

Professional Insurance Portfolio

Policy Enhancement

Summary

FOR POLICY HOLDERS – 1 NOVEMBER 2021

From time to time AIA Australia upgrades its product range to ensure that the features and benefits offered to policy holders meet their changing needs.



In addition to our regular product review, the Professional Insurance Portfolio Disclosure Statement dated 1 November 2021 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. It is important to read this Policy Enhancement Summary together with your existing Professional Insurance Portfolio Disclosure Statement and any other policy notices. The enhancements outlined in this document now form part of your policy document.

These enhancements apply from 1 November 2021. 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 which as at this date (1 November 2021) is pending or where a claim is in the process of being paid, or where you have a Pre-existing Condition at the effective date of the improvement in the insurance benefits. 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).

From 1 November 2021, Disability Income Plan is no longer available for new policies. Updates in relation to Disability Income Plan only apply to customers with existing Disability Income policies on or prior to the Professional Insurance Portfolio Product Disclosure Statement version 11, issued 1 April 2020.

The tables below are a summary only and should be read in conjunction with the full terms and conditions relating to the enhanced benefit in the Professional Insurance Portfolio Disclosure Statement dated 1 November 2021, where applicable.

Where the change is limited to a word or phrase, it has been highlighted for ease of reading. The description of the benefit or term 'Prior to change' shown is as per the Product Disclosure Statement dated 1 April 2020. The enhancement still applies to you if your existing Product Disclosure Statement has a different description of this benefit.

CONTENTS

1. Updates to general definitions.....	3
2. Updates to definitions in Term Life Plan and Superannuation Term Life Plan.....	4
3. Updates to definitions in TPD under Term Life Plan and Superannuation Term Life Plan	7
4. Updates to definitions under Crisis Events	12
5. Re-labelling of medical definitions	18
6. Updates to definitions in Disability Income Plan and Business Expenses Insurance Plan.....	19
7. Updates to benefits and general policy terms – Unfair Contract Term related.....	23
8. Updates to general policy terms – non-UCT related.....	56

1. UPDATES TO GENERAL DEFINITIONS

The below definitions are updated in the Policy Document as below:

Definition	Prior to change	After change
<p>Consumer Price Index Increase (CPI Increase) definition</p> <p>Added 'reasonably'.</p>	<p>'CONSUMER PRICE INDEX INCREASE' (CPI Increase)</p> <p>means the percentage increase in the average CPI for the 6 state capital cities published by the Australian Bureau of Statistics and covering the most recent period of 12 months for which figures are available at the date the policy fee, Sum Insured or Insured Monthly Benefit is to be increased. In the event of any suspension or discontinuance of the CPI as defined above, such other index as We shall consider appropriate shall be adopted for the purposes of the Policy.</p>	<p>'CONSUMER PRICE INDEX INCREASE' (CPI Increase)</p> <p>means the percentage increase in the average CPI for the 6 state capital cities published by the Australian Bureau of Statistics and covering the most recent period of 12 months for which figures are available at the date the policy fee, Sum Insured or Insured Monthly Benefit is to be increased. In the event of any suspension or discontinuance of the CPI as defined above, such other index as We shall reasonably consider appropriate shall be adopted for the purposes of the Policy.</p>
<p>Pre-existing Condition</p> <p>Re-worded for clarification.</p>	<p>'PRE-EXISTING CONDITION' means, in relation to a claim under an insurance benefit:</p> <p>a) the health condition was diagnosed or investigated; or</p> <p>b) symptoms leading to a diagnosis first appeared; or</p> <p>c) the event giving rise to the claim (e.g. Crisis Event, Accidental Injury, death etc.) occurred; prior to the effective date of the commencement or reinstatement of the insurance benefit, or the effective date of any improvement in the insurance benefit, if appropriate.</p>	<p>'PRE-EXISTING CONDITION' means a health condition:</p> <ul style="list-style-type: none"> • 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. <p>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 Pre-existing Condition notwithstanding that you were not in fact aware that you had the health condition.</p>
<p>Sum Insured</p> <p>Removed 'which have been imposed by Us' and re-worded for clarification.</p>	<p>'SUM INSURED' for a benefit means the sum Insured for that benefit stated on the Policy Schedule adjusted by any benefit alterations the Policy Owner has effected, or which have been imposed by Us and notified to the Policy Owner.</p>	<p>'SUM INSURED' for a benefit means the sum insured for that benefit stated on the Policy Schedule adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner.</p>

2. UPDATES TO DEFINITIONS IN TERM LIFE PLAN AND SUPERANNUATION TERM LIFE PLAN

The below definitions have been updated in the Policy Document as below:

Definition	Prior to change	After change
<p>Accidental Death</p> <p>Re-worded for clarification.</p>	<p>‘ACCIDENTAL DEATH’ means that death is a result of a physical injury which is caused solely and directly by violent, external and unexpected means that is not traceable, even indirectly, to the Life Insured’s state of mental or physical health before the event.</p>	<p>‘ACCIDENTAL DEATH’ means death as a result of a physical injury which:</p> <ul style="list-style-type: none"> • is caused solely and directly by a violent, external and unexpected means; and • would have occurred in the absence of mental or physical health condition which the Life Insured was subject to at or prior to the relevant accident event.
<p>Accidental Injury</p> <p>Re-worded for clarification.</p>	<p>‘ACCIDENTAL INJURY’ means a physical injury which is caused solely and directly by violent, accidental, external and visible means, which occurs while the benefit is in force and which results solely and directly and independently of a Pre-existing Condition or any other cause in total disablement. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an ‘Accidental Injury’.</p>	<p>‘ACCIDENTAL INJURY’ means a physical injury which:</p> <ul style="list-style-type: none"> • is caused solely and directly by violent, external and unexpected means; and • would have occurred in the absence of any mental or physical health condition which the Life Insured was subject to at or prior to the relevant accident event. <p>Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an ‘Accidental Injury’.</p>
<p>Injury</p> <p>Re-worded for clarification.</p>	<p>‘INJURY’ means a physical injury which occurs whilst the Policy is in force and which results solely and directly and independently of a Pre-existing Condition or any other cause, in Total or Partial Disablement within one year of the date of its occurrence. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an ‘Injury’.</p>	<p>‘INJURY’ means a physical injury which occurs entirely independently of a health condition or any other cause whilst the Policy is in force. The injury must result in disablement within one year of the date of the Life Insured’s physical injury. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an ‘Injury’.</p>
<p>Loss of Independence</p> <p>Updated and enhanced to reduce the 6 months requirement of continuous care and supervision under the original ‘Activities of Daily Living’ definition to 3 months; re-worded other sections for clarification.</p>	<p>‘LOSS OF INDEPENDENCE’ means:</p> <p>a) A Condition as a result of Injury or Sickness, where the Life Insured is totally and irreversibly unable to perform at least two of the following five ‘Activities of Daily Living’. The Condition should be confirmed by a consultant physician.</p> <p>Bathing</p> <p>Means the ability of the Life Insured to wash Himself or Herself either in the bath or shower or by sponge bath without the standby assistance of another person. The Life Insured will be considered to be able to bathe Himself or Herself even if the above tasks can only be performed by using equipment or adaptive devices.</p> <p>Dressing</p> <p>Means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the standby assistance of another person. The Life Insured will be considered able to dress Himself or Herself even if the above tasks can only be performed by using modified clothing or adaptive devices.</p> <p>Eating</p> <p>Means the ability to get nourishment into the body by any means once it has been prepared and made available to the Life Insured without the standby assistance of another person.</p>	<p>‘LOSS OF INDEPENDENCE’ means:</p> <p>a) Solely as a result of Injury or Sickness</p> <ul style="list-style-type: none"> – the Life Insured is totally and permanently unable to perform at least two of the ‘Activities of Daily Living’* and this has required the Life Insured to be under continuous care and supervision by another adult person for a period of at least three consecutive months, and <p>or</p>

Definition	Prior to change	After change
	<p>Toileting Means the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing without the standby assistance of another person. The Life Insured will be considered able to toilet Himself or Herself even if He or She has an ostomy and is able to empty it Himself or Herself, or if the Life Insured uses a commode, bedpan or urinal, and is able to empty and clean it without the standby assistance of another person.</p> <p>Transferring Means the ability to move in and out of a chair or bed without the standby assistance of another person. The Life Insured will be considered able to transfer Himself or Herself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices is used.</p> <p>In respect to all of the activities described above, the Life Insured would be required to be under continuous care and supervision by another adult person for at least six consecutive months. At the end of that six month period, the Life Insured must, in our opinion on the basis of the medical evidence, require ongoing continuous care and supervision by another adult person.</p> <p>or</p> <p>b) Cognitive impairment, meaning a deterioration or loss in the Life Insured's intellectual capacity which requires another person's assistance or verbal cueing to protect Himself or Herself as measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:</p> <ul style="list-style-type: none"> - short or long term memory - orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year) - deductive or abstract reasoning. <p>or</p> <p>c) Loss of Use of Limbs and /or Sight.</p> <p>The Life Insured would be required to be under continuous care and supervision by another adult person for at least six consecutive months. At the end of that six-month period, the Life Insured must, in Our opinion on the basis of medical evidence, require ongoing continuous care and supervision by another adult person.</p>	<p>b) Cognitive impairment, meaning all the following:</p> <ul style="list-style-type: none"> - the Life Insured has suffered a total and permanent deterioration of intellectual capacity that has required the Life Insured to be under continuous care and supervision by another adult person for at least six consecutive months, and - this has been clinically observed and evidenced by accepted standardised testing relevant to their condition, and - At the end of the six-month period, in the reasonable opinion of an appropriate specialist Medical Practitioner, the Life Insured requires permanent ongoing continuous care and supervision by another adult person. <p>or</p> <p>c) Loss of Use of Limbs and /or Sight.</p> <p><i>*The definition of 'Activities of Daily Living' explains, in relation to each Activity of Daily Living, circumstances in which the Life Insured will be considered able to perform the relevant activity (such as where you can perform the relevant activity through use of an adaptive device).</i></p> <p>Under the Superannuation Term Life Plan, the Life Insured will also need to meet a condition of release, as required under superannuation law, in order to have the benefit paid to Him or Her. This means that, in addition to meeting the other aspects of this definition, We must be reasonably satisfied that His or Her ill health makes it unlikely that He or She will engage in gainful employment for which He or She are reasonably qualified by education, training or experience. Depending on His or Her circumstances, the Life Insured may also need to meet the tax definition of 'disability superannuation</p>

Definition	Prior to change	After change
		benefit' in order to receive the benefit payment with concessional tax treatment. The Life Insured will be requested to provide medical reports from two legally qualified medical practitioners who have both certified that, because of the ill health, it is unlikely that He or She can ever be gainfully employed in a capacity for which He or She is reasonably qualified because of education, experience or training. If these are not provided, it may take longer to determine whether He or She has met a condition of release, and it may affect how the benefit you receive is taxed.
Mental Illness (severe and permanent) New medical definition for TPD Cover	n/a	'MENTAL ILLNESS (SEVERE AND PERMANENT)' means the Life Insured meets all the following: <ul style="list-style-type: none"> • has been diagnosed with a mental illness by a psychiatrist under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association or a similar diagnostic tool determined by the Royal Australian and New Zealand College of Psychiatrists Board, • in the reasonable professional opinion of His or Her treating psychiatrist or, if not being treated by a psychiatrist, in the reasonable professional opinion of His or Her treating psychologist or Medical Practitioner His or Her condition will not improve, and • has been assessed by a psychiatrist as having a permanent impairment of 19% or more on the Psychiatric Impairment Rating Scale and in their reasonable professional opinion it will remain at 19% or more.
Sum Insured	'SUM INSURED' for a benefit means the sum Insured for that benefit stated on the Policy Schedule adjusted by any benefit alterations the Policy Owner has effected, or which have been imposed by Us and notified to the Policy Owner.	'SUM INSURED' for a benefit means the sum Insured for that benefit stated on the Policy Schedule adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner.
Terminal Illness	'TERMINAL ILLNESS' means the diagnosis of the Life Insured with an illness which in the opinion of an appropriate specialist physician approved by Us, is likely to result in the death of the Life Insured within 12 months of the diagnosis regardless of any treatment that may be undertaken.	'TERMINAL ILLNESS' means the diagnosis of the Life Insured with an illness which, in the reasonable opinion of an appropriate specialist Medical Practitioner, is likely to result in the death of the Life Insured within 24 months of the diagnosis regardless of any treatment that may be undertaken.

3. UPDATES TO DEFINITIONS IN TPD UNDER TERM LIFE PLAN AND SUPERANNUATION TERM LIFE PLAN

We've updated the following definitions in the Policy Document that relate to Total and Permanent Disablement (TPD) Cover, to provide a better safety net for you:

Definition	Prior to change	After change
<p>'TOTAL AND PERMANENT DISABLEMENT (ALL DUTIES)'</p> <p>Removed 'in our opinion', re-worded some sections for clarity and enhanced definition to include Mental Illness (severe and permanent) which is a newly defined Medical Definition</p>	<p>'TOTAL AND PERMANENT DISABLEMENT (ALL DUTIES)' means that:</p> <ul style="list-style-type: none"> a) the Life Insured has suffered the total and irrecoverable loss of the: <ul style="list-style-type: none"> – sight of both eyes; – use of two limbs; or – sight of one eye and use of one limb; or b) the Life Insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, immediately prior to the Injury or Sickness causing disablement: <ul style="list-style-type: none"> – has been absent from employment solely as a result of Injury or Sickness for an uninterrupted period of at least six consecutive months; and – is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and – at the end of the period of six months, after consideration of all the medical evidence and such other evidence as We may require, has become in Our opinion incapacitated to such an extent as to render the Life Insured unable to perform all of the tasks of His/Her occupation or any other occupation. <p>The Life Insured is 'Totally and Permanently Disabled (All Duties)' if the Life Insured satisfies the definition of Total and Permanent Disablement (All Duties).</p>	<p>'TOTAL AND PERMANENT DISABLEMENT (ALL DUTIES)' means that:</p> <ul style="list-style-type: none"> a) the Life Insured has suffered the total and irrecoverable loss of the: <ul style="list-style-type: none"> – sight of both eyes; – use of two limbs; or – sight of one eye and use of one limb; or b) the Life Insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, immediately prior to the Injury or Sickness causing disablement: <ul style="list-style-type: none"> – has been absent from employment solely as a result of Injury or Sickness for an uninterrupted period of at least six consecutive months; and – attends a Medical Practitioner and has undergone all reasonable and usual treatment prescribed by them including (where appropriate) rehabilitation for the Injury or Sickness; and – at the end of the period of six months, in reasonable consideration of all relevant medical evidence and other evidence, has become incapacitated to such an extent as to render the Life Insured unable to perform all of the tasks of His/ Her occupation or any other occupation; or c) the Life Insured suffers Loss of Independence; or d) the Life Insured: <ul style="list-style-type: none"> – suffers Mental Illness (severe and permanent); and – is not working (whether paid or unpaid); and – attends a Medical Practitioner and has undergone all reasonable and usual treatment prescribed by them, including (where appropriate) rehabilitation for His or Her condition; and – has become, in reasonable consideration of all relevant medical and other evidence, incapacitated to such an extent as to render Him or Her unlikely ever to engage in any business, profession, or occupation for which He or She is reasonably suited by education, training, or experience. <p>Under the Superannuation Term Life Plan, the Life Insured will also need to meet a condition of release, as required under superannuation law, in order to have the benefit paid to Him or Her. This means that, in addition to meeting the other aspects of this definition, We must be reasonably satisfied that His or Her ill health makes it unlikely that He or She will engage in gainful employment for which He or She are reasonably qualified by education, training or experience. Depending on His or Her circumstances, the Life Insured may also need to meet the tax definition of 'disability superannuation benefit' in order to receive the benefit payment with</p>

Definition	Prior to change	After change
		<p>concessional tax treatment. The Life Insured will be requested to provide medical reports from two legally qualified medical practitioners who have both certified that, because of the ill health, it is unlikely that He or She can ever be gainfully employed in a capacity for which He or She is reasonably qualified because of education, experience or training. If these are not provided, it may take longer to determine whether He or She has met a condition of release, and it may affect how the benefit you receive is taxed.</p> <p>The Life Insured is 'Totally and Permanently Disabled (All Duties)' if the Life Insured satisfies the definition of Total and Permanent Disablement (All Duties).</p>
<p>'TOTAL AND PERMANENT DISABLEMENT (ANY OCCUPATION)'</p> <p>Removed 'in our opinion' and re-worded some sections for clarity.</p>	<p>'TOTAL AND PERMANENT DISABLEMENT (ANY OCCUPATION)' means that:</p> <p>a) the Life Insured has suffered the total and irrecoverable loss of the:</p> <ul style="list-style-type: none"> - sight of both eyes; - use of two limbs; or - sight of one eye and use of one limb; <p>or</p> <p>b) the Life Insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, or where unemployed or on leave without pay for less than six months immediately prior to the Injury or Sickness causing disablement:</p> <ul style="list-style-type: none"> - has been absent from employment solely as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months; and - is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and - at the end of the period of three months, after consideration of all the medical evidence and such other evidence as We may require, has become in Our opinion incapacitated to such an extent as to render the Life Insured unlikely to ever engage in any business, profession or occupation for which the Life Insured is reasonably suited by education, training or experience; <p>or</p> <p>c) the Life Insured has suffered Loss of Independence.</p> <p>If the Life Insured was not engaged in any business, profession or occupation or was on leave without pay in the six months immediately prior to the time of the Injury or Sickness causing disablement, then the Total and Permanent Disablement (Any Occupation) definition will continue to apply.</p> <p>The Life Insured is 'Totally and Permanently Disabled (Any Occupation)' if the Life Insured satisfies the definition of Total and Permanent Disablement (Any Occupation).</p> <p>The Life Insured will be deemed to be on 'Home Duties' if wholly engaged in full-time domestic duties in His or Her own residence.</p>	<p>'TOTAL AND PERMANENT DISABLEMENT (ANY OCCUPATION)' means that:</p> <p>a) the Life Insured has suffered the total and irrecoverable loss of the:</p> <ul style="list-style-type: none"> - sight of both eyes; - use of two limbs; or - sight of one eye and use of one limb; <p>or</p> <p>b) the Life Insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, or where unemployed or on leave without pay for less than six months immediately prior to the Injury or Sickness causing disablement:</p> <ul style="list-style-type: none"> - has been absent from employment solely as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months; and - attends a Medical Practitioner and has undergone all reasonable and usual treatment prescribed by them including (where appropriate) rehabilitation for the Injury or Sickness; and - at the end of the period of three months, in reasonable consideration of all relevant medical evidence and other evidence, has become incapacitated to such an extent as to render the Life Insured unlikely to ever engage in any business, profession or occupation for which the Life Insured is reasonably suited by education, training or experience; <p>or</p> <p>c) the Life Insured has suffered Loss of Independence.</p> <p>We will pay the TPD benefit if He or She meets the first two bullet points in definition b) and at the end of the three-month period and in reasonable consideration of all relevant medical and other evidence, the Life Insured's earning capacity is permanently restricted due to His or Her disablement to the extent that the Income He or She would generate in a 12-month period in His/Her own occupation or in any business, profession or occupation for which He or She is reasonably suited by education, training or experience is less than 25% of the Income He or She generated in the previous 12 months of performing His or Her own occupation.</p>

