Policy Enhancement Summary

For policyholders

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

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

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

These enhancements apply from 16 December 2017. The improved features and benefits outlined below are only effective on and from this date. These enhancements will not apply to any policy where a claim is pending or where a claim is in the process of being paid. The enhancements override your existing policy terms and conditions (except to the extent where you are disadvantaged in any way, in which case the previous policy wording will apply) and are subject to any pre-existing conditions.

The table below is a summary only and should be read in conjunction with the full terms and conditions relating to the enhanced benefit in the Priority Protection for Platform Investors Product Disclosure Statement (PDS) dated 16 December 2017.

Feature/Benefit Description	Previous key features and benefits that applied prior to 16 December 2017	Enhanced key features to apply effective from 16 December 2017
Life Cover Plan and Crisis Recovery Stand Alone Plan		
Accidental HIV Infection	'ACCIDENTAL HIV INFECTION' means infection with the human immunodeficiency virus (HIV) acquired by accident or violence during the course of the life insured's normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within six months of the accident. HIV infection transmitted by any other means, including but not limited to sexual activity or non-medical intravenous drug use, is not Accidental HIV Infection under the policy. Any accident giving rise to a potential claim must be reported to us within 30 days and be supported by a negative HIV antibody test taken within seven days after the accident. We must be given access to test independently all blood samples used, if we require. We retain the right to take further independent blood tests or other medically accepted HIV tests.	'ACCIDENTAL HIV INFECTION' means infection with the human immunodeficiency virus (HIV) acquired by accident or violence during the course of the life insured's normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within six months of the accident and must be verified by an appropriate Medical Practitioner. HIV infection transmitted by any other means, including but not limited to sexual activity or non-medical intravenous drug use, is not Accidental HIV Infection under the policy. Any accident giving rise to a potential claim must be reported to us within 30 days and be supported by a negative HIV antibody test taken within seven days after the accident. We must be given access to test independently all blood samples used, if we require. We retain the right to take further independent blood tests or other medically accepted HIV tests.
Enhancement	**Articulates requirement for verification of evidence by an appropriate medical practitioner in line with the product intent.**	
Aplastic Anaemia	'APLASTIC ANAEMIA' means permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one of the following: • blood product transfusion • marrow stimulating agents • immunosuppressive agents • bone marrow transplantation	'APLASTIC ANAEMIA' means a definite diagnosis of a chronic persistent bone marrow failure, confirmed by bone marrow biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following: • blood product transfusion; • marrow stimulating agents; • immunosuppressive agents; or • bone marrow transplantation.
Enhancement	**Definition has been updated to ensure product intent is clearly articulated.**	

Feature/Benefit Description	Previous key features and benefits that applied prior to 16 December 2017	Enhanced key features to apply effective from 16 December 2017
Benign Brain Tumour	'BENIGN BRAIN TUMOUR' where diagnosed and confirmed by a consultant neurologist/neurosurgeon 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. 25% of the Sum Insured (up to a maximum of $50,000) will be paid for a diagnosis of a Benign Brain Tumour; or 100% of the Sum Insured will be paid if: the tumour results in permanent neurological deficit, resulting in the life insured either; • being totally and permanently unable to perform any one of the Activities of Daily Living (see page 88 for definition); or • suffering at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment (Guides) 5th edition*, American Medical Association	'BENIGN BRAIN TUMOUR' means a non-cancerous tumour on the brain or spinal cord. 100% of the Sum Insured will be paid if the Benign Brain Tumour gives rise to symptoms of permanent neurological deficit and results in the life insured either; (a) being totally and permanently unable to perform any one of the Activities of Daily Living (see page 90 for definition); or (b) suffering at least a 25% impairment of whole person function, attributable to the above condition, as defined in *Guides to the Evaluation of Permanent Impairment (Guides) 5th edition*, American Medical Association. The requirements above will be waived if the Benign Brain Tumour is surgically removed on the advice of a consultant neurologist/neurosurgeon. Where the above is not met, 25% of the Sum Insured (up to a maximum of $50,000) will be paid for a diagnosis of a non-cancerous tumour on the brain or spinal cord giving rise to symptoms of neurological deficit. The presence of the underlying tumour must be confirmed by a consultant neurologist/neurosurgeon based on imaging studies such as CT scan or MRI (Magnetic Resonance Imaging). Cysts, granulomas, cholesteatomas, malfunctions in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are not covered.
Enhancement	**Introduces payment where surgical removal of the tumour is required on the advice of a consultant neurologist/ neurosurgeon.**	
Cancer	'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: • 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. 'Skin cancer' Skin cancer where diagnosed by an appropriate specialist Medical Practitioner acceptable to us, we will pay: • 100% of the Sum Insured for any melanoma where the tumour is with ulceration or is diagnosed as 1mm or greater in Breslow's depth of invasion or Clark Level 3 or greater in depth of invasion; • the greater of 15% of the Sum Insured and $10,000 for any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion. The amount of the payment cannot exceed the Sum Insured;	'CANCER' means the presence of one or more malignant tumours including sarcoma, lymphoma, 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: • all hyperkeratoses; • all non-melanoma skin cancers unless having spread to the bone, lymph node or an other distant organ; • Polycythemia Rubra Vera requiring treatment by venesection alone; and • all cancers which are histologically classified as having borderline malignancy or low malignant potential. 'Skin cancer' Skin cancer where diagnosed by an appropriate specialist Medical Practitioner acceptable to us, we will pay: • 100% of the Sum Insured for any melanoma where the tumour is with ulceration or is diagnosed as 1mm or greater in Breslow's depth of invasion or Clark Level 3 or greater in depth of invasion; • the greater of 15% of the Sum Insured and $10,000 for any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion. The amount of the payment cannot exceed the Sum Insured; or

