as a lump sum instead of as monthly payments.

Lump sum option

If we pay a Specific Injuries benefit for an event for which the payment period is 24 months or less, you can choose to receive that benefit as a lump sum instead of as monthly payments.

Prior to change

After change

Income Protection

Rehabilitation Expenses benefit

Updated 'When we pay'

Added 'What we will reimburse'

When we pay it

We pay this benefit if we're paying the Total Disability benefit for the *life insured's total disability* and the *life insured* is paying rehabilitation expenses as a direct result of:

- participating in an approved occupational rehabilitation program or
- · engaging in or trying to engage in an occupation.

Some examples of rehabilitation expenses covered by this benefit are the cost of travelling to attend an approved occupational rehabilitation program or the cost of structural changes to your office.

When we pay

If we're paying the Total Disability benefit for the life insured's total disability and the life insured is paying rehabilitation expenses as a direct result of:

- participating in an approved occupational rehabilitation program or
- · engaging in or trying to engage in an occupation.

What we will reimburse

We'll reimburse the following types of reasonable rehabilitation expenses:

- · modification of work environments
- travelling to attend an approved occupational rehabilitation program
- the supply of ergonomic equipment
- other rehabilitation expenses which we reasonably approve from time to time

that are a direct result of participating in an approved occupational rehabilitation program or engaging in or trying to engage in an occupation.

Replaced 'What we won't pay' with 'What we won't reimburse'

What we won't pay

We won't reimburse:

- money spent without our prior approval or
- the cost of the approved occupational rehabilitation program itself.

What we won't reimburse

We won't reimburse the following expenses:

- the cost of the approved occupational rehabilitation program itself
- structural changes to your home unless they are a modification of your work environment
- equipment that assists the life insured with activities of daily living

which are not a direct result of participating in an approved occupational rehabilitation program or engaging in or trying to engage in an occupation.

We recommend you seek our approval of the rehabilitation expenses prior to purchasing 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 rehabilitation expenses.

Income Protection

Bed Confinement benefit

When we pay it

Removed 'totally disabled and' and the first requirement

Bed Confinement benefit

Helps cover the additional costs incurred if you are totally disabled and confined to bed for at least three days continuously during the waiting period.

When we pay it

We pay this benefit if:

- due to sickness or injury which confines the life insured to bed they can't perform at least one income-producing duty of their occupation and
- the life insured is confined to bed continuously for at least three days during the waiting period and
- a medical practitioner certifies that the life insured needs the continuous care of a registered nurse.

Bed Confinement benefit

Helps cover the additional costs incurred if you are confined to bed for at least three days continuously during the waiting period.

When we pay it

We pay this benefit if:

- the life insured is confined to bed continuously for at least three days during the waiting period and
- a medical practitioner certifies that the life insured needs the continuous care of a registered nurse.

Income Protection

Super Continuance option

What we pay

Removed 'generally' and

'or another super plan we approve'

Prior to change

What we pay

We pay this benefit as part of the Total, Partial or other relevant disability benefit.

For the benefit, we generally pay the lesser of:

•••

The plan you nominate must be:

- a regulated super fund
- a retirement savings account or
- another super plan we approve.

After change

What we pay

We pay this benefit as part of the Total, Partial or other relevant disability benefit.

For the benefit, we pay the lesser of:

•••

The plan you nominate must be:

- · a regulated super fund or
- · a retirement savings account.

Income Protection

Waiving premiums for personal circumstances

When we waive premiums

Added new wording to convey reasonableness

When we waive premiums

When we waive premiums

New wording added

When determining whether you meet the above requirements AIA Australia will act reasonably.

Income Protection

Waiving premiums for personal circumstances

Requirements

Removed the 30-day requirement to provide evidence and added 'reasonably'

Requirements

What you'll need to provide us and when depends on the event for which you're requesting the premium waiver:

What you need to provide...

For involuntary unemployment

Statements from the *life insured*'s former employer and, if applicable, the employment agency with which they're registered.

When you need to provide it...

Within 30 days of the date the *life insured* first became *involuntarily unemployed*.

Requirements

What you'll need to provide us and when depends on the event for which you're requesting the premium waiver:

What you need to provide...

For involuntary unemployment

Reasonable evidence of the *life insured's* involuntary unemployment which can include statements from the *life insured's* former employer and, if applicable, the employment agency with which they're registered.