Definition	Prior to change	After change
	<p>If the Life Insured is on Home Duties at the time of application and again at the time of claim, the Life Insured will be assessed against the Total and Permanent Disablement (Home Duties) definition.</p>	<p>If the Life Insured was not engaged in any business, profession or occupation or was on leave without pay in the six months immediately prior to the time of the Injury or Sickness causing disablement, then the Total and Permanent Disablement (Any Occupation) definition will continue to apply.</p> <p>βThe Life Insured is ‘Totally and Permanently Disabled (Any Occupation)’ if the Life Insured satisfies the definition of Total and Permanent Disablement (Any Occupation).</p> <p>If the Life Insured is on Home Duties at the time of application and again at the time of claim, the Life Insured will be assessed against the Total and Permanent Disablement (Home Duties) definition.</p> <p>The Life Insured will be deemed to be on ‘Home Duties’ if wholly engaged in full-time domestic duties in His or Her own residence.</p> <p>Under the Superannuation Term Life Plan, the Life Insured will also need to meet a condition of release, as required under superannuation law, in order to have the benefit paid to Him or Her. This means that, in addition to meeting the other aspects of this definition, We must be reasonably satisfied that His or Her ill health makes it unlikely that He or She will engage in gainful employment for which He or She are reasonably qualified by education, training or experience. Depending on His or Her circumstances, the Life Insured may also need to meet the tax definition of ‘disability superannuation benefit’ in order to receive the benefit payment with concessional tax treatment. The Life Insured will be requested to provide medical reports from two legally qualified medical practitioners who have both certified that, because of the ill health, it is unlikely that He or She can ever be gainfully employed in a capacity for which He or She is reasonably qualified because of education, experience or training. If these are not provided, it may take longer to determine whether He or She has met a condition of release, and it may affect how the benefit you receive is taxed.</p>

Definition	Prior to change	After change
<p>‘TOTAL AND PERMANENT DISABLEMENT (HOME DUTIES)’</p> <p>Removed ‘in our opinion’, re-worded some sections for clarity and enhanced definition to include Mental Illness (severe and permanent) which is a newly defined Medical Definition</p>	<p>‘TOTAL AND PERMANENT DISABLEMENT (HOME DUTIES)’ means that:</p> <p>a) the Life Insured has suffered the total and irrecoverable loss of the:</p> <ul style="list-style-type: none"> – sight of both eyes; – use of two limbs; or – sight of one eye and use of one limb; <p>or</p> <p>b) the Life Insured, where wholly engaged in full-time unpaid domestic duties in His or Her own residence:</p> <ul style="list-style-type: none"> – has been unable to perform normal domestic duties, leave home unaided and engage in any employment for an uninterrupted period of at least six consecutive months solely as a result of Injury or Sickness; and – is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and – at the end of the period of six months, after consideration of all the medical evidence and such other evidence as We may require, has become in Our opinion incapacitated to such an extent as to render the Life Insured likely to require ongoing medical care and unable ever to perform normal domestic duties, leave home unaided and engage in any form of employment; <p>or</p> <p>c) the Life Insured has suffered Loss of Independence.</p> <p>A Life Insured is ‘Totally and Permanently Disabled (Home Duties)’ if the Life Insured satisfies the definition of Total and Permanent Disablement (Home Duties).</p>	<p>‘TOTAL AND PERMANENT DISABLEMENT (HOME DUTIES)’ means that:</p> <p>a) the Life Insured has suffered the total and irrecoverable loss of the:</p> <ul style="list-style-type: none"> – sight of both eyes; – use of two limbs; or – sight of one eye and use of one limb; <p>or</p> <p>b) the Life Insured, where wholly engaged in full-time unpaid domestic duties in His or Her own residence:</p> <ul style="list-style-type: none"> – has been unable to perform normal domestic duties, leave home unaided and engage in any employment for an uninterrupted period of at least six consecutive months solely as a result of Injury or Sickness; and – attends a Medical Practitioner and has undergone all reasonable and usual treatment (prescribed by them) including (where appropriate) rehabilitation for the Injury or Sickness; and – at the end of the period of six months, in reasonable consideration of all relevant medical evidence and such other evidence, has become incapacitated to such an extent as to render the Life Insured likely to require ongoing medical care and unable ever to perform normal domestic duties, leave home unaided and engage in any form of employment; <p>or</p> <p>c) the Life Insured has suffered Loss of Independence;</p> <p>or</p> <p>d) the Life Insured:</p> <ul style="list-style-type: none"> – suffers Mental Illness (severe and permanent), and – is not working (whether paid or unpaid), and – attends a Medical Practitioner and has undergone all reasonable and usual treatment prescribed by them, including (where appropriate) rehabilitation for His or Her condition, and – has become, in reasonable consideration of all relevant medical and other evidence, incapacitated to such an extent as to render Him or Her unlikely ever to engage in any business, profession, or occupation for which He or She are reasonably suited by education, training, or experience. <p>A Life Insured is ‘Totally and Permanently Disabled (Home Duties)’ if the Life Insured satisfies the definition of Total and Permanent Disablement (Home Duties).</p> <p>Under the Superannuation Term Life Plan, the Life Insured will also need to meet a condition of release, as required under superannuation law, in order to have the benefit paid to Him/Her. This means that, in addition to meeting the other aspects of this definition, We must be reasonably satisfied that His or Her ill health makes it unlikely that He or She will engage in gainful employment for which He or She are reasonably qualified by education, training or experience. Depending on His or Her circumstances, the Life Insured may also need to meet the tax</p>

Definition	Prior to change	After change
		<p>definition of 'disability superannuation benefit' in order to receive the benefit payment with concessional tax treatment. The Life Insured will be requested to provide medical reports from two legally qualified medical practitioners who have both certified that, because of the ill health, it is unlikely that He or She can ever be gainfully employed in a capacity for which He or She is reasonably qualified because of education, experience or training. If these are not provided, it may take longer to determine whether He or She has met a condition of release, and it may affect how the benefit you receive is taxed.</p>
<p>'TOTAL AND PERMANENT DISABLEMENT (OWN OCCUPATION)'</p> <p>Removed 'in our opinion' and re-worded some sections for clarity.</p>	<p>'TOTAL AND PERMANENT DISABLEMENT (OWN OCCUPATION)' means that:</p> <ul style="list-style-type: none"> a) the Life Insured has suffered the total and irrecoverable loss of the: <ul style="list-style-type: none"> – sight of both eyes; – use of two limbs; or – sight of one eye and use of one limb; or b) the Life Insured: <ul style="list-style-type: none"> – has been absent from employment solely as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months; and – is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and – at the end of the period of three months, after consideration of all the medical evidence and such other evidence as We may require, has become in Our opinion incapacitated to such an extent as to render the Life Insured unlikely to ever engage in His or Her own occupation; or c) the Life Insured has suffered Loss of Independence. <p>The Life Insured is 'Totally and Permanently Disabled (Own Occupation)' if the Life Insured satisfies the definition of Total and Permanent Disablement (Own Occupation).</p>	<p>'TOTAL AND PERMANENT DISABLEMENT (OWN OCCUPATION)' means that:</p> <ul style="list-style-type: none"> a) the Life Insured has suffered the total and irrecoverable loss of the: <ul style="list-style-type: none"> – sight of both eyes; – use of two limbs; or – sight of one eye and use of one limb; or b) the Life Insured: <ul style="list-style-type: none"> – has been absent from employment solely as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months; and – attends a Medical Practitioner and has undergone all reasonable and usual treatment (prescribed by them) including (where appropriate) rehabilitation for the Injury or Sickness; and – at the end of the period of three months, in reasonable consideration of all relevant medical evidence and other evidence, has become incapacitated to such an extent as to render the Life Insured unlikely to ever engage in His or Her own occupation; or c) the Life Insured has suffered Loss of Independence. <p>The Life Insured is 'Totally and Permanently Disabled (Own Occupation)' if the Life Insured satisfies the definition of Total and Permanent Disablement (Own Occupation).</p>

4. UPDATES TO DEFINITIONS UNDER CRISIS EVENTS

We regularly review the medical definitions. The changes to medical definitions are as below.

As of PDS version 12, issued 1 November, Disability Income Plan is no longer available for new policies. The Crisis Events definitions in relation to Disability Income Plan only apply to customers with existing Disability Income policies on or prior to PDS version 11, issued 1 April 2020.

Medical Definition	Prior to change	After change
<p>Accidental HIV infection</p> <p>Removed 30-day reporting requirement (UCT) and articulated requirement for verification of evidence by an appropriate medical practitioner in line with the product intent.</p>	<p>‘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.</p> <p>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, and We retain the right to take further independent blood tests or request other medically accepted HIV tests.</p>	<p>‘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 specialist 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.</p> <p>Any accident giving rise to a potential claim must 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, and We retain the right to take further independent blood tests or request other medically accepted HIV tests.</p>

Medical Definition	Prior to change	After change
<p>‘ACTIVITIES OF DAILY LIVING’</p> <p>Removed the requirement for continuous care and supervision by another adult person for at least six consecutive months.</p>	<p>‘ACTIVITIES OF DAILY LIVING’ means the following activities:</p> <p>Bathing Means the ability of the Life Insured to wash himself or herself either in the bath or shower or by sponge bath without the standby assistance of another person. The Life Insured will be considered to be able to bathe himself or herself even if the above tasks can only be performed by using equipment or adaptive devices.</p> <p>Dressing Means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the standby assistance of another person. The Life Insured will be considered able to dress himself or herself even if the above tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.</p> <p>Eating Means the ability to get nourishment into the body by any means once it has been prepared and made available to the Life Insured without the standby assistance of another person.</p> <p>Toileting Means the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing without the standby assistance of another person. The Life Insured will be considered able to toilet himself or herself even if he or she has an ostomy and is able to empty it himself or herself, or if the Life Insured uses a commode, bedpan or urinal, and is able to empty and clean it without the standby assistance of another person.</p> <p>Transferring Means the ability to move in and out of a chair or bed without the standby assistance of another person. The Life Insured will be considered able to transfer himself or herself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices is used.</p> <p>In respect to all of the activities described above, the Life Insured would be required to be under continuous care and supervision by another adult person for at least six consecutive months. At the end of that six month period, the Life Insured must, in our opinion on the basis of the medical evidence, require ongoing continuous care and supervision by another adult person.</p>	<p>‘ACTIVITIES OF DAILY LIVING’ means the following activities:</p> <p>Bathing Means the ability of the Life Insured to wash himself or herself either in the bath or shower or by sponge bath without the standby assistance of another person. The Life Insured will be considered to be able to bathe himself or herself even if the above tasks can only be performed by using equipment or adaptive devices.</p> <p>Dressing Means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the standby assistance of another person. The Life Insured will be considered able to dress himself or herself even if the above tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.</p> <p>Eating Means the ability to get nourishment into the body by any means once it has been prepared and made available to the Life Insured without the standby assistance of another person.</p> <p>Toileting Means the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing without the standby assistance of another person. The Life Insured will be considered able to toilet himself or herself even if he or she has an ostomy and is able to empty it himself or herself, or if the Life Insured uses a commode, bedpan or urinal, and is able to empty and clean it without the standby assistance of another person.</p> <p>Transferring Means the ability to move in and out of a chair or bed without the standby assistance of another person. The Life Insured will be considered able to transfer himself or herself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices is used.</p>
<p>Aplastic Anemia</p> <p>Updated for clarification in line with the product intent.</p>	<p>‘APLASTIC ANAEMIA’ means permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one of the following:</p> <ul style="list-style-type: none"> • blood product transfusion, • marrow stimulating agents, • immunosuppressive agents, • bone marrow transplantation. 	<p>‘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:</p> <ul style="list-style-type: none"> • blood product transfusion, • marrow stimulating agents, • immunosuppressive agents, • bone marrow transplantation.

Medical Definition	Prior to change	After change
<p>Bacterial Meningitis</p> <p>Removed HIV exclusion and re-labelled.</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 Guides to the Evaluation of Permanent Impairment 5th edition, 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>	<p>'BACTERIAL MENINGITIS WITH SERIOUS FUNCTIONAL IMPAIRMENT' 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 Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association. <p>Diagnosis must be confirmed by a consultant neurologist. All other forms of meningitis including viral, are excluded.</p>
<p>Benign Brain Tumour</p> <p>Introduced payment where surgical removal of the tumour is required on the advice of a consultant and relabelled.</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. 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 Guides to the Evaluation of Permanent Impairment 5th edition, 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>	<p>'BENIGN BRAIN OR SPINAL CORD TUMOUR WITH SERIOUS FUNCTIONAL IMPAIRMENT' means a noncancerous tumour on the brain or spinal cord. 100% of the Sum Insured will be paid if the Benign Brain or Spinal Cord Tumour gives rise to symptoms of permanent neurological deficit and results in 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 Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association. <p>The requirements above will be waived if the Benign Brain or Spinal Cord Tumour with serious functional impairment is surgically removed via craniotomy or stereotactic radio surgery on the advice of a consultant neurologist/ neurosurgeon.</p> <p>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).</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>Blindness</p> <p>Removed part c) of the definition wording to avoid ambiguity.</p>	<p>'BLINDNESS' means that as a result of disease or accident and certified by an ophthalmologist, the:</p> <ol style="list-style-type: none"> a) visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes; or the b) field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object); or the c) combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above. 	<p>'BLINDNESS' means that as a result of disease or accident and certified by an ophthalmologist, the:</p> <ol style="list-style-type: none"> a) visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes; or the b) field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object).

Medical Definition	Prior to change	After change
<p>Cancer; Skin cancer; Carcinoma in situ</p> <p>Updated to align with the current diagnostic criteria and the FSC Life Insurance Code of Practice minimum medical standard definitions; updated to ensure all non-melanoma skin cancer with metastases is covered; clarified the staging for Carcinoma in situ and re-labelled; removed 'acceptable to us' to remove unfettered discretion.</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.</p> <p>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.</p> <p>The disease of Carcinoma in Situ covered by this policy must be confirmed by a biopsy and is limited only to the following sites for which we will pay the greater of \$10,000 and 10% of the Sum Insured for the Crisis Recovery or Crisis Recovery Stand Alone benefit:</p> <ul style="list-style-type: none"> • Vagina, ovary, vulva, fallopian tube where the tumour must be classified as TIS according to the TNM staging method or FIGO Stage 0. • Cervix-Uteri with a grading of either TNM stage TIS or CIN 3 or above. • Carcinoma in situ of the breast where no mastectomy is performed. <p>The amount of the partial payment cannot exceed the Sum Insured.</p> <p>The full Sum Insured will be paid for carcinoma in situ of the breast where the entire breast is removed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist Medical Practitioner acceptable to us.</p> <p>After any payment for cancer the Sum Insured will be reduced by the payment made.</p>	<p>'CANCER' means the presence of one or more malignant tumours including 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:</p> <ul style="list-style-type: none"> • all hyperkeratoses; • all non-melanoma skin cancers unless having spread to the bone, lymph node, or another 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. <p>'Skin cancer' – where diagnosed by an appropriate specialist Medical Practitioner, 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 any non-melanoma skin cancer that has spread to the bone, lymph node, or another distant organ; or • 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 (limited to certain bodily sites)'</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 TNM classification.</p> <p>The disease of Carcinoma in Situ (limited to certain bodily sites) 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. • Cervix-Uteri with a grading of either TNM stage TIS or CIN 3 or above. • Carcinoma in situ of the breast where no mastectomy is performed. <p>The amount of the partial payment cannot exceed the Sum Insured.</p> <p>The full Sum Insured will be paid for carcinoma in situ of the breast where the entire breast is removed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist Medical Practitioner.</p> <p>After any payment for cancer the Sum Insured will be reduced by the payment made.</p>

Medical Definition	Prior to change	After change
<p>Chronic Lung Disease</p> <p>Removed FEV 1 test and re-labelled.</p>	<p>'CHRONIC LUNG DISEASE' means end stage respiratory failure requiring permanent oxygen therapy with FEV 1 test results consistently showing less than one litre.</p>	<p>'END STAGE LUNG FAILURE' means end stage respiratory failure requiring permanent, long term oxygen therapy as certified by an appropriate specialist Medical Practitioner.</p>
<p>Loss of Hearing</p> <p>Included references to objective measures for which the consumer would undergo as course of standard medical practice.</p>	<p>'LOSS OF HEARING' means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of Injury or Sickness, as certified by an appropriate medical specialist.</p>	<p>'LOSS OF HEARING' means irreversible loss of hearing in the better ear, that:</p> <ul style="list-style-type: none"> • has an auditory threshold of greater than 90 decibels at all frequencies from 500 hertz to 3,000 hertz, even with amplification, and • is diagnosed and certified by an appropriate specialist Medical Practitioner, using standardised equipment.
<p>Loss of Independence</p>	<p>Refer to the same definition change for Loss of Independence under Term Life Plan and Superannuation Term Life Plan</p>	
<p>Loss of Speech</p> <p>Added 'acting reasonably' and re-labelled.</p>	<p>'LOSS OF SPEECH' means the complete and irrecoverable loss of the ability to speak as a result of Injury or Sickness which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate medical specialist.</p>	<p>'LOSS OF SPEECH (COMPLETE AND IRRECOVERABLE)' means the complete and irrecoverable loss of the ability to speak as a result of Injury or Sickness which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate specialist Medical Practitioner acting reasonably.</p>
<p>Major Head Trauma</p> <p>Added 'neurosurgeon' and re-labelled.</p>	<p>'MAJOR HEAD TRAUMA' means an accidental head injury resulting 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 Guides to the Evaluation of Permanent Impairment (Guides) 5th edition, American Medical Association. <p>Diagnosis must be confirmed by a consultant neurologist.</p>	<p>'MAJOR HEAD TRAUMA WITH SERIOUS FUNCTIONAL IMPAIRMENT' means an accidental head injury resulting 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 Guides to the Evaluation of Permanent Impairment (Guides) 5th edition, American Medical Association. <p>Diagnosis must be confirmed by a consultant neurologist/ neurosurgeon.</p>

Medical Definition	Prior to change	After change
<p>Occupationally Acquired Hepatitis B or Hepatitis C Infection</p> <p>(Applicable for existing Disability Income policies only)</p> <p>Removed the need to 48-hour reporting and updated criteria for testing to align to requirements of the medical profession.</p>	<p>‘OCCUPATIONALLY ACQUIRED HEPATITIS B OR HEPATITIS C INFECTION’ is a Crisis Event in the Crisis Recovery benefit under the PLUS Optional benefit under the Disability Income Plan.</p> <p>The Crisis Recovery benefit will be payable if the Life Insured becomes infected with Hepatitis B or Hepatitis C as a result of an Occupational Accident. An Occupational Accident means an accident that happens whilst the Life Insured is performing the usual duties of His or Her normal occupation and involves contact with a body substance which puts the Life Insured at risk of transmission of the infections.</p> <p>This benefit will only be paid if all the following Conditions for payment are satisfied. We require that:</p> <ul style="list-style-type: none"> the Life Insured reports the accident to Us within 48 hours after it happens; the Life Insured is tested for infections within 48 hours after the accident and the results are negative; a Medical Practitioner diagnoses the Life Insured to be: – positive to Hepatitis C within 180 days after the accident; or – positive to Hepatitis B within 180 days after the accident and still be positive within 180 days after the first diagnosis; the Life Insured complies with all infection control precautions that apply; the Life Insured is vaccinated or immunised for the infections as required by Us; and all tests be carried out according to the procedures We specify. 	<p>‘OCCUPATIONALLY ACQUIRED HEPATITIS B OR HEPATITIS C INFECTION’ is a Crisis Event in the Crisis Recovery benefit under the PLUS Optional benefit under the Disability Income Plan.</p> <p>The Crisis Recovery benefit will be payable if the Life Insured becomes infected with Hepatitis B or Hepatitis C as a result of an Occupational Accident. An Occupational Accident means an accident that happens whilst the Life Insured is performing the usual duties of His or Her normal occupation and involves contact with a body substance which puts the Life Insured at risk of transmission of the infections.</p> <p>This benefit will only be paid if all the following Conditions for payment are satisfied. We require that:</p> <ul style="list-style-type: none"> the Life Insured is tested for infections after the accident and the results are negative; all relevant tests are carried out according to the reasonably necessary procedures we specify any accident that potentially may give rise to a claim must be treated in accordance with the relevant infection control guidelines. a Medical Practitioner diagnoses the Life Insured to be: <ul style="list-style-type: none"> positive to Hepatitis C within 180 days after the accident; or positive to Hepatitis B within 180 days after the accident and still be positive within 180 days after the first diagnosis; the Life Insured complies with all infection control precautions that apply; the Life Insured is vaccinated or immunised for the infections where required as per the AMA Guidelines for medical health workers; and all tests be carried out according to the procedures We specify. <p>We won’t pay where the Life insured has elected not to take available mandatory medical treatment which, if taken, would have prevented the infection with hepatitis B and/or hepatitis C.</p>
<p>Surgery to the Aorta</p> <p>Clarified that it is the actual undergoing of surgery.</p>	<p>‘SURGERY TO THE AORTA’ means surgical repair to the aorta to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include angioplasty or non-surgical techniques.</p>	<p>‘SURGERY TO THE AORTA’ means the actual undergoing of a surgical procedure to the aorta to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include angioplasty or non-surgical techniques.</p>
<p>Viral Encephalitis</p> <p>Removed requirement for permanent neurological deficit and re-labelled.</p>	<p>‘VIRAL ENCEPHALITIS’ means severe inflammation of the brain resulting 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 Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association as certified by a consultant neurologist. <p>Diagnosis must be confirmed by a consultant neurologist.</p>	<p>‘VIRAL ENCEPHALITIS WITH SERIOUS FUNCTIONAL IMPAIRMENT’ means severe inflammation of the brain (cerebral hemisphere, brainstem or Cerebellum) caused by viral infection 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 Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association as certified by a consultant neurologist. <p>Diagnosis must be confirmed by a consultant neurologist.</p>

5. RE-LABELLING OF MEDICAL DEFINITIONS

We have updated to the names of some medical definitions. These changes apply on all references to these events throughout the PDS and the Policy Document.