Feature/Benefit Description	Previous key features and benefits that applied prior to 16 December 2017	Enhanced key features to apply effective from 16 December 2017
Cancer (continued)	• 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. 'Prostate Cancer' On the diagnosis of prostate cancer at a stage of T1b or greater (using the TNM classification system), 100% of the Sum Insured will be paid less any previous amount paid. Any stage of prostate cancer where the life insured undergoes major interventionist therapy, 100% of the Sum Insured will be paid less any previous amount paid. On the diagnosis of prostate cancer at a stage of T1a (suing the TNM classification system), 100% of the Sum Insured is paid up to a restricted maximum of $500,000 across all policies that cover you. Major interventionist therapy includes, but is not limited to, prostatectomy, radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment. Refer to page 35 for the terms and conditions pertaining to Crisis Reinstatement after a T1a claim. 'Carcinoma in situ' 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. Staging of carcinoma in situ is based on FIGO (International Federation of Gynecology and Obstetrics) classification and TNM classification. The disease of Carcinoma in Situ covered by this Policy must be confirmed by a biopsy and is limited to the following sites for which we will pay the greater of $10,000 and 10% of the Sum Insured for the Crisis Recovery, Double Crisis Recovery or Crisis Recovery Stand Alone benefit: • Vagina, ovary, vulva, fallopian tube, penis, testicle where the tumour must be classified as TIS according to the TNM staging method or FIGO Stage 0. • Cervix-Uteri with a grading of either TNM stage TIS or CIN 3 or above. • Carcinoma in situ of the breast where no mastectomy is performed. The amount of the partial payment cannot exceed the Sum Insured. The full Sum Insured will be paid for carcinoma in situ of the breast where the entire breast is removed or where other surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy) is performed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment	• 100% of the Sum Insured for any non-melanoma skin cancer that has spread to the bone, lymph node, or an other distant organ. 'Prostate Cancer' On the diagnosis of prostate cancer at a stage of T1b or greater (using the TNM classification system), 100% of the Sum Insured will be paid less any previous amount paid. Any stage of prostate cancer where the life insured undergoes major interventionist therapy, 100% of the Sum Insured will be paid less any previous amount paid. On the diagnosis of prostate cancer at a stage of T1a (using the TNM classification system), 100% of the Sum Insured is paid up to a restricted maximum of $500,000 across all policies that cover you. Major interventionist therapy includes, but is not limited to, prostatectomy, radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment. Refer to page 36 for the terms and conditions pertaining to Crisis Reinstatement after a T1a claim. 'Carcinoma in situ' 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. Staging of carcinoma in situ is based on FIGO (International Federation of Gynaecology and Obstetrics) classification and TNM classification. The disease of Carcinoma in Situ covered by this Policy must be confirmed by a biopsy and is limited to the following sites for which we will pay the greater of $10,000 and 10% of the Sum Insured for the Crisis Recovery, Double Crisis Recovery or Crisis Recovery Stand Alone benefit: • Vagina, ovary, vulva, fallopian tube, penis, testicle where the tumour must be classified as TIS according to the TNM staging method or FIGO Stage 0; • Cervix-Uteri with a grading of either TNM stage TIS or CIN 3 or above; or • Carcinoma in situ of the breast where no mastectomy is performed. The amount of the partial payment cannot exceed the Sum Insured. The full Sum Insured will be paid for carcinoma in situ of the breast where the entire breast is removed or where other surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy) is performed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist Medical Practitioner acceptable to us. After any payment for cancer the Sum Insured will be reduced by the payment made.