What you need to provide...

For parental leave

Statements from the *life insured*'s employer and, if applicable, *medical practitioner*. If the *life insured* is *self-employed*, you must also provide us with any additional information we require about the *self-employment*.

When you need to provide it...

30 days before the parental leave begins.

What you need to provide...

For parental leave

Reasonable evidence of the *life insured's* parental leave which can include statements from the *life insured's* employer and, if applicable, *medical practitioner*. If the *life insured* is *self-employed*, you must also provide us with any additional information we reasonably require about the *self-employment*.

What you need to provide...

For financial hardship

If the *financial hardship* is due to the *life insured's* spouse's involuntary unemployment:

 Statements from the life insured's spouse's former employer and, if applicable, the employment agency with which they're registered.

If the *financial hardship* is due to the death of the *life insured's spouse*:

• the death certificate of the *life insured's spouse*.

When you need to provide it...

Within 30 days of the date the *life insured's* financial hardship began.

What you need to provide...

For financial hardship

Reasonable evidence of financial hardship if the financial hardship is due to the life insured's spouse's involuntary unemployment which can include:

 Statements from the life insured's spouse's former employer and, if applicable, the employment agency with which they're registered.

If the *financial hardship* is due to the death of the *life insured's spouse*:

· the death certificate of the life insured's spouse.

Prior to change

After change

Income Protection

Guaranteed insurability

Requesting the increase

Added 'reasonably'

Requesting the increase

You must apply within 30 days before or after the policy anniversary date which occurs immediately after the date on which the life insured's monthly income is to be increased. You must provide any financial information we request about the life insured's monthly income (including a statement of the *life insured's* income over the previous two years).

Requesting the increase

You must apply within 30 days before or after the policy anniversary date which occurs immediately after the date on which the life insured's monthly income is to be increased. You must provide any financial information we reasonably request about the life insured's monthly income (including a statement of the life insured's income over the previous two years).

Income Protection

Reduced waiting period

What it does

When to apply

Added 'reasonably/reasonable'

What it does

While we won't require updated medical evidence, our acceptance of your application is subject to your current occupation and income details being satisfactory to us.

What it does

While we won't require updated medical evidence, our acceptance of your application is subject to your current occupation and income details being reasonably satisfactory to us.

When to apply

You must apply to reduce your waiting period within 30 days after cover ends for the *life insured* under the group income protection policy. If you have met our requirements and we accept your application, we'll then reduce your waiting period from the next premium due date.

When to apply

You must apply to reduce your waiting period within 30 days after cover ends for the *life insured* under the group income protection policy. If you have met our reasonable requirements and we accept your application, we'll then reduce your waiting period from the next premium due date.

Income Protection

Exclusions

Misconduct

Removed exclusion

Misconduct

We won't pay a benefit for any condition arising solely from a permanent or temporary banning, deregistration or disqualification of the *life insured* which prevents them from pursuing, practicing or

Limitations

Geographical limits

recommendation

Business Overheads Cover

Removed 'which are acceptable to us' and 'without or prior written consent' and added a

engaging in their occupation or profession.

Income Protection and Geographical limits

If the life insured travels or resides outside Australia before or during a claim, we won't pay benefits for more than six months in total, unless the *life insured* is unable to return to Australia for medical reasons which are acceptable to us.

If we're paying benefits for a life insured and the life insured leaves Australia without our prior written consent, we may stop payments after six months in total

Geographical limits

If the life insured travels or resides outside Australia before or during a claim, we won't pay benefits for more than six months in total, unless the *life insured* is unable to return to Australia for medical reasons.

If we're paying benefits for a life insured and the life insured leaves Australia, we will stop payments after six months in total.

We recommend you discuss your plans with us prior to leaving Australia to understand whether there is a possibility for payments to continue after six months in total. We won't unreasonably delay letting you know whether payments can continue during this period.

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Business Overheads Cover

Business expenses we don't cover

Increased clarity by adding an exhaustive list of what is and is not covered

Prior to change

Business expenses we don't cover

The business expenses we don't cover include (but aren't limited to):

- any amounts paid to the life insured, an immediate family member or to any joint owner of the business
- remuneration and associated costs of any income generating employee unless:
 - (a). the costs were the costs of hiring the employee after the life insured became totally disabled and
 - (b). the employee was hired to perform the work the *life insured* normally did
- any payments for goods, stock in trade, plant or equipment
- any allowance for depreciation in real estate or of plant and equipment
- any portion of a business expense which someone else who has an interest in the business normally pays
- any payment which we work out on a fair and reasonable basis not to be a usual, regular, fixed operating expense.