Prior to change	After change
Crisis Events	
Alzheimer's Disease	Alzheimer's Disease with Significant Cognitive Impairment
Bacterial Meningitis	Bacterial Meningitis with Serious Functional Impairment
Benign Brain or Spinal Cord Tumour	Benign Brain or Spinal Cord Tumour with Serious Functional Impairment
Carcinoma in Situ	Carcinoma in Situ (limited to certain bodily sites)
Cardiomyopathy	Cardiomyopathy with Permanent and Serious Impairment
Chronic Liver Disease	End Stage Liver Failure
Chronic Lung Disease	End Stage Lung Failure
Heart Attack (myocardial infarction)	Heart Attack (myocardial infarction) of Specified Severity
Kidney Failure	End Stage Kidney Failure
Loss of Speech	Loss of Speech (Complete and Irrecoverable)
Major Burns	Major Burns with specified severity
Major Head Trauma	Major Head Trauma with Serious Functional Impairment
Pulmonary Arterial Hypertension (Primary)	Pulmonary Arterial Hypertension (Primary) with Serious Functional Impairment
Rheumatoid Arthritis	Severe Rheumatoid Arthritis (Failed Conventional DMARDs)
Severe Rheumatoid Arthritis	Severe Rheumatoid Arthritis (Failed Conventional DMARDs and bDMARD)
Stroke	Stroke (Acute) with Serious Functional Impairment
Viral Encephalitis	Viral Encephalitis with Serious Functional Impairment

6. UPDATES TO DEFINITIONS IN DISABILITY INCOME PLAN AND BUSINESS EXPENSES INSURANCE PLAN

As of PDS version 12, issued 1 November, Disability Income Plan is no longer available for new policies. The updated definitions in relation to Disability Income Plan only apply to customers with existing Disability Income policies on or prior to PDS version 11, issued 1 April 2020. The definitions in relation to Business Expense have been updated in the Policy Document.

Definition	Prior to change	After change
<p>Accidental Injury</p> <p>Clarified the intent.</p>	<p>‘ACCIDENTAL INJURY’ means a physical injury which is caused solely and directly by violent, accidental, external and visible means, which occurs while the benefit is in force and which results solely and directly and independently of a Pre-existing Condition or any other cause in total disablement. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an ‘Accidental Injury’.</p>	<p>‘ACCIDENTAL INJURY’ means a physical injury which:</p> <ul style="list-style-type: none"> • is caused solely and directly by violent, external and unexpected means; and • would have occurred in the absence of any mental or physical health condition which the Life Insured was subject to at or prior to the relevant accident event. <p>Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an ‘Accidental Injury’.</p>
<p>Agreed Value</p> <p>Removed wording ‘must be satisfactory to Us’ and re-worded for clarification.</p>	<p>‘AGREED VALUE’ means</p> <ul style="list-style-type: none"> • The Insured Monthly Benefit is agreed with You at the time of application and is based on the Life Insured’s income at that time. • The Insured Monthly Benefit is guaranteed subject to receipt by Us of financial evidence in relation to Your application. That evidence must be satisfactory to Us. If financial evidence in relation to Your application is not provided to Us at time of application, that evidence must be provided before the payment of any claim and must be satisfactory to Us. Claim offsets for other sources of income may apply; and • Cover on an agreed value basis is available only to Occupation Categories AAA, AA, A, B and C. 	<p>‘AGREED VALUE’ means</p> <ul style="list-style-type: none"> • The Insured Monthly Benefit is agreed with You at the time of application and is based on the Life Insured’s income at that time. • The Insured Monthly Benefit is guaranteed subject to receipt by Us of reasonable financial evidence in relation to Your application. If financial evidence in relation to Your application is not provided to Us at time of application, that evidence must be provided before the payment of any claim. Claim offsets for other sources of income may apply; and • Cover on an agreed value basis is available only to Occupation Categories AAA, AA, A, B and C.

Definition	Prior to change	After change
<p>Activities of Daily Living</p> <p>Removed the requirement of 6 months continuous care under supervision. The relevant requirement has been incorporated in each TPD related definitions.</p>	<p>‘ACTIVITIES OF DAILY LIVING’ means the following activities:</p> <p>Bathing Means the ability of the Life Insured to wash himself or herself either in the bath or shower or by sponge bath without the standby assistance of another person. The Life Insured will be considered to be able to bathe himself or herself even if the above tasks can only be performed by using equipment or adaptive devices.</p> <p>Dressing Means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the standby assistance of another person. The Life Insured will be considered able to dress himself or herself even if the above tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.</p> <p>Eating Means the ability to get nourishment into the body by any means once it has been prepared and made available to the Life Insured without the standby assistance of another person.</p> <p>Toileting Means the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing without the standby assistance of another person. The Life Insured will be considered able to toilet himself or herself even if he or she has an ostomy and is able to empty it himself or herself, or if the Life Insured uses a commode, bedpan or urinal, and is able to empty and clean it without the standby assistance of another person.</p> <p>Transferring Means the ability to move in and out of a chair or bed without the standby assistance of another person. The Life Insured will be considered able to transfer himself or herself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices is used.</p> <p>In respect to all of the activities described above, the Life Insured would be required to be under continuous care and supervision by another adult person for at least six consecutive months. At the end of that six month period, the Life Insured must, in our opinion on the basis of the medical evidence, require ongoing continuous care and supervision by another adult person.</p>	<p>‘ACTIVITIES OF DAILY LIVING’ means the following activities:</p> <p>Bathing Means the ability of the Life Insured to wash himself or herself either in the bath or shower or by sponge bath without the standby assistance of another person. The Life Insured will be considered to be able to bathe himself or herself even if the above tasks can only be performed by using equipment or adaptive devices.</p> <p>Dressing Means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the standby assistance of another person. The Life Insured will be considered able to dress himself or herself even if the above tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.</p> <p>Eating Means the ability to get nourishment into the body by any means once it has been prepared and made available to the Life Insured without the standby assistance of another person.</p> <p>Toileting Means the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing without the standby assistance of another person. The Life Insured will be considered able to toilet himself or herself even if he or she has an ostomy and is able to empty it himself or herself, or if the Life Insured uses a commode, bedpan or urinal, and is able to empty and clean it without the standby assistance of another person.</p> <p>Transferring Means the ability to move in and out of a chair or bed without the standby assistance of another person. The Life Insured will be considered able to transfer himself or herself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices is used.</p>

Definition	Prior to change	After change
<p>Indemnity</p> <p>Removed wording 'must be satisfactory to Us'.</p>	<p>'INDEMNITY'</p> <ul style="list-style-type: none"> • The monthly benefit payable in the event of total disablement is the lower of Your monthly benefit stated on Your Policy Schedule and 75% of the first \$26,667 of the Life Insured's monthly Pre-disablement Income (Indemnity) at the start of the total disablement plus 50% of the next \$20,000 of the Life Insured's monthly Pre-disablement Income (Indemnity) plus 20% of the next \$150,000 of the Life Insured's monthly Pre-disablement Income (Indemnity); • Sum Insured shown on Your Policy Schedule is not guaranteed; • Financial evidence must be provided before the payment of any claim and must be satisfactory to Us. Claim offsets for other sources of income may apply (see Condition 6.1.10); and • Cover on an indemnity basis is available to Occupation Categories AAA, AA, A, B, C, D and E. 	<p>'INDEMNITY'</p> <ul style="list-style-type: none"> • The monthly benefit payable in the event of total disablement is the lower of Your monthly benefit stated on Your Policy Schedule and 75% of the first \$26,667 of the Life Insured's monthly Pre-disablement Income (Indemnity) at the start of the total disablement plus 50% of the next \$20,000 of the Life Insured's monthly Pre-disablement Income (Indemnity) plus 20% of the next \$150,000 of the Life Insured's monthly Pre-disablement Income (Indemnity); • Sum Insured shown on Your Policy Schedule is not guaranteed; • Financial evidence must be provided before the payment of any claim. Claim offsets for other sources of income may apply (see Condition 6.1.10); and • Cover on an indemnity basis is available to Occupation Categories AAA, AA, A, B, C, D and E.
<p>Injury</p> <p>Re-worded for clarification.</p>	<p>'INJURY' means a physical injury which occurs whilst the Policy is in force and which results solely and directly and independently of a Pre-existing Condition or any other cause, in Total or Partial Disablement within one year of the date of its occurrence. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Injury'.</p>	<p>'INJURY' means a physical injury which occurs entirely independently of a health condition or any other cause whilst the Policy is in force. The injury must result in disablement within one year of the date of the Life Insured's physical injury. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Injury'.</p>

Definition	Prior to change	After change
<p>Insured Monthly Benefit</p> <p>Removed wordings 'imposed by Us/us' and added 'reasonableness' for requirements.</p>	<p>'INSURED MONTHLY BENEFIT' means;</p> <p>For Agreed Value policies:</p> <p>Your Insured Monthly Benefit is agreed with You at the time of Your application based on Your Income at that time and will be stated on the Policy Schedule as the Sum Insured[^]. The benefit We will pay may be subject to claim offsets (see Section 6.1.10).</p> <p>The amount of financial evidence that You will be required to provide on Your Income at time of claim is based on whether You have Agreed Value (Verified), Agreed Value (Unverified) or Agreed Value (Partially Verified). The type of Agreed Value cover that You hold will be shown on Your Policy Schedule.</p> <p>Disability Income (Agreed Value) is only available if the Policy is replacing an existing Professional Insurance Portfolio Disability Income (Agreed Value) policy from AIA Australia and the cancel and replace is being performed to facilitate a change of ownership or correct an administrative error affecting the existing policy. Disability Income (Agreed Value) cover is not available for new business policies or when an existing Disability Income (Agreed Value) cover with AIA Australia is being cancelled and replaced for any other reason than stated above.</p> <p>[^]Unless otherwise disclosed to You or agreed with You. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or which have been imposed by us and notified to the Policy Owner such as any applicable Benefit Indexation.</p> <p>For Indemnity and Extended Indemnity policies: Your Insured Monthly Benefit (subject to applicable claim offsets) is the lesser of:</p> <ul style="list-style-type: none"> • Your monthly benefit stated on the Policy Schedule as the Sum Insured[^], and • 75%^{^^} of Your monthly Pre-disablement Income (Indemnity/Extended Indemnity) at the time of becoming Totally Disabled. <p>[^]Unless otherwise disclosed to You or agreed with You. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or which have been imposed by Us and notified to the Policy Owner such as any applicable Benefit Indexation.</p> <p>^{^^}75% of Your monthly Pre-disablement Income (Indemnity/Extended Indemnity) is calculated as follows:</p> <ul style="list-style-type: none"> • 75% of the first \$26,667 of Your monthly Pre-disablement Income (Indemnity/Extended Indemnity) at the start of the Total Disablement • plus 50% of the next \$20,000 of Your monthly Pre-disablement Income (Indemnity/Extended Indemnity), • plus 20% of the next \$150,000 of Your monthly Pre-disablement Income (Indemnity/Extended Indemnity). 	<p>'INSURED MONTHLY BENEFIT' means;</p> <p>For Agreed Value policies:</p> <p>Your Insured Monthly Benefit is agreed with You at the time of Your application based on Your Income at that time and will be stated on the Policy Schedule as the Sum Insured[^]. The benefit We will pay may be subject to claim offsets (see Section 6.1.10).</p> <p>The amount of financial evidence that You will be reasonably required to provide on Your Income at time of claim is based on whether You have Agreed Value (Verified), Agreed Value (Unverified) or Agreed Value (Partially Verified). The type of Agreed Value cover that You hold will be shown on Your Policy Schedule.</p> <p>Disability Income (Agreed Value) is only available if the Policy is replacing an existing Professional Insurance Portfolio Disability Income (Agreed Value) policy from AIA Australia and the cancel and replace is being performed to facilitate a change of ownership or correct an administrative error affecting the existing policy. Disability Income (Agreed Value) cover is not available for new business policies or when an existing Disability Income (Agreed Value) cover with AIA Australia is being cancelled and replaced for any other reason than stated above.</p> <p>[^]Unless otherwise disclosed to You or agreed with You. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner such as any applicable Benefit Indexation.</p> <p>For Indemnity and Extended Indemnity policies: Your Insured Monthly Benefit (subject to applicable claim offsets) is the lesser of:</p> <ul style="list-style-type: none"> • Your monthly benefit stated on the Policy Schedule as the Sum Insured[^], and • 75%^{^^} of Your monthly Pre-disablement Income (Indemnity/Extended Indemnity) at the time of becoming Totally Disabled. <p>[^]Unless otherwise disclosed to You or agreed with You. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner such as any applicable Benefit Indexation.</p> <p>^{^^}75% of Your monthly Pre-disablement Income (Indemnity/Extended Indemnity) is calculated as follows:</p> <ul style="list-style-type: none"> • 75% of the first \$26,667 of Your monthly Pre-disablement Income (Indemnity/Extended Indemnity) at the start of the Total Disablement • plus 50% of the next \$20,000 of Your monthly Pre-disablement Income (Indemnity/Extended Indemnity), • plus 20% of the next \$150,000 of Your monthly Pre-disablement Income (Indemnity/Extended Indemnity).
<p>'PARTIAL DISABLEMENT – DISABILITY INCOME CAPABILITY CLAUSE'</p> <p>Reworded 'intend to adjust for future payments'.</p>	<p>'PARTIAL DISABLEMENT – DISABILITY INCOME CAPABILITY CLAUSE'</p> <p>...</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>...</p>	<p>'PARTIAL DISABLEMENT – DISABILITY INCOME CAPABILITY CLAUSE'</p> <p>...</p> <p>If We are making monthly benefit payments and these are adjusted in accordance with the terms of the policy, We will notify You 30 days prior to this taking place.</p> <p>...</p>

7. UPDATES TO BENEFITS AND GENERAL POLICY TERMS – UNFAIR CONTRACT TERM RELATED

The following table shows examples of changes to certain phrases and expressions throughout the PDS from UCT perspective.

As of PDS version 12, issued 1 November, the Disability Income Plan are no longer available for new policies. The updates in relation to Disability Income Plan only apply to customers with existing Disability Income policies on or prior to PDS version 11, issued 1 April 2020.

Examples are shown for illustration.

Change	Prior to change	After change
All Plans		
<p>Who issues Professional Insurance Portfolio?</p> <p>5th paragraph</p> <p>Added that qualification benefits will only be altered to the extent they constitute an improvement in accordance with 'Policy upgrades' under section 10.2. (UCT)</p>	<p>This PDS, including any changes to the Superannuation Term Life Plan, may be updated or replaced at any time, and you can obtain a copy of the current paper version on request, free of charge, by calling AIA Australia on 1800 333 613. Changes that are not materially adverse will be updated and made available to you at www.aia.com.au. You will be advised of material changes or significant events as required by law.</p>	<p>This PDS, including any changes to the Superannuation Term Life Plan, may be updated or replaced at any time, and you can obtain a copy of the current paper version on request, free of charge, by calling AIA Australia on 1800 333 613. Changes that are not materially adverse will be updated and made available to you at www.aia.com.au. You will be advised of material changes or significant events as required by law. Such updated or replaced information will not amend the terms of Policies issued prior to the date of the update or replacement, unless they result in improvements which are automatically applied to the terms of existing Policies in accordance with the Policy terms and conditions (see "Policy Upgrades" in the 'Additional Information' section of this PDS).</p>
<p>Removed all instances of 'confirmed by us' throughout the Policy Documents (UCT); updated the methods to lodge a claim and add 'reasonableness'.</p>	<p>Policy Document Superannuation Term Life Plan 3. General Terms and Conditions</p> <p>3.11 Cancellation</p> <p>...</p> <p>Any voluntary request to cancel the Policy must be made in writing to Our office and signed by You.</p> <p>...</p>	<p>Policy Document Superannuation Term Life Plan 3. General Terms and Conditions</p> <p>3.11 Cancellation</p> <p>...</p> <p>Any voluntary request to cancel the Policy must be made in writing to Our office by mail, fax or email or in any other manner permitted by law and signed by You.</p>