Feature/Benefit Description	Previous key features and benefits that applied prior to 16 December 2017	Enhanced key features to apply effective from 16 December 2017
Cancer (continued)	as confirmed by an appropriate specialist Medical Practitioner acceptable to us. After any payment for cancer the Sum Insured will be reduced by the payment made.	
Enhancement	**A number of changes have been made to this definition for alignment with current diagnostic criteria and the FSC Life Insurance Code of Practice minimum medical standard definitions.**	
Cardiomyopathy	'CARDIOMYOPATHY' means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment i.e. Class III on the New York Heart Association classification of cardiac impairment. The New York Heart Association classifications are: Class I – no limitation of physical activity, no symptoms with ordinary physical activity. Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity. Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity. Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.	'CARDIOMYOPATHY' means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant permanent physical impairment i.e. Class III on the New York Heart Association classification of cardiac impairment. The New York Heart Association classifications are: Class I – no limitation of physical activity, no symptoms with ordinary physical activity. Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity. Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity. Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.
Enhancement	**Articulates requirement for permanent physical impairment in line with the product intent.**	
Coma	'COMA' means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of a life support system for at least 72 hours. Excluded from this definition is coma induced medically or resulting from alcohol or drug abuse.	'COMA' means a definite diagnosis of a state of unconsciousness with failure to respond normally to external stimuli or respond to internal needs and requiring life support for a continuous period of at least 96 hours, for which period the Glasgow coma score must be 7 or less. Excluded from this definition is coma resulting from alcohol or drug abuse. The diagnosis of coma must be made by an appropriate specialist Medical Practitioner.
Enhancement	**Definition no longer excludes medically induced comas however introduces a Glasgow coma score requirement and extends the time the life insured requires life support.**	
Intensive Care	'INTENSIVE CARE' means an Injury or Sickness has resulted in the life insured requiring continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Excluded from this definition is Intensive Care as a result of medically induced coma.	'INTENSIVE CARE' means an Injury or Sickness has resulted in the life insured requiring continuous mechanical ventilation by means of tracheal intubation for seven consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Excluded from this definition is Intensive Care resulting from alcohol or drug abuse.
Enhancement	**Reduces the period of time the life insured requires mechanical ventilation to seven consecutive days and removes the exclusion for medically induced comas.**	

Feature/Benefit Description	Previous key features and benefits that applied prior to 16 December 2017	Enhanced key features to apply effective from 16 December 2017
Stroke	'STROKE' means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis, where the following conditions are met: • There is an acute onset of objective and ongoing neurological signs that last more than 24 hours, and • Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis. Excluded: • Brain damage, due to an accident, infection or hypoxia; • Transient Ischaemic Attack; • Vasculitis or an inflammatory disease; • Vascular disease affecting the eye, optic nerve or vestibular functions only.	'STROKE' means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis, where the following conditions are met: • There is an acute onset of objective and ongoing neurological signs that last more than 24 hours, and • Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis. Excluded: • Brain damage, due to an accident, infection or hypoxia; • Transient Ischaemic Attack; • Non-vasculitic inflammatory disease; • Vascular disease affecting the eye, optic nerve or vestibular functions only.
Enhancement	**Removal of an exclusion which has been replaced with 'non-vasculitic inflammatory disease' to align with the FSC Life Insurance Code of Practice minimum medical standard definitions.**	
Viral Encephalitis	'VIRAL ENCEPHALITIS' means severe inflammation of the brain resulting in permanent neurological deficit resulting in the life insured either: • 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 *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association. Diagnosis must be confirmed by a consultant neurologist.	'VIRAL ENCEPHALITIS' means severe inflammation of the brain (cerebral hemisphere, brainstem or cerebellum) caused by viral infection resulting in the life insured either: • 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, attributable to the above condition, as defined in *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association. Diagnosis must be confirmed by a consultant neurologist.
Enhancement	**Removal of requirement for permanent neurological deficit.**	

This is general information only and does not take into account factors like the personal circumstances, financial situation or needs of any individual. Before acting on this information individuals should consider the information in the context of such factors and should also consider the Priority Protection for Platform Investors PDS. This information is not intended as personal financial or other advice. The information is current at the date of this document and may be subject to change.

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