After change

Business expenses we don't cover

The business expenses we don't cover are any of the following amounts paid to the *life insured, immediate family member* or to any joint owner of the *business*:

- · salary and associated costs
- superannuation
- bonuses
- commissions
- overtime payments
- allowances
- fringe benefits
- director's fees
- consulting fees
- contract payments
- amounts paid where the recipient is selfemployed

Other business expenses we don't cover are any of the following amounts paid to income generating employees:

- salaries, wages, bonuses, commission, employee benefits, allowances, fringe benefits, overtime, fees, superannuation, and associated costs unless:
- the costs were the costs of hiring the employee after the life insured became totally disabled and
- the employee was hired to perform the work the *life insured* normally did.

Also, the following business expenses aren't covered:

- any payments for goods, stock in trade, plant or equipment
- any allowance for depreciation in real estate or of plant and equipment
- any portion of a business expense which someone else who has an interest in the business normally pays
- any payment which we work out on a fair and reasonable basis not to be a usual, regular, fixed operating expense.

Business Overheads Cover

What benefit we pay

Removed 'we're satisfied that'

What benefit we pay

if a covered business expense was paid before
the life insured was totally disabled, but we're
satisfied that the business expense relates to a
complete month during which the life insured
was totally disabled, then we treat a proportion
of that business expense (as we consider
appropriate) as if it had been paid during
that month.

What benefit we pay

• if a covered business expense was paid before the *life insured* was *totally disabled*, but the business expense relates to a complete month during which the *life insured* was *totally disabled*, then we treat a proportion of that business expense (as we consider appropriate) as if it had been paid during that month.

Business Overheads Cover

Change of ownership

Removed 'you must tell us' and clarified the impact relating to underlying ownership and their share in the business

Change of ownership

You must tell us if the underlying ownership of the business changes. Underlying ownership means a beneficial interest in the business held directly or through any interposed corporation, partnership or trust. If this changes, we may change the Business Overheads monthly benefit in a way that reflects those changes.

Change of ownership

If the underlying ownership and your share of the business changes, we may change the Business Overheads monthly benefit in a way to reflect those changes. Underlying ownership means a beneficial interest in the business held directly or through any interposed corporation, partnership or trust.

Table 3. Policy updates to Guaranteed Insurability options

Policy term and change

Prior to change

After change

Personal events

Requirements

Removed 'satisfactory to us' and added 'reasonable'

Requirements

To use this option you must give us written notice within 30 days before or after the personal event or the next policy anniversary date. If we ask for it, you must give us proof, satisfactory to us, that the personal event has occurred and the date it occurred. The increase in cover takes effect from the date we notify you in writing, which will be within 30 days of the date our requirements are met.

Requirements

To use this option you must give us written notice within 30 days before or after the personal event or the next policy anniversary date. If we ask for it, you must give us reasonable proof that the personal event has occurred and the date it occurred. The increase in cover takes effect from the date we notify you in writing, which will be within 30 days of the date our requirements are met.

Personal events

Change of policy owner

Removed 'if we agree or'

Change of policy owner

If the original policy owner is no longer the beneficial owner of this policy, this option can only be used if we agree or if the policy owner or beneficial owner is:

Change of policy owner

If the original policy owner is no longer the beneficial owner of this policy, this option can only be used if the policy owner or beneficial owner is:

Business events and Business Safe Cover option

Eligibility

What does the business event involve?

Key person

Removed 'in our opinion'

What does the business event involve?

Key persor

In our opinion, the *life insured* is crucial to the operation of the business in which the policy owner is involved.

What does the business event involve?

Key person

The *life insured* is crucial to the operation of the business in which the policy owner is involved.

Business events and Business Safe Cover option

Valuing the increase

Clarified and removed:

- 'we have approved'
- 'acceptable to us'

Valuing the increase

If an increase in cover is applied for business growth, key person or financial interest, a qualified accountant or valuer we have approved must calculate the revised valuation of the business, the value of the *life insured* to the business or the *life insured*'s financial interest in the business, as applicable.