Change	Prior to change	After change
	<p>Policy Document non-superannuation plans 4. Term Life Plan</p> <p>Crisis Recovery Benefit</p> <p>4.4.5 Proof of Positive Diagnosis of a Crisis Event Required</p> <p>Written proof of positive diagnosis of a Crisis Event must be provided to Us at Our head office in the case of claim within 90 days after the date of such diagnosis. Failure to provide such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give such proof within such time, provided such proof is provided as soon as is reasonably possible. We shall at Our own expense have the right and opportunity to examine the Life Insured when and as often as We may reasonably require in connection with a claim.</p> <p>The Crisis Recovery benefit will not be payable unless the Crisis Event and the date thereof is confirmed in writing by a Medical Practitioner(s) and/or legally qualified pathologist(s), and who shall base their diagnosis solely on the definition contained herein of the particular Crisis Event after a study of the histological material and clinical presentation based on the medical history, physical examination, radiological studies, and the results of any other diagnostic procedures performed on the Life Insured. Any such diagnosis must be confirmed by Us.</p>	<p>Policy Document non-superannuation plans 4. Term Life Plan</p> <p>Crisis Recovery Benefit</p> <p>4.4.5 Proof of Positive Diagnosis of a Crisis Event Required</p> <p>Written proof of positive diagnosis of a Crisis Event must be provided to Us in writing by mail, fax or email. We shall at Our own expense have the right and opportunity to examine the Life Insured when and as often as We may reasonably require in connection with a claim.</p> <p>The Crisis Recovery benefit will not be payable unless the Crisis Event and the date thereof is confirmed in writing by a Medical Practitioner(s) and/or legally qualified pathologist(s), and who shall act reasonably when determining their opinion and must base their diagnosis solely on the definition contained herein of the particular Crisis Event after a study of the relevant and reasonably necessary histological material and clinical presentation based on the medical history, physical examination, radiological studies, and the results of any other diagnostic procedures performed on the Life Insured.</p>
	<p>4.4.11 List of Crisis Events covered under Complimentary Child Crisis Recovery benefit</p> <p>...</p> <p>Written proof of positive diagnosis of a Crisis Event must be provided to Us at Our head office in the case of claim within 90 days after the date of such diagnosis. Failure to provide such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give such proof within such time, provided such proof is provided as soon as is reasonably possible. We shall at Our own expense have the right and opportunity to examine the Child when and as often as We may reasonably require in connection with a claim. The Complimentary Child Crisis Recovery benefit will not be payable unless the Crisis Event and the date thereof is confirmed in writing by a Medical Practitioner(s) and/or legally qualified pathologist(s), and who shall base their diagnosis solely on the definition contained herein of the particular Crisis Event after a study of the histological material and clinical presentation based on the medical history, physical examination, radiological studies, and the results of any other diagnostic procedures performed on the Life Insured. Any such diagnosis must be confirmed by Us.</p>	<p>4.4.11 List of Crisis Events covered under Complimentary Child Crisis Recovery benefit</p> <p>...</p> <p>Written proof of positive diagnosis of a Crisis Event must be provided to Us in writing by mail, fax or email. We shall at Our own expense have the right and opportunity to examine the Child when and as often as We may reasonably require in connection with a claim. The Complimentary Child Crisis Recovery benefit will not be payable unless the Crisis Event and the date thereof is confirmed in writing by a Medical Practitioner(s) and/or legally qualified pathologist(s), and who shall act reasonably when determining their opinion and must base their diagnosis solely on the definition contained herein of the particular Crisis Event after a study of the relevant and reasonably necessary histological material and clinical presentation based on the medical history, physical examination, radiological studies, and the results of any other diagnostic procedures performed on the Child.</p>

Change	Prior to change	After change
	<p>Double Crisis Recovery Benefit</p> <p>4.7.7 Proof of Positive Diagnosis of a Crisis Event Required</p> <p>Written proof of positive diagnosis of a Crisis Event must be provided to Us at Our head office in the case of claim within 90 days after the date of such diagnosis. Failure to provide such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give such proof within such time, provided such proof is provided as soon as is reasonably possible. We shall at Our own expense have the right and opportunity to examine the Life Insured when and as often as We may reasonably require in connection with a claim.</p> <p>The Double Crisis Recovery benefit will not be payable unless the Crisis Event and the date thereof is confirmed in writing by a Medical Practitioner(s) and/or legally qualified pathologist(s), and who shall base their diagnosis solely on the definition contained herein of the particular Crisis Event after a study of the histological material and clinical presentation based on the medical history, physical examination, radiological studies, and the results of any other diagnostic procedures performed on the Life Insured. Any such diagnosis must be confirmed by Us.</p>	<p>Double Crisis Recovery Benefit</p> <p>4.7.7 Proof of Positive Diagnosis of a Crisis Event Required</p> <p>Written proof of positive diagnosis of a Crisis Event must be provided to Us in writing by mail, fax or email. We shall at Our own expense have the right and opportunity to examine the Life Insured when and as often as We may reasonably require in connection with a claim.</p> <p>The Double Crisis Recovery benefit will not be payable unless the Crisis Event and the date thereof is confirmed in writing by a Medical Practitioner(s) and/or legally qualified pathologist(s), and who shall act reasonably when determining their opinion and must base their diagnosis solely on the definition contained herein of the particular Crisis Event after a study of the relevant and reasonably necessary histological material and clinical presentation based on the medical history, physical examination, radiological studies, and the results of any other diagnostic procedures performed on the Life Insured.</p>
	<p>Child's Recovery Benefit</p> <p>4.8.5 Proof of Positive Diagnosis of a Crisis Event Required</p> <p>Written proof of positive diagnosis of a Crisis Event must be provided to Us at Our head office in the case of claim within 90 days after the date of such diagnosis. Failure to provide such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give such proof within such time, provided such proof is provided as soon as is reasonably possible. We shall at Our Own expense have the right and opportunity to examine the Life Insured when and as often as We may reasonably require in connection with a claim.</p> <p>The Child's Recovery benefit will not be payable unless the Crisis Event and the date thereof is confirmed in writing by a Medical Practitioner(s) and/or legally qualified pathologist(s), and who shall base their diagnosis solely on the definition contained herein of the particular Crisis Event after a study of the histological material and clinical presentation based on the medical history, physical examination, radiological studies, and the results of any other diagnostic procedures performed on the Insured Child. Any such diagnosis must be confirmed by Us.</p>	<p>Child's Recovery Benefit</p> <p>4.8.5 Proof of Positive Diagnosis of a Crisis Event Required</p> <p>Written proof of positive diagnosis of a Crisis Event must be provided to Us in writing by mail, fax or email. We shall at Our own expense have the right and opportunity to examine the Life Insured when and as often as We may reasonably require in connection with a claim.</p> <p>The Child's Recovery benefit will not be payable unless the Crisis Event and the date thereof is confirmed in writing by a Medical Practitioner(s) and/or legally qualified pathologist(s), and who shall act reasonably when determining their opinion and must base their diagnosis solely on the definition contained herein of the particular Crisis Event after a study of the relevant and reasonably necessary histological material and clinical presentation based on the medical history, physical examination, radiological studies, and the results of any other diagnostic procedures performed on the Insured Child.</p>

Change	Prior to change	After change
	<p>Policy Document non-superannuation plans 5. Crisis Recovery Stand Alone Plan</p> <p>5.1.6 Proof of Positive Diagnosis of a Crisis Event Required</p> <p>Written proof of positive diagnosis of a Crisis Event must be provided to Us at Our head office in the case of claim within 90 days after the date of such diagnosis. Failure to provide such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give such proof within such time, provided such proof is provided as soon as is reasonably possible. We shall at Our Own expense have the right and opportunity to examine the Life Insured when and as often as We may reasonably require in connection with a claim.</p> <p>The Crisis Recovery Stand Alone benefit will not be payable unless the Crisis Event and the date thereof is confirmed in writing by a Medical Practitioner(s) and/or legally qualified pathologist(s), and who shall base their diagnosis solely on the definition contained herein of the particular Crisis Event after a study of the histological material and clinical presentation based on the medical history, physical examination, radiological studies and the results of any other diagnostic procedures performed on the Life Insured. Any such diagnosis must be confirmed by Us.</p>	<p>Policy Document non-superannuation plans 5. Crisis Recovery Stand Alone Plan</p> <p>5.1.6 Proof of Positive Diagnosis of a Crisis Event Required</p> <p>Written proof of positive diagnosis of a Crisis Event must be provided to Us in writing by mail, fax or email. We shall at Our own expense have the right and opportunity to examine the Life Insured when and as often as We may reasonably require in connection with a claim.</p> <p>The Crisis Recovery Stand Alone benefit will not be payable unless the Crisis Event and the date thereof is confirmed in writing by a Medical Practitioner(s) and/or legally qualified pathologist(s), and who shall act reasonably when determining their opinion and must base their diagnosis solely on the definition contained herein of the particular Crisis Event after a study of the relevant and reasonably necessary histological material and clinical presentation based on the medical history, physical examination, radiological studies and the results of any other diagnostic procedures performed on the Life Insured.</p>
<p>Added clarity to 'congenital' throughout the PDS and Policy Documents.</p>	<p>Complimentary Child Crisis Recovery benefit and Child's Recovery Benefit</p> <p>...</p> <p>No payment will be made if the event causing death or the crisis event was caused by:</p> <ul style="list-style-type: none"> • a congenital condition; or <p>...</p>	<p>Complimentary Child Crisis Recovery benefit; Child's Recovery Benefit</p> <p>...</p> <p>No payment will be made if the event causing death or the crisis event was caused by:</p> <ul style="list-style-type: none"> • a congenital condition (i.e. a condition the child is born with); or <p>...</p>
<p>Accidental Death</p> <p>Clarified 'accidental'.</p>	<p>Complimentary Interim Accidental Death Cover</p> <p>...</p> <p>2. Accidental death means death which is caused solely and directly by violent, accidental, external and visible means and results solely and directly and independently of any other cause.</p>	<p>Complimentary Interim Accidental Death Cover</p> <p>...</p> <p>2. Accidental death means death which is caused solely and directly by violent, external and unexpected means and results solely and directly and independently of any other cause.</p>
<p>Removed all instances of 'in an occupation acceptable to us', 'acceptable to us' and 'imposed by us' throughout the PDS and Policy Documents.</p>	<p>PDS Permanent Disablement Stand Alone Benefit; Permanent Disablement Benefit; Double Permanent Disablement Benefit; Waiver Of Premium Benefit</p> <p>...</p> <p>To be eligible for this benefit you must be in full-time employment in an occupation acceptable to us or in full-time unpaid domestic duties.</p> <p>...</p>	<p>PDS Permanent Disablement Stand Alone Benefit; Permanent Disablement Benefit; Double Permanent Disablement Benefit; Waiver Of Premium Benefit</p> <p>...</p> <p>To be eligible for this benefit you must be in full-time employment or in full-time unpaid domestic duties.</p> <p>...</p>

Change	Prior to change	After change
	<p>PDS Permanent Disablement Benefit</p> <p>...</p> <p>This benefit is not available for certain occupations or where the life insured is not working full-time in an occupation acceptable to us. The definition of 'full-time' for this benefit is working a minimum 20 hours per week and 48 weeks per year, excluding public holidays.</p> <p>...</p>	<p>Permanent Disablement Benefit</p> <p>...</p> <p>This benefit is not available for certain occupations or where the life insured is not working full-time. The definition of 'full-time' for this benefit is working a minimum 20 hours per week and 48 weeks per year, excluding public holidays.</p> <p>...</p>
	<p>PDS Disability Income Plan</p> <p>What do the Disability Income Benefits Provide?</p> <p>...</p> <p>The life insured under the Disability Income Plan must be working full time (a minimum of 25 hours per week and 48 weeks per year, excluding public holidays) in an occupation acceptable to us.</p> <p>Please refer to page 81 for descriptions of occupations acceptable to us and to Condition 2 for relevant definitions.</p> <p>...</p>	<p>PDS Disability Income Plan</p> <p>What do the Disability Income Benefits Provide?</p> <p>...</p> <p>The life insured under the Disability Income Plan must be working full time (a minimum of 25 hours per week and 48 weeks per year, excluding public holidays).</p> <p>Please refer to page 81 for descriptions of occupations and to Condition 2 for relevant definitions.</p> <p>...</p>
	<p>PDS Business Expenses Insurance Plan</p> <p>Business Expenses Insurance Benefit</p> <p>...</p> <p>The life insured under the Business Expenses Insurance benefit must be in an occupation acceptable to us (occupation category AAA, AA, A, B, C or D, see page 81) as a self employed practitioner, whether alone or in partnership with others, or a working director.</p> <p>...</p>	<p>PDS Business Expenses Insurance Plan</p> <p>Business Expenses Insurance Benefit</p> <p>...</p> <p>The life insured under the Business Expenses Insurance benefit must be employed in occupation category AAA, AA, A, B, C or D (see page 72) as a self employed practitioner, whether alone or in partnership with others, or a working director.</p> <p>...</p>
	<p>PDS Business Expenses Insurance Plan Other Essential Information</p> <p>...</p> <p>In determining the maximum insured monthly benefit acceptable to us we will have regard to the benefits payable under any other disability income or business expenses policy in force or proposed for in respect of the life insured. If any such benefits are not disclosed to us at the time of your application to us we may reduce the amount of the monthly benefit otherwise payable if a claim occurs.</p> <p>...</p>	<p>PDS Business Expenses Insurance Plan Other Essential Information</p> <p>...</p> <p>In determining the maximum insured monthly benefit we will have regard to the benefits payable under any other disability income or business expenses policy in force or proposed for in respect of the life insured. If any such benefits are not disclosed to us at the time of your application to us we may reduce the amount of the monthly benefit otherwise payable if a claim occurs.</p> <p>...</p>

Change	Prior to change	After change
	<p>PDS Superannuation Term Life Plan Other Essential Information Additional Benefit Information</p> <p>The Conditions below apply to the Permanent Disablement, Double Permanent Disablement, Waiver of Premium and Permanent Disablement Stand Alone benefits. Conditions are:</p> <ul style="list-style-type: none"> • Benefits are not available for certain occupations or where the life insured is not working full-time in an occupation acceptable to us. <p>...</p> <p>PDS Business Expenses Insurance Plan</p> <p>...</p> <p>In determining the maximum Business Expense Insurance Insured Monthly Benefit acceptable to Us at the time of Your application, We will have regard to the benefits payable under any other disability income or business expenses insurance policy in force or proposed for in respect of the Life Insured. If any such benefits are not disclosed to Us at the time of Your application to Us, We may reduce the amount of the monthly benefit otherwise payable if a claim occurs. See 'Claim Offsets' in Conditions 6.1.10.</p> <p>...</p> <p>PDS Disability Income Plan</p> <p>...</p> <p>^Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or which have been imposed by us and notified to the Policy Owner such as any applicable Benefit Indexation.</p>	<p>PDS Superannuation Term Life Plan Other Essential Information Additional Benefit Information</p> <p>The Conditions below apply to the Permanent Disablement, Double Permanent Disablement, Waiver of Premium and Permanent Disablement Stand Alone benefits. Conditions are:</p> <ul style="list-style-type: none"> • Benefits are not available for certain occupations or where the life insured is not working full-time. <p>...</p> <p>PDS Business Expenses Insurance Plan</p> <p>...</p> <p>In determining the maximum Business Expense Insurance Insured Monthly Benefit at the time of Your application, We will have regard to the benefits payable under any other disability income or business expenses insurance policy in force or proposed for in respect of the Life Insured. If any such benefits are not disclosed to Us at the time of Your application to Us, We may reduce the amount of the monthly benefit otherwise payable if a claim occurs. See 'Claim Offsets' in Conditions 6.1.10.</p> <p>...</p> <p>PDS Disability Income Plan</p> <p>...</p> <p>^Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner such as any applicable Benefit Indexation.</p>
<p>Removed all instances of 'must be satisfactory to Us', 'to Our satisfaction' throughout the PDS and Policy Documents.</p>	<p>PDS Term Life Cover Plan Crisis Recovery Benefit; Double Crisis Recovery Benefit; Crisis Recovery Stand Alone Plan Crisis Recovery Stand Alone Benefit</p> <p>Chronic Diagnosis Advancement Benefit</p> <p>...</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> <p>...</p> <p>PDS Disability Income Plan</p> <p>What is Indemnity?</p> <ul style="list-style-type: none"> • The monthly benefit is not guaranteed; • Financial evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets may apply (see Condition 6.1.10); 	<p>PDS Term Life Cover Plan Crisis Recovery Benefit; Double Crisis Recovery Benefit; Crisis Recovery Stand Alone Plan Crisis Recovery Stand Alone Benefit</p> <p>Chronic Diagnosis Advancement Benefit</p> <p>...</p> <p>The Chronic Diagnosis Advancement benefit will be paid if an appropriate specialist Medical Practitioner confirms, that the Life Insured has suffered or been medically diagnosed with one of the following Crisis Events:</p> <p>...</p> <p>PDS Disability Income Plan</p> <p>What is Indemnity?</p> <ul style="list-style-type: none"> • The monthly benefit is not guaranteed; • Financial evidence must be provided before the payment of any claim. Claim offsets may apply (see Condition 6.1.10);

Change	Prior to change	After change
	<p>‘AGREED VALUE’ means</p> <p>...</p> <ul style="list-style-type: none"> The Insured Monthly Benefit is guaranteed subject to receipt by Us of financial evidence in relation to Your application. That evidence must be satisfactory to Us. If financial evidence in relation to Your application is not provided to Us at time of application, that evidence must be provided before the payment of any claim and must be satisfactory to Us. Claim offsets for other sources of income may apply; and <p>...</p>	<p>‘AGREED VALUE’ means</p> <p>...</p> <ul style="list-style-type: none"> The Insured Monthly Benefit is guaranteed subject to receipt by Us of reasonable financial evidence in relation to Your application. If reasonable financial evidence in relation to Your application is not provided to Us at time of application, that evidence must be provided before the payment of any claim. Claim offsets for other sources of income may apply; and <p>...</p>
	<p>‘INDEMNITY’</p> <p>...</p> <ul style="list-style-type: none"> Financial evidence must be provided before the payment of any claim and must be satisfactory to Us. Claim offsets for other sources of income may apply (see Condition 6.1.10); and 	<p>‘INDEMNITY’</p> <p>...</p> <ul style="list-style-type: none"> Financial evidence must be provided before the payment of any claim. Claim offsets for other sources of income may apply (see Condition 6.1.10); and
	<p>Policy Document Term Life Plan; Superannuation Term Life Plan</p> <p>Guaranteed Future Insurability – Personal and Business Events</p> <p>Business Events covered are:</p> <p>...</p> <p>7. Term Life/Permanent Disablement Sum Insured increases will be approved under this option upon Our receipt of proof, satisfactory to Us, of the occurrence and the date of the Personal Event or Business Event.</p>	<p>Policy Document Term Life Plan; Superannuation Term Life Plan</p> <p>Guaranteed Future Insurability – Personal and Business Events</p> <p>Business Events covered are:</p> <p>...</p> <p>7. Term Life/Permanent Disablement Sum Insured increases will be approved under this option upon Our receipt of proof of the occurrence and the date of the Personal Event or Business Event.</p>
<p>Removed all instances of ‘provided we confirm the diagnosis’, ‘and if we confirm the diagnosis’, ‘our confirmation of’ throughout the PDS and Policy Documents.</p>	<p>PDS Term Life Plan</p> <p>Crisis Recovery Benefit</p> <p>This benefit eases the financial burden of the costs associated with recovering from a crisis (medical) event (e.g. heart attack, cancer or stroke). In the event of you being diagnosed with one of the crisis events covered under the Crisis Recovery benefit (41 crisis events are available), we will provide you with a lump sum payment up to the Crisis Recovery sum insured, provided we confirm the diagnosis.</p> <p>...</p>	<p>PDS Term Life Plan</p> <p>Crisis Recovery Benefit</p> <p>This benefit eases the financial burden of the costs associated with recovering from a crisis (medical) event (e.g. heart attack, cancer or stroke). In the event of you being diagnosed with one of the crisis events covered under the Crisis Recovery benefit (41 crisis events are available), we will provide you with a lump sum payment up to the Crisis Recovery sum insured.</p> <p>...</p>