For a business loan, you must provide us with loan documentation, acceptable to us, evidencing the increase in the business loan.

Valuing the increase

If an increase in cover is applied for business growth, key person or financial interest, a qualified accountant or qualified valuer must calculate the revised valuation of the business, the value of the *life insured* to the business or the *life insured*'s financial interest in the business, as applicable.

For a business loan, you must provide us with loan documentation evidencing the increase in the business loan.

Business events and Business Safe Cover option

Change of policy owner

Removed 'if we agree or'

Change of policy owner

If the original policy owner is no longer the beneficial owner of this policy, the option can only be used if we agree or if the policy owner or beneficial owner is:

Change of policy owner

If the original policy owner is no longer the beneficial owner of this policy, the option can only be used if the policy owner or beneficial owner is:

Business events and Business Safe Cover option

Information to be provided

Added 'reasonably'

Information to be provided

We must be given all the financial information we request about:

Information to be provided

We must be given all the financial information we reasonably request about:

Table 4. Updates to definitions

Definition and change	Prior to change	After change
relevant medical specialist(s)	relevant medical specialist(s)	relevant medical specialist(s)
Replaced 'we consider to be' with 'who is'	A medical practitioner we consider to be a specialist in the relevant field of medicine.	A medical practitioner who is a specialist in the relevant field of medicine.
terminally ill/terminal illness	terminally ill/terminal illness	terminally ill/terminal illness
Removed 'we are satisfied' and clarified wording	The life insured is terminally ill if all of the following apply: • two medical practitioners each certify in writing the life insured has a sickness or injury that, despite reasonable medical treatment in the life insured's circumstances, is likely to result in their death within a period (the certification period) that ends not more than 24 months after the date of the certification • at least one of the medical practitioners is a specialist practising in an area related to the life insured's sickness or injury • based on such medical or other evidence we reasonably require to be provided, we are satisfied - with the prognosis reached in each of the certifications and - that the prognosis was first made while Life Care applied to the life insured • for each of the certificates, the certification period has not ended.	The life insured is terminally ill if all of the following apply: • two medical practitioners each certify in writing the life insured has a sickness or injury that, despite reasonable medical treatment in the life insured's circumstances, is likely to result in their death within a period (the certification period) that ends not more than 24 months after the date of the certification • at least one of the medical practitioners is a specialist practising in an area related to the life insured's sickness or injury • based on such medical or other evidence we reasonably require, provided the prognosis was first made while Life Care applied to the life insured and • for each of the certificates, the certification period has not ended.
income producing duty/	income producing duty/income producing duties	income producing duty/income producing duties
income producing duties Removed 'we consider'	An income producing duty is a duty of the <i>life</i> insured's main occupation we consider primarily essential to producing the <i>life insured's monthly income</i> .	An income producing duty is a duty of the <i>life</i> insured's main occupation which is primarily essential to producing the <i>life</i> insured's monthly income.
	Income producing duties are all the duties of the <i>life insured's</i> main <i>occupation</i> we consider primarily essential to producing the <i>life insured's monthly income</i> .	Income producing duties are all the duties of the <i>life insured's</i> main <i>occupation</i> which are primarily essential to producing the <i>life insured's monthly income</i> .
indexation factor	indexation factor	indexation factor
Added 'reasonably'	The most recent annual percentage change in the Consumer Price Index (CPI) (all groups — eight capital cities combined) published by the Australian Bureau of Statistics. If no CPI is published, we use a figure we consider most nearly replaces it.	The most recent annual percentage change in the Consumer Price Index (CPI) (all groups – eight capital cities combined) published by the Australian Bureau of Statistics. If no CPI is published, we use a figure we reasonably consider most nearly replaces it.
	Where the <i>indexation factor</i> is applied to the indexation of cover it's the last change that occurred three months before the <i>policy anniversary date</i> of the policy.	Where the <i>indexation factor</i> is applied to the indexation of cover it's the last change that occurred three months before the <i>policy anniversary date</i> of the policy.
offset payments	offset payments	offset payments
Clarified wording	The offset payments are:	The offset payments due to same sickness or injury are:
	 payments from any other insurance that provide income payments due to sickness or injury and 	 payments from any other insurance that provide income payments and