Change	Prior to change	After change
	<p>Double Crisis Recovery</p> <p>This benefit eases the financial burden of the costs associated with recovering from a crisis (medical) event (e.g. heart attack, cancer or stroke). In the event of the life insured being diagnosed with one of the crisis events covered under the Double Crisis Recovery benefit (41 crisis events are available), we will provide you with a lump sum payment up to the Double Crisis Recovery sum insured, provided we confirm the diagnosis. The Term Life Sum Insured will not be reduced by the payment of a claim for the full Double Crisis Recovery Sum Insured in respect of a Crisis Event and future premiums on the Term Life benefit will be waived. However, the Term Life Sum Insured will be reduced by the payment of a claim for an amount lower than the full Double Crisis Recovery Sum Insured in respect of a Crisis Event. Upon the payment of a claim for the full Double Crisis Recovery Sum Insured in respect of a Crisis Event, the Double Crisis Recovery benefit will cease and no further Double Crisis Recovery benefit will be paid for any subsequent Crisis Event under the benefit.</p> <p>Please refer to Condition 4.7 of the Policy Terms and Conditions for the detailed description of the Double Crisis Recovery benefit Conditions.</p>	<p>Double Crisis Recovery</p> <p>This benefit eases the financial burden of the costs associated with recovering from a crisis (medical) event (e.g. heart attack, cancer or stroke). In the event of the life insured being diagnosed with one of the crisis events covered under the Double Crisis Recovery benefit (41 crisis events are available), we will provide you with a lump sum payment up to the Double Crisis Recovery sum insured. The Term Life Sum Insured will not be reduced by the payment of a claim for the full Double Crisis Recovery Sum Insured in respect of a Crisis Event and future premiums on the Term Life benefit will be waived. However, the Term Life Sum Insured will be reduced by the payment of a claim for an amount lower than the full Double Crisis Recovery Sum Insured in respect of a Crisis Event. Upon the payment of a claim for the full Double Crisis Recovery Sum Insured in respect of a Crisis Event, the Double Crisis Recovery benefit will cease and no further Double Crisis Recovery benefit will be paid for any subsequent Crisis Event under the benefit.</p> <p>Please refer to Condition 4.7 of the Policy Terms and Conditions for the detailed description of the Double Crisis Recovery benefit Conditions.</p>
	<p>PDS Crisis Recovery Stand Alone Plan</p> <p>Child's Recovery Benefit</p> <p>...</p> <p>If the insured Child survives for 14 days from the date he or she is diagnosed with one of the crisis events covered under the Child's Recovery benefit and if we confirm the diagnosis, we will pay a lump sum equal to the Child's Recovery sum insured. After the payment of a claim for the full Child's Recovery sum insured in respect of an event covered, the benefit will cease and no further amount will be payable under the benefit for that insured Child.</p>	<p>PDS Crisis Recovery Stand Alone Plan</p> <p>Child's Recovery Benefit</p> <p>...</p> <p>If the insured Child survives for 14 days from the date he or she is diagnosed with one of the crisis events covered under the Child's Recovery benefit, we will pay a lump sum equal to the Child's Recovery sum insured. After the payment of a claim for the full Child's Recovery sum insured in respect of an event covered, the benefit will cease and no further amount will be payable under the benefit for that insured Child.</p>

Change	Prior to change	After change
	<p>Policy Document non-superannuation plans 4. Term Life Plan</p> <p>4.4 Crisis Recovery Benefit</p> <p>The ‘Crisis Recovery Benefit’ condition applies only if the Crisis Recovery benefit has been selected. The benefits selected are shown on the Policy Schedule.</p> <p>The Crisis Recovery benefit provides cover against Crisis Events within the Crisis Events groups as shown in Condition 4.4.1. a) Crisis Events If the Life Insured is diagnosed with one of the Crisis Events as defined in Condition 2 for which the Life Insured is covered under this plan and if We confirm the diagnosis, We will pay a lump sum equal to the Crisis Recovery Sum Insured. Upon the payment of a claim for the full Crisis Recovery Sum Insured in respect of a Crisis Event, the Crisis Recovery benefit will cease and no further Crisis Recovery benefit will be paid for any subsequent Crisis Event under the benefit. The Crisis Recovery benefit can be reinstated if You have selected the Crisis Reinstatement benefit (see Condition 4.6).</p> <p>...</p>	<p>Policy Document non-superannuation plans 4. Term Life Plan</p> <p>4.4 Crisis Recovery Benefit</p> <p>The ‘Crisis Recovery Benefit’ condition applies only if the Crisis Recovery benefit has been selected. The benefits selected are shown on the Policy Schedule.</p> <p>The Crisis Recovery benefit provides cover against Crisis Events within the Crisis Events groups as shown in Condition 4.4.1. a) Crisis Events If the Life Insured is diagnosed with one of the Crisis Events as defined in Condition 2 for which the Life Insured is covered under this plan, We will pay a lump sum equal to the Crisis Recovery Sum Insured. Upon the payment of a claim for the full Crisis Recovery Sum Insured in respect of a Crisis Event, the Crisis Recovery benefit will cease and no further Crisis Recovery benefit will be paid for any subsequent Crisis Event under the benefit. The Crisis Recovery benefit can be reinstated if You have selected the Crisis Reinstatement benefit (see Condition 4.6).</p> <p>...</p>
	<p>4.7.1 Benefit</p> <p>If the Life Insured is diagnosed with one of the Crisis Events for which the Life Insured is covered under this benefit and if We confirm the diagnosis, We will pay a lump sum equal to the Double Crisis Recovery Sum Insured. Upon the payment of a claim for the full Double Crisis Recovery Sum Insured in respect of a Crisis Event, the Double Crisis Recovery benefit will cease and no further Double Crisis Recovery benefit will be paid for any subsequent Crisis Event under the benefit.</p> <p>...</p>	<p>4.7.1 Benefit</p> <p>If the Life Insured is diagnosed with one of the Crisis Events for which the Life Insured is covered under this benefit, We will pay a lump sum equal to the Double Crisis Recovery Sum Insured. Upon the payment of a claim for the full Double Crisis Recovery Sum Insured in respect of a Crisis Event, the Double Crisis Recovery benefit will cease and no further Double Crisis Recovery benefit will be paid for any subsequent Crisis Event under the benefit.</p> <p>...</p>
	<p>4.8 Child’s Recovery Benefit</p> <p>...</p> <p>If the Insured Child survives for 14 days from the date the Insured Child is diagnosed with one of the Events listed below and defined in Condition 2 and if We confirm the diagnosis, We will pay a lump sum equal to the Child’s Recovery Sum Insured shown on the Policy Schedule as amended from time-to-time. After the payment of a claim for the full Child’s Recovery Sum Insured in respect of an Event covered under the Child’s Recovery benefit, the benefit will cease and no further amount will be payable under the benefit.</p> <p>...</p>	<p>4.8 Child’s Recovery Benefit</p> <p>...</p> <p>If the Insured Child survives for 14 days from the date the Insured Child is diagnosed with one of the Events listed below and defined in Condition 2, We will pay a lump sum equal to the Child’s Recovery Sum Insured shown on the Policy Schedule as amended in accordance with policy terms. After the payment of a claim for the full Child’s Recovery Sum Insured in respect of an Event covered under the Child’s Recovery benefit, the benefit will cease and no further amount will be payable under the benefit.</p> <p>...</p>

Change	Prior to change	After change
	<p>Policy Document non-superannuation plans 5. Crisis Recovery Stand Alone Plan</p> <p>5.1 Crisis Recovery Stand Alone Benefit</p> <p>The ‘Crisis Recovery Stand Alone Benefit’ condition applies only if the Crisis Recovery Stand Alone benefit has been selected. The benefits selected are shown in the Policy Schedule.</p> <p>The Crisis Recovery Stand Alone benefit provides cover against the Crisis Events within the Crisis Events Groups as shown in Condition 5.1.1. a) Crisis Events If the Life Insured survives for 14 days from the date He or She is diagnosed with one of the Crisis Events for which the Life Insured is covered under this benefit and if We confirm the diagnosis, We will pay a lump sum equal to the Crisis Recovery Stand Alone Sum Insured shown on the Policy Schedule, as amended from time-to-time. The Crisis Events are defined in Condition 2.</p>	<p>Policy Document non-superannuation plans 5. Crisis Recovery Stand Alone Plan</p> <p>5.1 Crisis Recovery Stand Alone Benefit</p> <p>The ‘Crisis Recovery Stand Alone Benefit’ condition applies only if the Crisis Recovery Stand Alone benefit has been selected. The benefits selected are shown in the Policy Schedule.</p> <p>The Crisis Recovery Stand Alone benefit provides cover against the Crisis Events within the Crisis Events Groups as shown in Condition 5.1.1. a) Crisis Events If the Life Insured survives for 14 days from the date He or She is diagnosed with one of the Crisis Events for which the Life Insured is covered under this benefit, We will pay a lump sum equal to the Crisis Recovery Stand Alone Sum Insured shown on the Policy Schedule, as amended from time-to-time. The Crisis Events are defined in Condition 2.</p>
	<p>PDS Term Life Plan</p> <p>Double Crisis Recovery Chronic Diagnosis Advancement Benefit</p> <p>The Chronic Diagnosis Advancement benefit is an advanced payment of the Crisis Recovery benefit. This benefit is payable upon our confirmation of the diagnosis of certain crisis events where the Condition does not yet meet the definition of the Crisis Event as defined in Condition 2 of the Policy Terms and Conditions. Please refer to Condition 4.4.4 of the Policy Terms and Conditions for the detailed description of this benefit.</p>	<p>PDS Term Life Plan</p> <p>Double Crisis Recovery Chronic Diagnosis Advancement Benefit</p> <p>The Chronic Diagnosis Advancement benefit is an advanced payment of the Crisis Recovery benefit. This benefit is payable upon the diagnosis of certain crisis events where the Condition does not yet meet the definition of the Crisis Event as defined in Condition 2 of the Policy Terms and Conditions. Please refer to Condition 4.4.4 of the Policy Terms and Conditions for the detailed description of this benefit.</p>
	<p>PDS Crisis Recovery Stand Alone</p> <p>Benefit Chronic Diagnosis Advancement Benefit</p> <p>The Chronic Diagnosis Advancement benefit is an advanced payment of the Crisis Recovery Stand Alone benefit. The benefit is payable upon our confirmation of the diagnosis of certain crisis events where the Condition does not yet meet the definition of the crisis event as defined in Condition 2 of the Policy Terms and Conditions. Please refer to Condition 5.1.5 of the Policy Terms and Conditions for the detailed description of this benefit.</p>	<p>PDS Crisis Recovery Stand Alone</p> <p>Benefit Chronic Diagnosis Advancement Benefit</p> <p>The Chronic Diagnosis Advancement benefit is an advanced payment of the Crisis Recovery Stand Alone benefit. The benefit is payable upon the diagnosis of certain crisis events where the Condition does not yet meet the definition of the crisis event as defined in Condition 2 of the Policy Terms and Conditions. Please refer to Condition 5.1.5 of the Policy Terms and Conditions for the detailed description of this benefit.</p>
<p>Added ‘reasonableness’ when we require evidence throughout the PDS and Policy Documents.</p>	<p>PDS Superannuation Term Life Plan</p> <p>How Do I Make A Claim?</p> <p>If you wish to claim an insurance benefit under the Superannuation Term Life Plan, written notice with full particulars of the circumstances must be given to AIA Australia as soon as possible. Claim forms can be obtained by writing to Doquile Perrett Meade Pty Ltd or emailing pip@mypip.com.au and, if you are a member of the Scheme, submitted via the Trustee. You will need to provide evidence to support your claim. AIA Australia may also require you to be medically examined in connection with a claim.</p>	<p>PDS Superannuation Term Life Plan</p> <p>How Do I Make A Claim?</p> <p>If you wish to claim an insurance benefit under the Superannuation Term Life Plan, written notice with full particulars of the circumstances must be given to AIA Australia as soon as possible. Claim forms can be obtained by writing to Doquile Perrett Meade Pty Ltd or emailing pip@mypip.com.au and, if you are a member of the Scheme, submitted via the Trustee. You will need to provide evidence to support your claim. AIA Australia may also reasonably require you to be medically examined in connection with a claim.</p>

Change	Prior to change	After change
	<p>Late Payment Of Premiums</p> <p>If you do not pay premiums within 60 days of the premium due date, your policy will lapse. Although you can apply for reinstatement of the policy upon payment of the unpaid premium with compound interest, AIA Australia may require evidence of continued good health and eligibility before reinstating the policy and you will not be covered for any symptoms that were apparent before the reinstatement.</p>	<p>Late Payment Of Premiums</p> <p>If you do not pay premiums within 60 days of the premium due date, your policy will lapse. Although you can apply for reinstatement of the policy upon payment of the unpaid premium with compound interest, AIA Australia may reasonably require evidence of continued good health and eligibility before reinstating the policy and you will not be covered for any symptoms that were apparent before the reinstatement.</p>
	<p>Additional Information How To Apply</p> <p>We may require additional information, such as medical and financial information, to assist with the processing of your application.</p>	<p>Additional Information How To Apply</p> <p>We may reasonably require additional information, such as medical and financial information, to assist with the processing of your application.</p>
	<p>PDS Complimentary Interim Accidental Death Cover</p> <p>Claims Procedure</p> <p>All the usual proofs in relation to a claim will be required (e.g.: death certificate, etc).</p>	<p>PDS Complimentary Interim Accidental Death Cover</p> <p>Claims Procedure</p> <p>All the usual proofs in relation to a claim will be reasonably required (e.g.: death certificate, etc).</p>
	<p>PDS Complimentary Interim Accidental Disability Income Cover</p> <p>Claims Procedure</p> <p>All the usual proofs in relation to a claim will be required (e.g.: medical certificates, etc.).</p>	<p>PDS Complimentary Interim Accidental Disability Income Cover</p> <p>Claims Procedure</p> <p>All the usual proofs in relation to a claim will be reasonably required (e.g.: medical certificates, etc.).</p>
	<p>Policy Document Disability Income Plan</p> <p>6.1.9 AIDS Cover</p> <p>The Disability Income benefit provides cover on the Life Insured's disablement due directly or indirectly to the human immunodeficiency virus (HIV) or the acquired immune deficiency syndrome (AIDS) from any cause, first diagnosed during the term of the benefit. We may require the Life Insured to undergo an HIV test at the time of application to ensure that the Life Insured is not HIV positive at the commencement of the benefit.</p> <p>The Disability Income Accident Only benefit does not provide cover against HIV or AIDS.</p>	<p>Policy Document Disability Income Plan</p> <p>6.1.9 AIDS Cover</p> <p>The Disability Income benefit provides cover on the Life Insured's disablement due directly or indirectly to the human immunodeficiency virus (HIV) or the acquired immune deficiency syndrome (AIDS) from any cause, first diagnosed during the term of the benefit. We may reasonably require the Life Insured to undergo an HIV test at the time of application to ensure that the Life Insured is not HIV positive at the commencement of the benefit.</p> <p>The Disability Income Accident Only benefit does not provide cover against HIV or AIDS.</p>
	<p>6.4.10 Guaranteed Future Insurability Benefit</p> <p>...</p> <ul style="list-style-type: none"> We will require proof of the event e.g. in the form of a letter from the employer confirming the new salary package. <p>...</p>	<p>6.4.10 Guaranteed Future Insurability Benefit</p> <p>...</p> <ul style="list-style-type: none"> We will reasonably require proof of the event e.g. in the form of a letter from the employer confirming the new salary package. <p>...</p>

Change	Prior to change	After change
	<p>Policy Document Superannuation Term Life Plan General Terms And Conditions 3.6.4 Lost or Destroyed Policy Documentation</p> <p>If the Policy Document is lost or destroyed We will replace it but may charge to recover the costs involved. This charge is currently not greater than \$100 and covers the cost of reissuing the lost document, including advertising the loss in accordance with Part 10 of the Life Insurance Act 1995 (Cth). We may vary this charge from time-to-time. We may also require You or the Life Insured to sign a statutory declaration to the effect that the Policy Document has been lost or destroyed.</p>	<p>Policy Document Superannuation Term Life Plan General Terms And Conditions 3.6.4 Lost or Destroyed Policy Documentation</p> <p>If the Policy Document is lost or destroyed We will replace it but may charge to recover the costs involved. This charge is currently not greater than \$100 and covers the cost of reissuing the lost document, including advertising the loss in accordance with Part 10 of the Life Insurance Act 1995 (Cth). We may vary this charge from time-to-time. We may also reasonably require You or the Life Insured to sign a statutory declaration to the effect that the Policy Document has been lost or destroyed.</p>
	<p>3.10 Lapse And Reinstatement</p> <p>...</p> <p>If the Policy lapses You may reinstate it with Our consent upon such proof as We may require of the continued good health and eligibility for insurance of the Life Insured and upon payment of the unpaid premium or premiums with compound interest as We determine. Reinstatement can occur within six months from the premium due date for the first unpaid premium.</p> <p>...</p>	<p>3.10 Lapse And Reinstatement</p> <p>...</p> <p>If the Policy lapses You may reinstate it with Our consent upon such proof as We may reasonably require of the continued good health and eligibility for insurance of the Life Insured and upon payment of the unpaid premium or premiums with compound interest as We determine. Reinstatement can occur within six months from the premium due date for the first unpaid premium.</p> <p>...</p>
	<p>Policy Document Term Life Plan; Crisis Recovery Stand Alone Plan; Disability Income Plan; Business Expenses Insurance Plan</p> <p>General Terms And Conditions 3.10 Lapse And Reinstatement</p> <p>The Policy will cease to be in force if a premium is not paid within the 60 days of grace. If the Policy ceases to be in force it may be reinstated with Our consent upon such proof as We may require of the continued good health and eligibility for insurance of the Life Insured and upon payment of the unpaid premium or premiums with compound interest as We determine. After reinstatement, the Policy shall not cover any event the symptoms leading to which were apparent prior to such reinstatement. The Policy may be cancelled by Us in accordance with relevant provisions of the Life Insurance Act 1995 (Cth) or any relevant legislation.</p> <p>...</p>	<p>Policy Document Term Life Plan; Crisis Recovery Stand Alone Plan; Disability Income Plan; Business Expenses Insurance Plan</p> <p>General Terms And Conditions 3.10 Lapse And Reinstatement</p> <p>The Policy will cease to be in force if a premium is not paid within the 60 days of grace. If the Policy ceases to be in force it may be reinstated with Our consent upon such proof as We may reasonably require of the continued good health and eligibility for insurance of the Life Insured and upon payment of the unpaid premium or premiums with compound interest as We determine. After reinstatement, the Policy shall not cover any event the symptoms leading to which were apparent prior to such reinstatement. The Policy may be cancelled by Us in accordance with relevant provisions of the Life Insurance Act 1995 (Cth) or any relevant legislation.</p> <p>...</p>
	<p>General Terms And Conditions Claim Requirements and Conditions</p> <p>...</p> <p>All certificates and evidence required by Us will be furnished at Your expense within 30 days of the date of the written notice and will be in the form and of the nature as We may request.</p>	<p>General Terms And Conditions Claim Requirements and Conditions</p> <p>...</p> <p>All certificates and evidence reasonably required by Us will be furnished at Your expense within 30 days of the date of the written notice and will be in the form and of the nature as We may request.</p>

Change	Prior to change	After change
	<p>PDS Term Life Plan</p> <p>Financial Planning Reimbursement</p> <p>Conditions are:</p> <p>...</p> <ul style="list-style-type: none"> • Maximum amount reimbursed will be the lower of \$3,000 and the actual financial planning costs incurred as evidenced by tax invoices etc.; <p>...</p>	<p>PDS Term Life Plan</p> <p>Financial Planning Reimbursement</p> <p>Conditions are:</p> <p>...</p> <ul style="list-style-type: none"> • Maximum amount reimbursed will be the lower of \$3,000 and the actual financial planning costs incurred as evidenced by tax invoices or other reasonable proof; <p>...</p>
	<p>Policy Document non-superannuation plans General Terms And Conditions 3.18 Claims Claim 3.18.2 Medical Examination</p>	<p>Policy Document non-superannuation plans General Terms And Conditions 3.18 Claims Claim 3.18.2 Medical Examination</p>
	<p>We, at Our discretion, may have the Life Insured medically examined (including blood tests and other tests), when and as often as is reasonable, in connection with a claim.</p>	<p>We may reasonably have the Life Insured medically examined (including blood tests and other tests), when and as often as is reasonable, in connection with a claim.</p>
	<p>Policy Document Superannuation Term Life Plan General Terms And Conditions 3.19 Claims 3.19.2 Medical Examination</p> <p>We, at Our discretion, may have the Life Insured medically examined (including blood tests and other tests), when and as often as is reasonable, in connection with a claim.</p>	<p>Policy Document Superannuation Term Life Plan General Terms And Conditions 3.19 Claims 3.19.2 Medical Examination</p> <p>We, may reasonably have the Life Insured medically examined (including blood tests and other tests), when and as often as is reasonable, in connection with a claim.</p>
<p>Removed 'in our opinion' throughout the PDS and Policy Documents.</p>	<p>PDS Disability Income Plan</p> <p>(only applies to customers with Disability Income policies on or prior to PDS version 11, issued 1 April 2020)</p> <p>2 Year And 5 Year Benefit Periods</p> <p>Where a claim for a condition has been paid for the maximum Benefit Period (2 or 5 years), we will not accept any subsequent claim for the same condition or associated complications of the same condition unless you make a full recovery (as certified by a Medical Practitioner approved by us), and in our opinion you have returned to work and have been fully undertaking all of the important income producing duties of your occupation for a period of at least twelve (12) months prior to the subsequent claim. For a subsequent claim that is in our opinion independent of the original claim a new Waiting Period and a new Benefit Period will apply.</p> <p>Policy Document Superannuation Term Life Plan</p> <p>4.11.5 Exclusions</p> <p><i>Accidental Death Benefit</i></p> <p>...</p> <p>Also, any benefit under the Superannuation Term Life Plan cannot be paid if, in our opinion, a condition of release has not been satisfied under the Superannuation Industry (Supervision) Regulations 1994 at the time of the making of the claim.</p>	<p>PDS Disability Income Plan</p> <p>(only applies to customers with Disability Income policies on or prior to PDS version 11, issued 1 April 2020)</p> <p>2 Year And 5 Year Benefit Periods</p> <p>Where a claim for a condition has been paid for the maximum Benefit Period (2 or 5 years), we will not accept any subsequent claim for the same condition or associated complications of the same condition unless you make a full recovery (as certified by a Medical Practitioner), and you have returned to work and have been fully undertaking all of the important income producing duties of your occupation for a period of at least twelve (12) months prior to the subsequent claim. For a subsequent claim that is independent of the original claim a new Waiting Period and a new Benefit Period will apply.</p> <p>Policy Document Superannuation Term Life Plan</p> <p>4.11.5 Exclusions</p> <p><i>Accidental Death Benefit</i></p> <p>...</p> <p>Also, any benefit under the Superannuation Term Life Plan cannot be paid if a condition of release has not been satisfied under the Superannuation Industry (Supervision) Regulations 1994 at the time of the making of the claim.</p>

Change	Prior to change	After change
<p>Amended the into for what are not covered and added: ‘• any payment which is not a regular operating expense.’</p>	<p>Policy Document Business Expenses Insurance Plan</p> <p>7.1.9 Limitations</p> <p>...</p> <p>Business Expenses not covered under the Policy include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Salaries and other related costs (for example, Payroll Tax, superannuation, Fringe Benefits Tax) for the Life Insured and income-generating employees of the business other than a locum. • Salaries and other related costs for any relatives of the Life Insured or the Policy Owner unless that person was employed for at least 60 consecutive days prior to the Life Insured’s Disablement. • Commissions or bonuses payable to the Life Insured. • Repayments of principal of any loan or other finance agreement. • Any costs of a capital nature including the cost of any books, equipment, fittings, fixtures, furniture goods, implements, merchandise or stock. • Depreciation on real estate. • Losses on investments. • Taxes, other than in respect of related costs for non-income generating employees as above. 	<p>Policy Document Business Expenses Insurance Plan</p> <p>7.1.9 Limitations</p> <p>...</p> <p>The following expenses are not covered under this benefit:</p> <ul style="list-style-type: none"> • Salaries and other related costs (for example, Payroll Tax, superannuation, Fringe Benefits Tax) for the Life Insured and income-generating employees of the business other than a locum. • Salaries and other related costs for any relatives of the Life Insured or the Policy Owner unless that person was employed for at least 60 consecutive days prior to the Life Insured’s Disablement. • Commissions or bonuses payable to the Life Insured. • Repayments of principal of any loan or other finance agreement. • Any costs of a capital nature including the cost of any books, equipment, fittings, fixtures, furniture goods, implements, merchandise or stock. • Depreciation on real estate. • Losses on investments. • Taxes, other than in respect of related costs for non-income generating employees as above and • any payment which is not a regular operating expense.
<p>Removed and reworded all instances of ‘as amended from time to time’ throughout the PDS and Policy Documents;</p> <p>clarified calculation of Business Expenses Insured Monthly Benefit.</p>	<p>PDS Disability Income Plan</p> <p>(only applies to customers with Disability Income policies on or prior to PDS version 11, issued 1 April 2020)</p> <p>Total Disablement Benefit Amount (Indemnity)</p> <p>The initial amount of benefit payable will be the lesser of:</p> <p>the monthly benefit as set out in the Policy Schedule, as amended from time to time by indexation increases, voluntary increases or voluntary decreases at the commencement of the Total Disablement, less any claim offsets applicable (see Condition 6.1.10 of the Policy Terms and Conditions); and 27 of 140 Disability Income Plan (continued) 28 of 140</p> <p>ii) 75% of the first \$26,667 of monthly Pre-disablement Income (Indemnity) at the commencement of the Total Disablement, plus 50% of the next \$20,000 of the Life Insured’s monthly Pre-Disablement income (Indemnity), plus 20% of the next \$150,000 of the Life Insured’s monthly Pre-Disablement income (Indemnity), less any claim offsets applicable (see Condition 6.1.10 of the Policy Terms and Conditions).</p> <p>Total Disablement Benefit Amount (Agreed Value)</p> <p>The initial amount of benefit payable will be the Insured Monthly Benefit set out in the Policy Schedule, as amended from time-to-time by benefit indexation, voluntary increases or voluntary decreases, less any claim offsets applicable (see Condition 6.1.10 of the Policy Terms and Conditions).</p>	<p>PDS Disability Income Plan</p> <p>(only applies to customers with Disability Income policies on or prior to PDS version 11, issued 1 April 2020)</p> <p>Total Disablement Benefit Amount (Indemnity)</p> <p>The initial amount of benefit payable will be the lesser of:</p> <p>the monthly benefit as set out in the Policy Schedule, as amended in accordance with policy terms including indexation increases, voluntary increases or voluntary decreases at the commencement of the Total Disablement, less any claim offsets applicable (see Condition 6.1.10 of the Policy Terms and Conditions); and 27 of 140 Disability Income Plan (continued) 28 of 140</p> <p>ii) 75% of the first \$26,667 of monthly Pre-disablement Income (Indemnity) at the commencement of the Total Disablement, plus 50% of the next \$20,000 of the Life Insured’s monthly Pre-Disablement income (Indemnity), plus 20% of the next \$150,000 of the Life Insured’s monthly Pre-Disablement income (Indemnity), less any claim offsets applicable (see Condition 6.1.10 of the Policy Terms and Conditions).</p> <p>Total Disablement Benefit Amount (Agreed Value)</p> <p>The initial amount of benefit payable will be the Insured Monthly Benefit set out in the Policy Schedule, as amended in accordance with policy terms including benefit indexation, voluntary increases or voluntary decreases, less any claim offsets applicable (see Condition 6.1.10 of the Policy Terms and Conditions).</p>

Change	Prior to change	After change
	<p>Policy Document TERM LIFE PLAN</p> <p>4.8 Child’s Recovery Benefit</p> <p>...</p> <p>‘INSURED CHILD’ means the child Insured under the Child’s Recovery benefit. The child must be the natural child, the stepchild or the adopted child of the Policy Owner or the Life Insured. If the Insured Child survives for 14 days from the date the Insured Child is diagnosed with one of the Events listed below and defined in Condition 2 and if We confirm the diagnosis, We will pay a lump sum equal to the Child’s Recovery Sum Insured shown on the Policy Schedule as amended from time-to-time. After the payment of a claim for the full Child’s Recovery Sum Insured in respect of an Event covered under the Child’s Recovery benefit, the benefit will cease and no further amount will be payable under the benefit. Payment under the Child’s Recovery benefit will not reduce the Sum Insured under the Crisis Recovery benefit, Double Crisis Recovery benefit or the Accidental Death benefit.</p> <p>...</p>	<p>Policy Document TERM LIFE PLAN</p> <p>4.8 Child’s Recovery Benefit</p> <p>...</p> <p>‘INSURED CHILD’ means the child Insured under the Child’s Recovery benefit. The child must be the natural child, the stepchild or the adopted child of the Policy Owner or the Life Insured. If the Insured Child survives for 14 days from the date the Insured Child is diagnosed with one of the Events listed below and defined in Condition 2 and if We confirm the diagnosis, We will pay a lump sum equal to the Child’s Recovery Sum Insured shown on the Policy Schedule as amended in accordance with policy terms. After the payment of a claim for the full Child’s Recovery Sum Insured in respect of an Event covered under the Child’s Recovery benefit, the benefit will cease and no further amount will be payable under the benefit. Payment under the Child’s Recovery benefit will not reduce the Sum Insured under the Crisis Recovery benefit, Double Crisis Recovery benefit or the Accidental Death benefit.</p> <p>...</p>
	<p>4.8.7 Limitations</p> <ul style="list-style-type: none"> • The maximum Child’s Recovery benefit to be paid in respect of any and all claims arising from coverage under the benefit will not exceed in total the Child’s Recovery Sum Insured shown on the Policy Schedule, as amended from time-to-time. <p>...</p>	<p>4.8.7 Limitations</p> <ul style="list-style-type: none"> • The maximum Child’s Recovery benefit to be paid in respect of any and all claims arising from coverage under the benefit will not exceed in total the Child’s Recovery Sum Insured shown on the Policy Schedule, as amended in accordance with policy terms. <p>...</p>
	<p>Policy Document Crisis Recovery Stand Alone Plan</p> <p>5.1 Crisis Recovery Stand Alone Benefit</p> <p>The ‘Crisis Recovery Stand Alone Benefit’ condition applies only if the Crisis Recovery Stand Alone benefit has been selected. The benefits selected are shown in the Policy Schedule.</p> <p>The Crisis Recovery Stand Alone benefit provides cover against the Crisis Events within the Crisis Events Groups as shown in Condition 5.1.1. a) Crisis Events If the Life Insured survives for 14 days from the date He or She is diagnosed with one of the Crisis Events for which the Life Insured is covered under this benefit and if We confirm the diagnosis, We will pay a lump sum equal to the Crisis Recovery Stand Alone Sum Insured shown on the Policy Schedule, as amended from time-to-time. The Crisis Events are defined in Condition 2.</p>	<p>Policy Document Crisis Recovery Stand Alone Plan</p> <p>5.1 Crisis Recovery Stand Alone Benefit</p> <p>The ‘Crisis Recovery Stand Alone Benefit’ condition applies only if the Crisis Recovery Stand Alone benefit has been selected. The benefits selected are shown in the Policy Schedule.</p> <p>The Crisis Recovery Stand Alone benefit provides cover against the Crisis Events within the Crisis Events Groups as shown in Condition 5.1.1. a) Crisis Events If the Life Insured survives for 14 days from the date He or She is diagnosed with one of the Crisis Events for which the Life Insured is covered under this benefit and if We confirm the diagnosis, We will pay a lump sum equal to the Crisis Recovery Stand Alone Sum Insured shown on the Policy Schedule, as amended in accordance with policy. The Crisis Events are defined in Condition 2.</p>

Change	Prior to change	After change
	<p>Policy Document Disability Income Plan (only applies to customers with Disability Income polices on or prior to PDS version 11, issued 1 April 2020)</p> <p>6.1.1.1 Total Disablement Benefit Amount (Agreed Value) This section applies if the Policy Schedule shows that the Disability Income (Agreed Value) benefit or the Disability Income Accident Only (Agreed Value) benefit has been selected. The initial amount of benefit payable will be the Insured Monthly Benefit set out in the Policy Schedule, as amended from time-to-time by benefit indexation, voluntary increases or voluntary decreases, less any claim offsets applicable (see Condition 6.1.10).</p> <p>6.1.1.2 Total Disablement Benefit Amount (Indemnity) This section applies if the Policy Schedule shows that the Disability Income (Indemnity) benefit or the Disability Income Accident Only (Indemnity) benefit has been selected. The initial amount of benefit payable will be the lesser of:</p> <p>i) the monthly benefit set out in the Policy Schedule, as amended from time to time by indexation increases, voluntary increases or voluntary decreases at the commencement of the Total Disablement, less any claim offsets applicable (see Condition 6.1.10); and</p> <p>...</p>	<p>Policy Document Disability Income Plan (only applies to customers with Disability Income polices on or prior to PDS version 11, issued 1 April 2020)</p> <p>6.1.1.1 Total Disablement Benefit Amount (Agreed Value) This section applies if the Policy Schedule shows that the Disability Income (Agreed Value) benefit or the Disability Income Accident Only (Agreed Value) benefit has been selected. The initial amount of benefit payable will be the Insured Monthly Benefit set out in the Policy Schedule, as amended in accordance with policy terms by benefit indexation, voluntary increases or voluntary decreases, less any claim offsets applicable (see Condition 6.1.10).</p> <p>6.1.1.2 Total Disablement Benefit Amount (Indemnity) This section applies if the Policy Schedule shows that the Disability Income (Indemnity) benefit or the Disability Income Accident Only (Indemnity) benefit has been selected. The initial amount of benefit payable will be the lesser of:</p> <p>i) the monthly benefit set out in the Policy Schedule, as amended in accordance with policy terms including indexation increases, voluntary increases or voluntary decreases at the commencement of the Total Disablement, less any claim offsets applicable (see Condition 6.1.10); and</p> <p>...</p>
	<p>Policy Document Business Expenses Insurance Plan</p> <p>7.1.3.1 Partial Disablement Benefit Amount The amount of benefit paid will be determined on a daily basis and will be paid monthly in arrears. It will be the lesser of the:</p> <ul style="list-style-type: none"> • Business Expenses Insured Monthly Benefit as amended from time to time; and • Life Insured’s share of the business expenses actually incurred which relate to the period the Life Insured is partially disabled less: <ul style="list-style-type: none"> – any amounts that are reimbursed from elsewhere; and – the Life Insured’s share of the business turnover for that period. 	<p>Policy Document Business Expenses Insurance Plan</p> <p>7.1.3.1 Partial Disablement Benefit Amount The amount of benefit paid will be determined on a daily basis and will be paid monthly in arrears. It will be the lesser of the:</p> <ul style="list-style-type: none"> • Business Expenses Insured Monthly Benefit as amended in accordance with policy terms; and • Life Insured’s share of the business expenses actually incurred which relate to the period the Life Insured is partially disabled less: <ul style="list-style-type: none"> – any such expenses that have been reimbursed, and – the Life Insured’s share of the business turnover for that period.

Change	Prior to change	After change
<p>Can I Freeze My Premium?</p> <p>Noted how the decrease will be determined and add method of notifying us.</p>	<p>PDS Term Life Plan; Superannuation Term Life Plan</p> <p>Can I Freeze My Premium?</p> <p>... Any such advice to us must be in writing.</p> <p>The sum insured for each benefit will decrease on the policy renewal date. This process will be repeated each year on the policy renewal date and any such advice to us must be in writing.</p> <p>You must notify our office each year at least 30 days before the policy renewal date if you wish to continue with the Premium Freeze option. If our office is not notified in writing, your premium will increase in accordance with your age next birthday.</p> <p>...</p>	<p>PDS Term Life Plan; Superannuation Term Life Plan</p> <p>Can I Freeze My Premium?</p> <p>... Any such advice to us must be in writing to our office by mail, fax or email.</p> <p>The sum insured for each benefit will decrease on the policy renewal date to match the premium you paid in the previous policy year. This process will be repeated each year on the policy renewal date and any such advice to us must be in writing by mail, fax or email.</p> <p>You must notify our office in writing by mail, fax or email each year at least 30 days before the policy renewal date if you wish to continue with the Premium Freeze option. If our office-is not notified in writing, your premium will increase in accordance with your age next birthday.</p> <p>...</p>
<p>Premium Freeze (throughout the PDS and Policy Documents)</p> <p>Noted how the decrease will be determined and added methods of notifying us and clarify our benefit amount will decrease.</p>	<p>PDS Superannuation Term Life Plan</p> <p>Electing To Freeze Premiums</p> <p>If you elect to freeze premiums, your sum insured will reduce on each policy renewal date. This may not suit your insurance needs and you should consider consulting an adviser before making this choice.</p> <p>Policy Document non-superannuation plans 4. Term Life Plan</p> <p>4.16.3.1 Premium Freeze</p> <p>At each Policy Renewal Date, provided the Life Insured is aged 35 years or older and premiums are payable on a stepped premium basis, You may elect to pay the same yearly premium as You paid for the previous policy year. The Sum Insured for each benefit will decrease each year on the Policy Renewal Date by an amount as calculated by Us so as to ensure that the premium remains unchanged. You must notify Our office each year at least 30 days before the Policy Renewal Date if You wish to continue with the premium freeze option. If Our office is not notified in writing, Your premium will increase in accordance with Your age next birthday.</p>	<p>PDS Superannuation Term Life Plan</p> <p>Electing To Freeze Premiums</p> <p>If you elect to freeze premiums, your sum insured will reduce on each policy renewal date to match the premium you paid in the previous policy year. This may not suit your insurance needs and you should consider consulting an adviser before making this choice.</p> <p>Policy Document non-superannuation plans 4. Term Life Plan</p> <p>4.16.3.1 Premium Freeze</p> <p>At each Policy Renewal Date, provided the Life Insured is aged 35 years or older and premiums are payable on a stepped premium basis, You may elect to pay the same yearly premium as You paid for the previous policy year. The Sum Insured for each benefit will decrease each year on the Policy Renewal Date to match the premium you paid in the previous policy year. You must notify Our office in writing by mail, fax or email each year at least 30 days before the Policy Renewal Date if You wish to continue with the premium freeze option. If Our office is not notified in writing, Your premium will increase in accordance with Your age next birthday.</p>