Definition and change	Prior to change	After change
parental leave	parental leave	parental leave
Removed 'by us' and added 'reasonably'	Parental leave means:	Parental leave means:
	or	or
	 they take temporary leave from their self- employment for the care of a new born or new adopted child and, had they been employed by an employer, they would have been considered by us to be on parental leave and 	 they take temporary leave from their self- employment for the care of a new born or new adopted child and, had they been employed by an employer, they would have been reasonably considered to be on parental leave and
pre-existing condition	pre-existing condition	pre-existing condition
Clarified wording	 A pre-existing condition is any condition: that first occurred or the circumstances leading to which first became apparent before the cover under this policy started or increased. 	A pre-existing condition means a health condition: that first occurred before the commencement, reinstatement or increase of the relevant cover; and which you had at the relevant time been aware of, or which a reasonable person in your position could have been expected to have been aware of
		If, in relation to a health condition, you had suffered symptoms which, to a reasonable person, would have indicated the presence of that health condition or the need to seek medical treatment or investigation that would have revealed the presence of that health condition prior to the commencement, reinstatement or increase of the relevant benefit, that health condition will be a preexisting condition notwithstanding that you were not in fact aware of it and you will not be covered in respect of it if we would have declined to cover you in respect of it if we had knowledge of it.
relevant age	relevant age	relevant age
Removed 'we are satisfied'	The age in years the <i>life insured</i> will reach on their next birthday after the date the <i>Permanent Disablement benefit</i> first becomes payable for the <i>life insured</i> . The date the <i>Permanent Disablement benefit</i> first becomes payable can't be a date earlier than the date on which we are satisfied the <i>life insured</i> is <i>permanently disabled</i> and we have been asked to pay the <i>Permanent Disablement benefit</i> .	The age in years the <i>life insured</i> will reach on their next birthday after the date the <i>Permanent Disablement benefit</i> first becomes payable for the <i>life insured</i> . The date the <i>Permanent Disablement benefit</i> first becomes payable can't be a date earlier than the date on which the <i>life insured</i> is <i>permanently disabled</i> and we have been asked to pay the <i>Permanent Disablement benefit</i> .

Table 5. Updates to medical definitions

Definition and change	Prior to change	After change
cardiac arrest	cardiac arrest	cardiac arrest
Removed 'we consider'	Cardiac arrest which meets all of the following:	Cardiac arrest which meets all of the following:
	 its occurrence is confirmed by an electrocardiogram or, if an electrocardiogram is not available, by such alternative medical evidence we consider reasonable in the circumstances (for example, ambulance or hospital medical reports). 	• its occurrence is confirmed by an electrocardiogram or, if an lectrocardiogram is not available, by such alternative medical evidence reasonable in the circumstances (for example, ambulance or hospital medical reports).
loss of independent existence	loss of independent existence	loss of independent existence
Removed 'we consider'	A person won't be considered unable to perform an activity of daily living if they can still perform the activity with the assistance of an artificial aid we consider reasonable for the person to use.	A person won't be considered unable to perform an <i>activity of daily living</i> if they can still perform the activity with the assistance of an artificial aid reasonable for the person to use.
medically acquired HIV	medically acquired HIV	medically acquired HIV
Added 'reasonably'	If we consider it necessary, we must, for independent testing:	If we consider it <mark>reasonably</mark> necessary, we must, for independent testing:
multiple sclerosis with	multiple sclerosis with impairment	multiple sclerosis with impairment
impairment and	The diagnosis of multiple sclerosis as certified	The diagnosis of multiple sclerosis as certified by
multiple sclerosis of limited	by a <i>relevant medical specialist</i> and evidenced by magnetic resonance imaging or other investigations acceptable to us and has resulted in	a relevant medical specialist and evidenced by magnetic resonance imaging or other accepted medical investigations and has resulted in
extent Removed 'acceptable to us' and	persisting neurological abnormalities.	persisting neurological abnormalities.
added 'accepted medical'	multiple sclerosis of limited extent	multiple sclerosis of limited extent
	The diagnosis of multiple sclerosis as certified by a <i>relevant medical specialist</i> and evidenced by magnetic resonance imaging or other investigations acceptable to us and has not resulted in persisting neurological abnormalities.	The diagnosis of multiple sclerosis as certified by a relevant medical specialist and evidenced by magnetic resonance imaging or other accepted medical investigations and has not resulted in persisting neurological abnormalities.