Change	Prior to change	After change
	<p>Policy Document non-superannuation plans 5. Crisis Recovery Stand Alone Plan</p> <p><i>5.7.3.1 Premium Freeze</i></p> <p>At each Policy Renewal Date, provided the Life Insured is aged 35 years or older and premiums are payable on a stepped premium basis, You may elect to pay the same yearly premium as You paid for the previous policy year. The Sum Insured for each benefit will decrease each year on the Policy Renewal Date by an amount as calculated by Us so as to ensure that the premium remains unchanged. You must notify Our office each year at least 30 days before the Policy Renewal Date if You wish to continue with the premium freeze option. If Our office is not notified in writing, Your premium will increase in accordance with Your age next birthday.</p>	<p>Policy Document non-superannuation plans 5. Crisis Recovery Stand Alone Plan</p> <p><i>5.7.3.1 Premium Freeze</i></p> <p>At each Policy Renewal Date, provided the Life Insured is aged 35 years or older and premiums are payable on a stepped premium basis, You may elect to pay the same yearly premium as You paid for the previous policy year. The Sum Insured for each benefit will decrease each year on the Policy Renewal Date to match the premium you paid in the previous policy year. You must notify Our office in writing by mail, fax or email each year at least 30 days before the Policy Renewal Date if You wish to continue with the premium freeze option. If Our office is not notified in writing, Your premium will increase in accordance with Your age next birthday.</p>
	<p>Policy Document Superannuation Term Life Plan 4. Superannuation Term Life Plan</p> <p><i>4.11.3.1 Premium Freeze</i></p> <p>At each Policy Renewal Date, provided the Life Insured is aged 35 years or older and premiums are payable on a stepped basis, You or the Life Insured may elect to pay the same yearly premium as You paid for the previous policy year. The Sum Insured for each benefit will decrease each year on the Policy Renewal Date by an amount as calculated by Us so as to ensure that the premium remains unchanged. You or the Life Insured must notify Our office each year at least 30 days before the Policy Renewal Date if You or the Life Insured wish to continue with the premium freeze option. If Our office is not notified in writing, the premium will increase in accordance with the age of the Life Insured next birthday. This process will be repeated each year on the Policy Renewal Date.</p> <p>...</p>	<p>Policy Document Superannuation Term Life Plan 4. Superannuation Term Life Plan</p> <p><i>4.11.3.1 Premium Freeze</i></p> <p>At each Policy Renewal Date, provided the Life Insured is aged 35 years or older and premiums are payable on a stepped basis, You or the Life Insured may elect to pay the same yearly premium as You paid for the previous policy year. The Sum Insured for each benefit will decrease each year on the Policy Renewal Date to match the premium you paid in the previous policy year. You or the Life Insured must notify Our office in writing by mail, fax or email each year at least 30 days before the Policy Renewal Date if You or the Life Insured wish to continue with the premium freeze option. If Our office is not notified in writing, the premium will increase in accordance with the age of the Life Insured next birthday. This process will be repeated each year on the Policy Renewal Date.</p> <p>...</p>
<p>Premium Rates/ Premium Rate Guaranteed</p> <p>Clarify how premium rates may change including the notice period;</p> <p>Updated the relevant reference to the title 'Premium Rates Guaranteed'</p>	<p>PDS What Are The Significant Risks?</p> <p>Premium Rates</p> <p>Notwithstanding the premium rates guarantee, your premiums may be varied from time-to-time. See Condition 3.5 of the Superannuation Policy Terms and Conditions for more information about premiums and the premium rates guarantee.</p>	<p>PDS What Are The Significant Risks?</p> <p>Premium Rates</p> <p>The premiums you are required to pay in order to maintain your cover may change from year to year.</p> <p>A table of premium rates is available on request. Different premium rates apply to males and females, to smokers and non-smokers and to different occupations. The premium rates for the policy allow for the cost of insurance and our expenses, including commission payable to an adviser.</p> <p>See Changes to your premium rates, in Condition 3.5.6. for details on circumstances in which this may occur.</p>

Change	Prior to change	After change
	<p>PDS Additional Information</p> <p>Policy Document 3. General Terms and Conditions</p> <p>Premium Rates Guaranteed</p> <p>The premium rates under the Policy are guaranteed for at least one year. We guarantee that any increase or reduction in a table of stepped or level premium rates will not take effect in respect of a benefit until the first anniversary of the Policy Commencement Date or the next Policy Renewal Date following the latest increase or reduction in the table of premium rates for that benefit, if later.</p> <p>Notwithstanding the 1-year premium rates guarantee, Your premiums may be varied from time-to-time. A table of premium rates is available on request. Different premium rates apply to males and females, to smokers and non-smokers and to different occupations. The premium rates for the Policy allow for the cost of insurance and Our expenses, including commission payable to an adviser.</p> <p>Premium rates may not be altered individually but only for all policies in a group. Your policy cannot be singled out for an increase. You or the Life Insured will be notified in writing of any change in the premium rates prior to the change taking effect.</p>	<p>PDS Additional Information</p> <p>Policy Document 3. General Terms and Conditions</p> <p>Changes to Your Premium Rates</p> <p>Your premiums may be varied with effect from your next Policy Renewal Date, provided that any such variations 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.</p> <p>Premium rates may not be altered individually but only for all policies in a group. Your policy cannot be singled out for an increase.</p> <p>You will be notified in advance of any changes that are, or result in, an increase in premiums, fees or charges impacting your policy. We will advise you in writing at least 30 days prior to any change.</p> <p>To the extent not prohibited by law, we may also adjust the amount we charge in respect of a premium payment due to rounding.</p> <p>Where we become liable for any tax or other imposts levied by any Commonwealth, state or territory government, authority or body in connection with the Policy, we may reduce, vary or otherwise adjust any amounts (including but not limited to premiums, charges and benefits) under the Policy in the manner and to the extent we determine to be appropriate to take account of the tax or impost.</p>
<p>Late payment of premiums</p> <p>Removed 'with compound interest' and clarify coverage impacted.</p>	<p>PDS What Are The Significant Risks?</p> <p>Late Payment Of Premiums</p> <p>If you do not pay premiums within 60 days of the premium due date, your policy will lapse. Although you can apply for reinstatement of the policy upon payment of the unpaid premium with compound interest, AIA Australia may require evidence of continued good health and eligibility before reinstating the policy and you will not be covered for any symptoms that were apparent before the reinstatement.</p>	<p>PDS What Are The Significant Risks?</p> <p>Late Payment Of Premiums</p> <p>If you do not pay premiums within 60 days of the premium due date, your policy will lapse. Although you can apply for reinstatement of the policy upon payment of the unpaid premium, AIA Australia may reasonably require evidence of continued good health and eligibility before reinstating the policy and you will not be covered under the reinstated policy for any symptoms that were apparent before the reinstatement.</p>
<p>Taxation</p> <p>Removed 'Renewal Statement' and make generic.</p>	<p>PDS Additional Information</p> <p>Taxation</p> <p>Please refer to each plan's 'Taxation' section for information relating to that plan.</p> <ul style="list-style-type: none"> • Tax Changes <p>Any material change to the taxation position of the policy will be notified to you in the first Renewal Statement following the change.</p>	<p>PDS Additional Information</p> <p>Taxation</p> <p>Please refer to each plan's 'Taxation' section for information relating to that plan.</p> <ul style="list-style-type: none"> • Tax Changes <p>Any material change to the taxation position of the policy will be notified to you in the first policy information letter following the change.</p>

Change	Prior to change	After change
<p>Renewal Statement</p> <p>Removed 'Renewal Statement' and made generic and added 'premiums' being including in the policy information.</p>	<p>Policy Document 3. General Terms and Conditions</p> <p>3.3 Renewal Statement</p> <p>Each year You will receive a Renewal Statement showing the level of Your selected benefits. Any change to the fees and charges and to the taxation treatment of the Policy and any other matter relevant to the Policy over the preceding year will also be shown in the Renewal Statement.</p> <p>If there are any material changes to the circumstances described in the Product Disclosure Statement, the policy document or any subsequent communication, You will be notified in the Renewal Statement following the change. However, any material change related to fees and charges will be notified in writing prior to the change taking effect. Any change, which is initiated by You, the Policy Owner, will be confirmed in writing by Us.</p>	<p>Policy Document 3. General Terms and Conditions</p> <p>3.3 Policy information we send you</p> <p>Each year You will receive policy information showing the level of Your selected benefits, any change to the premiums, fees, charges and any other matter relevant to the Policy over the preceding year.</p> <p>If there are any material changes to the circumstances described in the Product Disclosure Statement, the policy document or any subsequent communication, You will be notified of these as well following the change. However, any material change related to fees and charges will be notified in writing prior to the change taking effect. Any change, which is initiated by You, the Policy Owner, will be confirmed in writing by Us.</p>
<p>Lapse and Reinstatement</p> <p>Removed 'compound interest' and 'as We determine' and added information for reinstatement relating to a Superannuation Term Life Plan.</p>	<p>Policy Document non-superannuation plans 3. General Terms and Conditions</p> <p>3.10 Lapse And Reinstatement</p> <p>The Policy will cease to be in force if a premium is not paid within the 60 days of grace. If the Policy ceases to be in force it may be reinstated with Our consent upon such proof as We may require of the continued good health and eligibility for insurance of the Life Insured and upon payment of the unpaid premium or premiums with compound interest as We determine. After reinstatement, the Policy shall not cover any event the symptoms leading to which were apparent prior to such reinstatement. The Policy may be cancelled by Us in accordance with relevant provisions of the Life Insurance Act 1995 (Cth) or any relevant legislation.</p> <p>You may not reinstate this Policy unless any lapsed linked Superannuation Term Life Plan is also reinstated from the same effective date.</p>	<p>Policy Document non-superannuation plans 3. General Terms and Conditions</p> <p>3.10 Lapse And Reinstatement</p> <p>The Policy will cease to be in force if a premium is not paid within the 60 days of grace. If the Policy ceases to be in force it may be reinstated with Our consent upon such proof as We may reasonably require of the continued good health and eligibility for insurance of the Life Insured and upon payment of the unpaid premium. After reinstatement, the Policy shall not cover any event the symptoms leading to which were apparent prior to such reinstatement. The Policy may be cancelled by Us in accordance with relevant provisions of the Life Insurance Act 1995 (Cth) or any relevant legislation.</p> <p>You may not reinstate this Policy unless any lapsed linked Superannuation Term Life Plan is also reinstated from the same effective date.</p>
	<p>Policy Document Superannuation Term Life Plan 3. General Terms and Conditions</p> <p>3.10 Lapse And Reinstatement</p> <p>If you do not pay Your premium within 60 days of the premium due date, Your Policy will lapse and Your cover will cease.</p> <p>If the Policy lapses You may reinstate it with Our consent upon such proof as We may require of the continued good health and eligibility for insurance of the Life Insured and upon payment of the unpaid premium or premiums with compound interest as We determine. Reinstatement can occur within six months from the premium due date for the first unpaid premium.</p> <p>...</p>	<p>Policy Document Superannuation Term Life Plan 3. General Terms and Conditions</p> <p>3.10 Lapse And Reinstatement</p> <p>If you do not pay Your premium within 60 days of the premium due date, Your Policy will lapse and Your cover will cease.</p> <p>If the Policy lapses You may reinstate it with Our consent upon such proof as We may reasonably require of the continued good health and eligibility for insurance of the Life Insured and upon payment of the unpaid premium. Reinstatement can occur within six months from the premium due date for the first unpaid premium. If reinstatement relates to a Superannuation Term Life Plan, a membership application for the Scheme may be required in some circumstances.</p> <p>...</p>

Change	Prior to change	After change
<p>Policy Upgrade/ Pre-existing Condition</p> <p>Clarified to align with regulatory requirements.</p>	<p>PDS and Policy Documents</p> <p>PDS Additional Information</p> <p>Policy Document non-superannuation plans 3. General Terms and Conditions</p> <p>Policy Upgrade</p> <p>From time to time We, together with Doquile Perrett Meade Pty Ltd, will review the benefits provided under the Policy. Should We improve the benefits under the Policy and such improvements result in no increase in premium rates, We will automatically add these benefit improvements to the Policy.</p> <p>These benefit improvements will be effective from the first date on which a Professional Insurance Portfolio policy containing the benefit improvement could have been purchased from Us.</p> <p>If the Life Insured is suffering a Pre-existing Condition (as defined in Condition 2) at the effective date of the benefit improvement, the improvement will not apply to any claim affected by that Pre-existing Condition.</p> <p>Should a situation arise where the Policy Owner is disadvantaged in any way as a result of the upgrade, the previous policy wording will apply.</p>	<p>PDS and Policy Documents</p> <p>PDS Additional Information</p> <p>Policy Document non-superannuation plans 3. General Terms and Conditions</p> <p>Policy Upgrade</p> <p>From time to time We, together with Doquile Perrett Meade Pty Ltd, will review the benefits provided under the Policy. Should We improve the benefits under the Policy and such improvements result in no increase in premium rates, (and, in the case of Superannuation Plans, the improvements are consistent with superannuation laws), We will (with effect from the first date that a new Professional Insurance Portfolio policy containing these improvements can be purchased from Us) administer the Policy on the basis that such improvements apply to it.</p> <p>We will not apply these benefit improvements to the assessment of claims which relate to any health conditions that the Life Insured already had when the improvements took effect.</p> <p>If a situation arises where the Policy Owner and/ or the Life Insured is disadvantaged in any way as a result of benefit improvements being applied in relation to the Policy, the previous policy wording will apply.</p>
	<p>Policy Document non-superannuation 4. Term Life Plan</p> <p>4.4.3 Pre-existing Medical Condition</p> <p>If the Life Insured has a Pre-existing Condition (as defined in Condition 2) and has not disclosed full details to Us before the benefit commencement date (as shown in Your Policy Schedule) or the date of any increase, reinstatement or improvement of the benefit, then the Crisis Recovery benefit will not be paid in respect of that Crisis Event and any associated Crisis Event(s).</p>	<p>Policy Document non-superannuation 4. Term Life Plan</p> <p>4.4.3 Pre-existing Medical Condition</p> <p>The Crisis Recovery benefit will not provide cover in respect of any Pre-existing Condition, except if:</p> <ul style="list-style-type: none"> • you disclosed the Pre-existing Condition to us before the benefit commencement date, reinstatement or increase of the Crisis Recovery benefit and we did not limit or exclude cover provided under that benefit in respect of that Pre-existing Condition; or • you did not disclose the Pre-existing Condition to us before the benefit commencement date, reinstatement or increase of the Crisis Recovery benefit in circumstances where cover provided under that benefit would not have been declined, limited or excluded by us, nor would we have applied a loading, on the basis of that Pre-existing Condition.

Change	Prior to change	After change
	<p>4.7.5 Pre-existing Condition</p> <p>If the Life Insured has a Pre-existing Condition (as defined in Condition 2) and has not disclosed full details to Us before the benefit commencement date (as shown in Your Policy Schedule) or the date of any increase or improvement of the benefit, then the Double Crisis Recovery benefit will not be paid in respect of that Crisis Event and any associated Crisis Event(s).</p>	<p>4.7.5 Pre-existing Condition</p> <p>The Double Crisis Recovery benefit will not provide cover in respect of any Pre-existing Condition, except if:</p> <ul style="list-style-type: none"> • you disclosed the Pre-existing Condition to us before the benefit commencement date, reinstatement or increase of the Double Crisis Recovery benefit and we did not limit or exclude cover provided under that benefit in respect of that Pre-existing Condition; or • you did not disclose the Pre-existing Condition to us before the benefit commencement date, reinstatement or increase of the Double Crisis Recovery benefit in circumstances where cover provided under that benefit would not have been declined, limited or excluded by us, nor would we have applied a loading, on the basis of that Pre-existing Condition.
	<p>4.8.3 Pre-existing Condition</p> <p>If the Insured Child has a Pre-existing Condition (as defined in Condition 2) and full details have not been disclosed to Us before the benefit commencement date (as shown in Your Policy Schedule) or the date of any increase, reinstatement or improvement of the benefit, then the Child's Recovery benefit will not be paid in respect of that event(s) and any associated event(s).</p>	<p>4.8.3 Pre-existing Condition</p> <p>The Child's Recovery benefit will not provide cover in respect of any Pre-existing Condition, (and a Child's Recovery benefit will not be paid in respect of that Crisis Event and any associated Crisis Event(s) except if:</p> <ul style="list-style-type: none"> • you disclosed the Pre-existing Condition to us before the benefit commencement date, reinstatement or increase of the Child's Recovery benefit and we did not limit or exclude cover provided under that benefit in respect of that Pre-existing Condition; or • you did not disclose the Pre-existing Condition to us before the benefit commencement date, reinstatement or increase of the Child's Recovery benefit in circumstances where cover provided under that benefit would not have been declined, limited or excluded by us, nor would we have applied a loading, on the basis of that Pre-existing Condition.
	<p>Policy Document non-superannuation 5. Crisis Recovery Stand Alone Plan</p> <p>5.1.4 Pre-existing Condition</p> <p>If the Life Insured has a Pre-existing Condition (as defined in Condition 2) and has not disclosed full details to Us before the benefit commencement date (as shown in Your Policy Schedule) or the date of any increase, reinstatement or improvement of the benefit, then the Crisis Recovery Stand Alone benefit will not be payable in respect of that Crisis Event and any associated Crisis Event(s).</p>	<p>Policy Document non-superannuation 5. Crisis Recovery Stand Alone Plan</p> <p>5.1.4 Pre-existing Condition</p> <p>The Crisis Recovery Stand Alone benefit will not provide cover in respect of any Pre-existing Condition, (and a Crisis Recovery Stand Alone benefit will not be paid in respect of that Crisis Event and any associated Crisis Event(s) except if:</p> <ul style="list-style-type: none"> • you disclosed the Pre-existing Condition to us before the benefit commencement date, reinstatement or increase of the Crisis Recovery Stand Alone benefit and we did not limit or exclude cover provided under that benefit in respect of that Pre-existing Condition; or • you did not disclose the Pre-existing Condition to us before the benefit commencement date, reinstatement or increase of the Crisis Recovery Stand Alone benefit in circumstances where cover provided under that benefit would not have been declined, limited or excluded by us, nor would we have applied a loading, on the basis of that Pre-existing Condition.

Change	Prior to change	After change
<p>Accidental Injury</p> <p>Removed reference to Pre-existing condition and clarified the intent.</p>	<p>PDS Complimentary Interim Accidental Disability Income Cover</p> <p>...</p> <p>5. 'ACCIDENTAL INJURY' means a physical injury which is caused solely and directly by violent, accidental, external and visible means, which occurs while the benefit is in force and which results solely and directly and independently of a pre-existing Condition or any other cause in Total Disablement. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Accidental Injury'.</p>	<p>PDS Complimentary Interim Accidental Disability Income Cover</p> <p>'ACCIDENTAL INJURY' means a physical injury which:</p> <ul style="list-style-type: none"> • is caused solely and directly by violent, external and unexpected means; and • would have occurred in the absence of any mental or physical health condition which the Life Insured was subject to at or prior to the relevant accident event. <p>Sickness resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Accidental Injury'.</p>
<p>Making a claim</p> <p>Clarified and added reasonableness.</p>	<p>PDS Superannuation Term Life Plan</p> <p>How Do I Make A Claim?</p> <p>If you wish to claim an insurance benefit under the Superannuation Term Life Plan, written notice with full particulars of the circumstances must be given to AIA Australia as soon as possible. Claim forms can be obtained by writing to Doquile Perrett Meade Pty Ltd or emailing pip@mypip.com.au and, if you are a member of the Scheme, submitted via the Trustee. You will need to provide evidence to support your claim. AIA Australia may also require you to be medically examined in connection with a claim.</p>	<p>PDS Superannuation Term Life Plan</p> <p>How Do I Make A Claim?</p> <p>If you wish to claim an insurance benefit under the Superannuation Term Life Plan, written notice with full particulars of the circumstances should be given to AIA Australia as soon as practicable. Claim forms (where relevant) can be obtained by writing to Doquile Perrett Meade Pty Ltd or emailing pip@mypip.com.au and, if you are a member of the Scheme, submitted via the Trustee. You will need to provide evidence to support your claim. AIA Australia may also require you to be medically examined in connection with a claim where appropriate and reasonably necessary.</p>
<p>Fees and Charges</p> <p>Removed unfettered rights by clarified when we may increase fees and charges.</p>	<p>Policy Document non-superannuation plans; Superannuation Term Life Plan </p> <p>3. General Terms and Conditions</p> <p>3.6 Fees And Charges</p> <p>All the charges of Your Policy are fully described in this section. We shall not apply any other charges without Your specific consent.</p> <p>In addition to the premiums for each benefit, We will charge a policy fee and any appropriate government stamp duty.</p> <p>We retain the right to vary any fees and charges, at Our discretion, with the exception of the premium rate guarantee. Future Government charges may also vary. Any change, except changes to Government charges, will be advised to you in writing 30 days prior to the change taking effect.</p>	<p>Policy Document non-superannuation plans; Superannuation Term Life Plan </p> <p>3. General Terms and Conditions</p> <p>3.6 Fees And Charges</p> <p>All the charges of Your Policy are fully described in this section. We shall not apply any other charges without Your specific consent.</p> <p>In addition to the premiums for each benefit, We will charge a policy fee and any appropriate government stamp duty.</p> <p>We may vary any fees and charges with effect from Your next Policy Renewal Date, provided that any such variations 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.</p> <p>You will be notified in advance of any changes that are, or result in, an increase in premiums, fees or charges impacting Your Policy. We will advise you in writing at least 30 days prior to any change.</p>