Table 6. Updates to other policy conditions

The following table shows examples of changes to certain phrases and expressions throughout the PDS. Examples are shown for illustration.

Policy term and change

Prior to change

After change

Stepped

Other premium increases

Clarified wording

Other premium increases

A stepped premium doesn't just increase with age. It can also increase for other reasons. For example, because your cover increases or we increase our premium rates for all our policy owners, which is something we can do at any time but we'll tell you before it happens.

Other premium increases

A stepped premium doesn't just increase with age. It can also increase for other reasons. For example, because your cover increases or we increase our premium rates for all our policy owners, which is reasonably necessary to protect our legitimate business interests. This is something we can do at any time but we'll tell you before it happens.

Level

When we'll calculate premium using your current age

Clarified wording

When we'll calculate premium using your current age

If you've chosen a level premium and:

•••

 you make any other change to the policy that increases the premium

we calculate the premium for the change in cover using the *life insured's* age next birthday on the date we agreed to the change.

When we'll calculate premium using your current age

If you've chosen a level premium and:

•••

 you make any other change to the policy that increases the premium

we calculate the premium for the change in cover using the *life insured's* age next birthday on the effective date of the change.

Premium rate increases

Clarified wording

Premium rate increases

We don't guarantee premium rates in later years will be the same as current rates. We, as insurer, can change the rates for all policies in a group whether a stepped or level premium applies, but we won't change the rates for a policy by itself. We will give you at least 30 days' notice before any increase in premium rates.

Premium rate increases

We don't guarantee premium rates in later years will be the same as current rates. We, as insurer, can change the rates for all policies in a group whether a stepped or level premium applies provided the premium rate changes are reasonably necessary to protect our legitimate business interests. This includes (without limitation) in circumstances where there are increases in the costs we incur or are reasonably likely based on actuarial analysis to incur, in providing the insurance cover set out in this PDS or where we become liable for any tax or other charges levied by any Commonwealth, state or territory government, authority or body in connection with the Policy. We won't change the rates for a policy by itself.

We will give you at least 30 days' notice before any increase in premium rates.

Factors which affect your premium

Table (Stamp duty)

Removed 'we believe is' and clarified wording

Stamp Duty

Where charged, stamp duty increases your premium as the premium reflects the duty we believe is payable, according to stamp duty laws and practices.

Stamp Duty

Where charged, stamp duty increases your premium as the premium reflects the duty payable, according to stamp duty laws and practices.

Your premium may change as a result of changes to stamp duty law. If this results in an increase in premium, we will increase your premium in accordance with 'Premium rate increases'.

Policy term and change	Prior to change	After change
Stamp duty	N/A	Stamp duty
Added additional Stamp Duty information		Stamp duty is a government charge that can vary depending on the state or territory in which you live and the type of benefit you select.
		For some rider cover, the amount of stamp duty payable is included in the premium and is not an additional charge to you.
		For other cover, it is not included in the premium and is an additional charge to you. Your financial adviser can provide you with a personalised premium quotation showing the amount of any stamp duty that is payable as an additional charge under your policy.
		If the amount of the stamp duty payable is increased or decreased by a state or territory, the stamp duty charged under your policy may be changed as set out under 'Premium rate increases
Changing the frequency charge	Changing the frequency charge and policy fee	Changing the frequency charge and policy fee
and policy fee Clarified wording	We, as insurer, can increase the policy fee and frequency charge at any time but you'll be given at least 30 days' notice before any such increase.	We, as insurer, can increase the policy fee and frequency charge, which are reasonably necessare to protect our legitimate business interests, at any time but you'll be given at least 30 days' notice before any such increase.
Policy fee waiver	Policy fee waiver	Policy fee waiver
Removed 'as determined by us' and 'we choose'	If we issue two or more policies under the same application, we'll only charge a policy fee on one of them as determined by us.	If we issue two or more policies under the same application, we'll only charge a policy fee on one of them.
	If the policy on which we are charging the policy fee ends, we'll start charging the policy fee on one of the other in force policies we choose. We'll do this from the next <i>policy anniversary date</i> under that policy.	If the policy on which we are charging the policy fee ends, we'll start charging the policy fee on one of the other in force policies. We'll do this from the next <i>policy anniversary date</i> under that policy.
If we cancel insurance	If we cancel insurance	If we cancel insurance
Removed 'to our satisfaction' and added 'as reasonably requested'	 The following conditions apply: we must receive, to our satisfaction, evidence of health, occupation, pastimes or other relevant information 	 The following conditions apply: we must receive evidence of health, occupation, pastimes or other relevant information as reasonably requested
How to make a claim	How to make a claim	How to make a claim
Changed to a recommendation and added '(where relevant)'	You must promptly tell us in writing of any claim or potential claim.	We recommend you tell us as soon as practicable of any claim or potential claim.
	You and the <i>life insured's</i> attending <i>medical</i> practitioner(s) must complete the claims kit and return it to us.	You and the <i>life insured's</i> attending <i>medical</i> practitioner(s) must complete the claims kit (where relevant) and return it to us.
What we need from you	What we need from you	What we need from you
Changed 'our' to 'the'	We won't pay a claim unless you meet our claims requirements.	We won't pay a claim unless you meet the claims requirements.
Proof of age	Proof of age	Proof of age

Prior to change

Financial and other information

After change

Financial and other information

Added 'reasonably' and changed 'regular' to 'monthly'

Financial and other information

We may also ask you to give us, at your expense, other information we consider necessary to assess the claim. This may include an examination of the life insured's financial records and tax returns.

If the life insured is self-employed, a working director or a partner in a partnership, we may also examine the accounting records of the business or practice if we consider this necessary.

We may also ask you to keep a record of your daily activities and provide us with this information on a regular basis.

We may also ask you to give us, at your expense, other information we consider reasonably

necessary to assess the claim. This may include an examination of the life insured's financial records and tax returns.

If the life insured is self-employed, a working director or a partner in a partnership, we may also examine the accounting records of the business or practice if we consider this reasonably necessary.

We may also reasonably ask you to keep a record of your daily activities and provide us with this information on a monthly basis.

Medical and other examinations

Clarified wording and added 'reasonably'

Medical and other examinations

We only pay a benefit if the life insured undergoes, at our expense, any medical or other examination we consider necessary. Medical examinations are conducted by a medical practitioner of our choice.

If an income protection or Business Overheads Cover claim is on-going, you must at your expense give us regular evidence of the *life insured's* state of health.

We also require the life insured's authority to obtain further medical information about them.

In certain circumstances, we may ask a medical practitioner of our choice to independently review the available medical evidence to confirm the findings of other medical practitioners as to the existence of the relevant medical condition (e.g. terminal illness).

Medical and other examinations

We only pay a benefit if the life insured undergoes, at our expense, any medical or other examination we reasonably consider necessary. We may reasonably require you to be examined by a medical practitioner of our choice.

If an income protection or Business Overheads Cover claim is on-going, you must at your expense give us regular updates of the life insured's health and recovery.

We also require the life insured's authority to obtain further medical information about them.

In reasonable circumstances, we may ask a medical practitioner of our choice to independently review the available medical evidence to confirm the findings of other medical practitioners as to the existence of the relevant medical condition.

Regular reporting

Clarified wording and added 'reasonably'

Regular reporting

If you're being paid an income protection or Business Overheads Cover claim, we'll ask you to give us regular evidence of the life insured's state of health, at your own expense. From time to time we'll also ask you to provide medical reports, proof of earnings and receipts of any business expenses you claim.

Regular reporting

If you're being paid an income protection or Business Overheads Cover claim, we'll reasonably ask you to give us regular updates of the life insured's health and recovery, at your own expense. From time to time we may also reasonably ask you to provide medical reports, proof of earnings and receipts of any business expenses you claim.

Policy term and change **Prior to change** After change Changes in the law Changes in the law Removed We can immediately change any of the terms and conditions of the policy, including premiums, if there is a material change to the law and as a result: • it becomes impossible or impractical to carry out our obligations under the policy • the basis of taxation on us or the policy is changed · government levies relating to us or the policy are imposed or changed or the provisions of the policy would otherwise become inconsistent with the law. This doesn't apply to the extent it would prevent the policy from being treated as life insurance business under the Life Insurance Act 1995 (or any legislation that replaces it). We'll notify you of any variation of the policy we make. **Notices Notices Notices** Added communication methods Unless you and we otherwise agree: Unless you and we otherwise agree: · you must give any notices to us in writing · any notice which we give to you must also be given in writing and is effective if it's delivered any other manner permitted by law personally or delivered or posted to the address last known to us. address last known to us. **Upgrade provision Upgrade provision Upgrade** provision Clarified wording If we introduce future versions of the policy, we'll If we introduce future versions of the policy, we'll upgrade all policies in a group to include the

improved terms and conditions within a reasonable time frame, but only if no policy in the group is disadvantaged.

New policy issued under **Continuation option**

Removed 'that we accept' and 'we consider'

New policy issued under Continuation option

The new policy issued under the Continuation option:

- when aggregated with all similar benefits under any other policy or policies we've issued on the life insured's life, the total amount would not exceed the maximum benefit that we accept.
- may include extra premiums and/or special provisions or conditions we consider correspond to those we've applied under this policy.

- · you must give any notices to us in writing. Notices can be sent to us by mail or email or in
- any notice which we give to you must also be given in writing and is effective if it's delivered personally, sent via email, or posted, to the

upgrade all policies in a group to be administered under the improved terms and conditions within a reasonable time frame, but only if no policy in the group is disadvantaged.

New policy issued under Continuation option

The new policy issued under the Continuation option:

- when aggregated with all similar benefits under any other policy or policies we've issued on the life insured's life, the total amount would not exceed the maximum benefit.
- may include extra premiums and/or special provisions or conditions which correspond to those we've applied under this policy.

Prior to change

When cover starts and ends

After change

When cover starts and ends

Added communication methods, removed 'for any other reason' and added last paragraph

When cover starts and ends Cover for the life insured ends on the first of:

- the date we cancel the cover:
 - because you request us to cancel your cover (you must do this in writing) or
 - for non-payment of premium or
 - for any other reason.

If the cover is income protection and Business Overheads Cover doesn't apply, the cover also ends if the life insured suffers permanent disablement and a Permanent Disablement benefit is paid.

Cover for the life insured ends on the first of:

- the date we cancel the cover:
 - because you request us to cancel your cover (you must do this in writing. Notices can be sent to us by mail or email or in any other manner permitted by law) or
 - for non-payment of premium.

If the cover is income protection and Business Overheads Cover doesn't apply, the cover also ends if the life insured suffers permanent disablement and a Permanent Disablement benefit is paid.

If the cover is held under an SMSF Plan policy, the cover also ends on the first of:

- the SMSF has been wound up, or
- the life insured ceases to be a member of the SMSF.

Refunds

Replaced 'may' with 'will' and added communication methods

Refunds

We may refund premiums if we receive a written request from you to cancel cover. This depends on when your premiums are paid up to.

Refunds

We will refund premiums if we receive a written request from you to cancel cover. Cancellation requests can be sent to us by mail or email or in any other manner permitted by law. Your refund amount is based on the unexpired portion of premium and will depend on when your premiums are paid up to.

Confirmation of Alternative Policy Terms under electronic applications

Removed as electronic applications no longer apply

Confirmation of Alternative Policy Terms under electronic applications

This policy terminates at midnight on the date which is 28 days after the date insured from ('termination date') if:

- this policy was applied for electronically via our online application process and, before the application was made, alternative policy terms applied to the application as part of the process; and
- we did not receive, on or before the termination date, a Confirmation of the Alternative Policy Terms in the form, and signed by the persons, required by us.

Table 7. Other updates throughout the PDS

Policy term and change

Prior to change

After change

Accidental Death Cover option

What exclusions apply

Removed all instances of 'directly or indirectly' throughout the PDS (except for Essential Cover and Interim Accident certificates)

Example included for illustration only.

What exclusions apply

We won't pay this benefit if death is caused directly or indirectly by:

- suicide or any attempt at suicide
- self-inflicted injury or infection
- the taking of drugs other than prescribed by a medical practitioner
- the taking of alcohol
- participation in criminal activity or
- an act of war (whether declared or not).

What exclusions apply

We won't pay this benefit if death is caused by:

- · suicide or any attempt at suicide
- · self-inflicted injury or infection
- the taking of drugs other than prescribed by a medical practitioner
- the taking of alcohol
- participation in criminal activity or
- an act of war (whether declared or not).