Change	Prior to change	After change
	<p>Policy Document Superannuation Term Life Plan 3. General Terms and Conditions</p> <p>3.6.1 Policy Fee</p> <p>One policy fee is charged per Life Insured, regardless of the number of plans, benefits or policies purchased under Professional Insurance Portfolio (this does not apply to policies bought before 1 December 2008). This policy fee is in addition to the premiums applicable per benefit and stamp duty. The policy fee is currently \$72 per year. The policy fee may be changed at Our discretion.</p> <p>Your Policy will not be singled out for an increase in fees or charges.</p>	<p>Policy Document Superannuation Term Life Plan 3. General Terms and Conditions</p> <p>3.6.1 Policy Fee</p> <p>One policy fee is charged per Life Insured, regardless of the number of plans, benefits or policies purchased under Professional Insurance Portfolio (this does not apply to policies bought before 1 December 2008). This policy fee is in addition to the premiums applicable per benefit and stamp duty. The policy fee is currently \$72 per year. From time to time and as set out under 'Fees and Charges' We may vary the method and rules We use to determine the timing and amount of any change in the policy fee, including indexing of the fee.</p> <p>Your Policy will not be singled out for an increase in fees or charges.</p>
<p>What Are Stepped, Level And Optimum Premiums?</p> <p>Clarified when premium amounts payable may vary.</p>	<p>PDS Additional Information</p> <p>What Are Stepped, Level And Optimum Premiums?</p> <p>Stepped premium rates generally increase as the life insured's age increases, whereas level premium rates remain constant until the latest policy renewal date prior to the life insured's 65th birthday. In addition, stepped or level premiums will change if:</p> <ul style="list-style-type: none"> • you request a change in your sum insured; • you choose to have your sum insured automatically increased to keep pace with inflation; or • premium rates are reviewed (see Premium Rates Guaranteed). <p>You can switch between stepped and level premiums at any time unless otherwise specified by the Policy Terms and Conditions.</p> <p>Optimum premiums will commence on a stepped basis and automatically convert to the level basis once the stepped premium rate is greater than the level premium rate. Level premiums will remain constant each year up to your 65th birthday. This option is available only when the life insured is age 35 years or older.</p>	<p>PDS Additional Information</p> <p>What Are Stepped, Level And Optimum Premiums?</p> <p>Stepped premium rates generally increase as the life insured's age increases, whereas level premium rates remain constant until the latest Policy Renewal Date prior to the life insured's 65th birthday. In addition, stepped or level premiums will change if:</p> <ul style="list-style-type: none"> • you request a change in your sum insured; • you choose to have your sum insured automatically increased to keep pace with inflation; or • premium rates are reviewed (see Changes to Your Premium Rates). <p>You can switch between stepped and level premiums at any time unless otherwise specified by the Policy Terms and Conditions.</p> <p>Optimum premiums will commence on a stepped basis and automatically convert to the level basis once the stepped premium rate is greater than the level premium rate. Level premiums will remain constant each year up to your 65th birthday. This option is available only when the life insured is age 35 years or older.</p> <p>The premium rates which apply to the Life Insured under the Level, Term or Optimum premium structure may remain the same for a period of time, despite increases to the Life Insured's age.</p> <p>The actual amount of premium payable by the Life Insured during the Level, Term or Optimum premium structure period may change where we adjust the applicable premium rates in accordance with 'Changes to Your Premium Rates' section. Your premiums can also change (even if your premium rates do not change) if your Sum Insured or Monthly Benefit changes due to indexation.</p>

Change	Prior to change	After change
<p>If You Stop Paying Premiums</p> <p>Clarified impacts of lapse.</p>	<p>Policy Document non-superannuation plans 3. General Terms and Conditions</p> <p>3.5.2 If You Stop Paying Premiums</p> <p>60 days of grace are allowed for the payment of premiums during which the Policy will remain in force. If You do not pay premiums within 60 days from the premium due date the Policy will lapse and its benefits will cease.</p> <p>Superannuation Term Life Plan 3. General Terms and Conditions</p> <p>3.5.2 If Premium Payments Stop</p> <p>60 days of grace are allowed for the payment of premiums during which the Policy will remain in force. If the premiums are not paid within 60 days from the premium due date the Policy will lapse and its benefits will cease. It is the Life Insured's responsibility to ensure that sufficient money is contributed to the superannuation fund to enable the trustee to pay the premiums on the Policy.</p>	<p>Policy Document non-superannuation plans 3. General Terms and Conditions</p> <p>3.5.2 If You Stop Paying Premiums</p> <p>It is important to maintain payment of your premiums so that the Policy does not lapse. If the Policy does lapse, you will not be covered for any of the benefits you have selected.</p> <p>60 days of grace are allowed for the payment of premiums during which the Policy will remain in force. If You do not pay premiums in full within 60 days from the premium due date the Policy will lapse and all cover provided under the Policy will end.</p> <p>If a benefit is payable under the Policy for a claim event that occurred while the respective cover under the Policy was not paid in full, the overdue premiums up to the claim event will be offset from the benefit amount paid.</p> <p>Superannuation Term Life Plan 3. General Terms and Conditions</p> <p>3.5.2 If Premium Payments Stop</p> <p>It is important to maintain payment of your premiums so that the Policy does not lapse. If the Policy does lapse, you will not be covered for any of the benefits you have selected.</p> <p>60 days of grace are allowed for the payment of premiums during which the Policy will remain in force. If the premiums are not paid in full within 60 days from the premium due date the Policy will lapse and all cover provided under the Policy will end.</p> <p>If a benefit is payable under the Policy for a claim event that occurred while the respective cover under the Policy was not paid in full, the overdue premiums up to the claim event will be offset from the benefit amount paid.</p> <p>It is the Life Insured's responsibility to ensure that sufficient money is contributed to the superannuation fund to enable the trustee to pay the premiums on the Policy.</p>
<p>Needlestick Injury Benefit</p> <p>Removed reporting requirement to us and added 'to the Life Insured'</p>	<p>PDS Term Life Plan</p> <p>Needlestick Injury</p> <p>Benefit Amount</p> <p>...</p> <p>Conditions applicable to the Needlestick Injury benefit</p> <ul style="list-style-type: none"> Any accident giving rise to a potential claim must be reported to us and the relevant licensing body within 30 days, and be supported by a negative HIV, Hepatitis B or Hepatitis C antibody test taken within 7 days after the accident. <p>...</p>	<p>PDS Term Life Plan</p> <p>Needlestick Injury</p> <p>Benefit Amount</p> <p>...</p> <p>Conditions applicable to the Needlestick Injury benefit:</p> <ul style="list-style-type: none"> Any accident giving rise to a potential claim must be reported to the relevant licensing body within 30 days, and be supported by a negative HIV, Hepatitis B or Hepatitis C antibody test taken within 7 days after the accident. <p>...</p>

Change	Prior to change	After change
	<p>PDS Term Life Plan; Policy Document 6. Disability Income Plan</p> <p>Needlestick Injury; Needlestick Injury Benefit</p> <p>...</p> <ul style="list-style-type: none"> Where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available prior to the accident giving rise to a claim. <p>...</p>	<p>PDS Term Life Plan; Policy Document 6. Disability Income Plan</p> <p>Needlestick Injury; Needlestick Injury Benefit</p> <p>...</p> <ul style="list-style-type: none"> Where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available to the Life Insured prior to the accident giving rise to a claim. <p>...</p>
	<p>PDS Disability Income Plan</p> <p>Needlestick Injury Benefit</p> <p>...</p> <p>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> <p>...</p>	<p>PDS Disability Income Plan</p> <p>Needlestick Injury Benefit</p> <p>...</p> <p>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 to the Life Insured before the accident giving rise to a claim.</p> <p>...</p>
	<p>PDS Other Essential Information</p> <p>Exclusions – Events For Which I Am Not Covered</p> <p>...</p> <ul style="list-style-type: none"> Where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available prior to the accident giving rise to a claim*; or <p>...</p>	<p>PDS Other Essential Information</p> <p>Exclusions – Events For Which I Am Not Covered</p> <p>...</p> <ul style="list-style-type: none"> Where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available to the Life Insured prior to the accident giving rise to a claim*; or
	<p>Policy Document non-superannuation plans 4. Term Life Plan; 6. Disability Income Plan</p> <p>4.12.1 Conditions and Limitations; 6.1.11.1 Conditions and Limitations</p> <p>...</p> <ul style="list-style-type: none"> Cover for the Needlestick Injury benefit will not apply where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available prior to the accident giving rise to a claim. <p>...</p>	<p>Policy Document non-superannuation plans 4. Term Life Plan; 6. Disability Income Plan</p> <p>4.12.1 Conditions and Limitations; 6.1.11.1 Conditions and Limitations</p> <p>...</p> <ul style="list-style-type: none"> Cover for the Needlestick Injury benefit will not apply where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available to the Life Insured prior to the accident giving rise to a claim. <p>...</p>
<p>Exclusions Limitations</p> <p>Removed 'wholly or partly' and 'directly or indirectly' throughout the PDS and Policy Documents.</p>	<p>PDS Term Life Plan</p> <p>Accidental Death Benefit</p> <p>Accidental Death Benefit is not payable:</p> <ul style="list-style-type: none"> if death occurs as a result of: – an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by the life insured. <p>...</p>	<p>PDS Term Life Plan</p> <p>Accidental Death Benefit</p> <p>Accidental Death Benefit is not payable:</p> <ul style="list-style-type: none"> if death occurs as a result of: – an event caused by intentional self-inflicted injury or any such attempt by the life insured. <p>...</p>

Change	Prior to change	After change
	<p>Permanent Disablement Stand Alone Benefit, Permanent Disablement Benefit, Double Permanent Disablement, Waiver of Premium Benefit, Needlestick Benefit and Loss of Independence Benefit</p> <ul style="list-style-type: none"> Any disablement or crisis event, directly or indirectly, wholly or partly caused by intentional self-inflicted injury or any such attempt by the life insured. 	<p>Permanent Disablement Stand Alone Benefit, Permanent Disablement Benefit, Double Permanent Disablement, Waiver of Premium Benefit, Needlestick Benefit and Loss of Independence Benefit</p> <ul style="list-style-type: none"> Any disablement or crisis event caused by intentional self-inflicted injury or any such attempt by the life insured.
	<p>Crisis Recovery Benefit and Double Crisis Recovery Benefit</p> <ul style="list-style-type: none"> Any crisis event directly or indirectly, wholly or partly caused by intentional self-inflicted injury or any such attempt by the life insured. 	<p>Crisis Recovery Benefit and Double Crisis Recovery Benefit</p> <ul style="list-style-type: none"> Any crisis event caused by intentional self-inflicted injury or any such attempt by the life insured.
	<p>Child’s Recovery Benefit</p> <ul style="list-style-type: none"> Any event, including a Crisis Event, directly or indirectly, wholly or partly caused by intentional self-inflicted injury or any such attempt by the insured child; and <p>...</p>	<p>Child’s Recovery Benefit</p> <ul style="list-style-type: none"> Any event, including a Crisis Event, caused by intentional self-inflicted injury or any such attempt by the insured child; and <p>...</p>
	<p>Needlestick Injury</p> <ul style="list-style-type: none"> Any event directly or indirectly, wholly or partly caused by intentional self-inflicted injury or any such attempt by the life insured. 	<p>Needlestick Injury</p> <ul style="list-style-type: none"> Any event caused by intentional self-inflicted injury or any such attempt by the life insured.
	<p>PDS Term Life Plan Exclusions – Events For Which The Life Insured Is Not Covered?</p> <p>...</p> <p>Crisis Recovery Stand Alone Benefit</p> <ul style="list-style-type: none"> Any crisis event directly or indirectly, wholly or partly caused by intentional self-inflicted injury or any such attempt by the life insured. <p>...</p>	<p>PDS Term Life Plan Exclusions – Events For Which The Life Insured Is Not Covered?</p> <p>...</p> <p>Crisis Recovery Stand Alone Benefit</p> <ul style="list-style-type: none"> Any crisis event caused by intentional self-inflicted injury or any such attempt by the life insured. <p>...</p>
	<p>Child’s Recovery Benefit</p> <ul style="list-style-type: none"> Any event directly or indirectly, wholly or partly caused by intentional self-inflicted injury or any such attempt by the insured Child; and <p>...</p>	<p>Child’s Recovery Benefit</p> <ul style="list-style-type: none"> Any event caused by intentional self-inflicted injury or any such attempt by the insured Child; and <p>...</p>
	<p>Permanent Disablement Benefit</p> <ul style="list-style-type: none"> Any disablement directly or indirectly, wholly or partly, caused by intentional self-inflicted injury or any such attempt by the life insured. <p>...</p>	<p>Permanent Disablement Benefit</p> <ul style="list-style-type: none"> Any disablement caused by intentional self-inflicted injury or any such attempt by the life insured. <p>...</p>

Change	Prior to change	After change
	<p>Policy Document non-superannuation plans 4. Term Life Plan</p> <p>4.18 Exclusions</p> <p><i>Permanent Disablement Benefit, Double Permanent Disablement Benefit, Permanent Disablement Stand Alone Benefit, Loss of Independence Benefit, and Waiver of Premium Benefit</i></p> <ul style="list-style-type: none"> Any disablement directly or indirectly, wholly or partly, caused by intentional self-inflicted Injury or any such attempt by the Life Insured. <p><i>Crisis Recovery Benefit, Double Crisis Recovery Benefit and Needlestick Injury Benefit</i></p> <ul style="list-style-type: none"> An event, including a Crisis Event, directly or indirectly, wholly or partly, caused by intentional self-inflicted Injury or any such attempt by the Life Insured. 	<p>Policy Document non-superannuation plans 4. Term Life Plan</p> <p>4.18 Exclusions</p> <p><i>Permanent Disablement Benefit, Double Permanent Disablement Benefit, Permanent Disablement Stand Alone Benefit, Loss of Independence Benefit, and Waiver of Premium Benefit</i></p> <ul style="list-style-type: none"> Any disablement caused by intentional self-inflicted Injury or any such attempt by the Life Insured. <p><i>Crisis Recovery Benefit, Double Crisis Recovery Benefit and Needlestick Injury Benefit</i></p> <ul style="list-style-type: none"> An event, including a Crisis Event, caused by intentional self-inflicted Injury or any such attempt by the Life Insured.
	<p>Policy Document non-superannuation plans 5. Crisis Recovery Stand Alone Plan</p> <p>5.7.5 Exclusions</p> <p>The benefits under the Crisis Recovery Stand Alone Plan are not payable in the following circumstances:</p> <p><i>Crisis Recovery Stand Alone Benefit</i></p> <ul style="list-style-type: none"> An event including a Crisis Event directly or indirectly, wholly or partly, caused by intentional self-inflicted injury or any such attempt by the Life Insured. <p>...</p>	<p>Policy Document non-superannuation plans 5. Crisis Recovery Stand Alone Plan</p> <p>5.7.5 Exclusions</p> <p>The benefits under the Crisis Recovery Stand Alone Plan are not payable in the following circumstances:</p> <p><i>Crisis Recovery Stand Alone Benefit</i></p> <ul style="list-style-type: none"> An event including a Crisis Event caused by intentional self-inflicted injury or any such attempt by the Life Insured. <p>...</p>
	<p><i>Child's Recovery Benefit</i></p> <ul style="list-style-type: none"> An event including a Crisis Event directly or indirectly, wholly or partly, caused by intentional self-inflicted injury or any such attempt by the Insured Child; or <p>...</p>	<p><i>Child's Recovery Benefit</i></p> <ul style="list-style-type: none"> An event including a Crisis Event caused by intentional self-inflicted injury or any such attempt by the Insured Child; or <p>...</p>
	<p><i>Permanent Disablement Benefit</i></p> <ul style="list-style-type: none"> Any disablement directly or indirectly, wholly or partly, caused by intentional self-inflicted Injury or any such attempt by the Life Insured. 	<p><i>Permanent Disablement Benefit</i></p> <ul style="list-style-type: none"> Any disablement caused by intentional self-inflicted Injury or any such attempt by the Life Insured.
	<p>Policy Document non-superannuation plans 4. Superannuation Term Life Plan</p> <p>4.11.5 Exclusions</p> <p><i>Permanent Disablement Benefit, Waiver of Premium Benefit and Permanent Disablement Stand Alone Benefit</i></p> <ul style="list-style-type: none"> Any disablement directly or indirectly, wholly or partly, caused by intentional self-inflicted injury or any such attempt by the Life Insured. 	<p>Policy Document non-superannuation plans 4. Superannuation Term Life Plan</p> <p>4.11.5 Exclusions</p> <p><i>Permanent Disablement Benefit, Waiver of Premium Benefit and Permanent Disablement Stand Alone Benefit</i></p> <ul style="list-style-type: none"> Any disablement caused by intentional self-inflicted injury or any such attempt by the Life Insured.

Change	Prior to change	After change
	<p>Policy Document non-superannuation plans 4. Term Life Plan</p> <p>4.7.9 Limitations</p> <ul style="list-style-type: none"> • This benefit is not payable: <p>...</p> <ul style="list-style-type: none"> – if the Life Insured dies within 14 days from the date the Life Insured suffered the Injury or Sickness which directly or indirectly caused his or her Crisis Event. <p>...</p>	<p>Policy Document non-superannuation plans 4. Term Life Plan</p> <p>4.7.9 Limitations</p> <ul style="list-style-type: none"> • This benefit is not payable: <p>...</p> <ul style="list-style-type: none"> – if the Life Insured dies within 14 days from the date the Life Insured suffered the Injury or Sickness which caused his or her Crisis Event. <p>...</p>
	<p>4.11.4 Limitations</p> <p>This benefit is not payable:</p> <p>...</p> <ul style="list-style-type: none"> • if the Life Insured dies within 14 days from the date the Life Insured suffered the Injury or Sickness which directly or indirectly caused His or Her Total and Permanent Disablement. <p>...</p>	<p>4.11.4 Limitations</p> <p>This benefit is not payable:</p> <p>...</p> <ul style="list-style-type: none"> • if the Life Insured dies within 14 days from the date the Life Insured suffered the Injury or Sickness which caused His or Her Total and Permanent Disablement. <p>...</p>
	<p>4.12.1 Conditions and Limitations</p> <p>...</p> <p>Infection in any other manner, caused directly or indirectly, including by an intentional self-inflicted act, sexual activity or recreational intravenous drug use is specifically excluded.</p> <p>...</p>	<p>4.12.1 Conditions and Limitations</p> <p>...</p> <p>Infection in any other manner by an intentional self-inflicted act, sexual activity or recreational intravenous drug use is specifically excluded.</p> <p>...</p>
	<p>4.18 Exclusions</p> <p><i>Accidental Death Benefit</i></p> <p>If death occurs as a result of:</p> <ul style="list-style-type: none"> • an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by the Life Insured; or <p>...</p>	<p>4.18 Exclusions</p> <p><i>Accidental Death Benefit</i></p> <p>If death occurs as a result of:</p> <ul style="list-style-type: none"> • an event caused by intentional self-inflicted injury or any such attempt by the Life Insured; or <p>...</p>
	<p>Policy Document non-superannuation plans 6. Disability Income Plan</p> <p>6.1.11.1 Conditions and Limitations</p> <p>...</p> <ul style="list-style-type: none"> • Infection in any other manner, caused directly or indirectly, including by an intentional self-inflicted act, sexual activity or recreational intravenous drug use is specifically excluded. <p>...</p>	<p>Policy Document non-superannuation plans 6. Disability Income Plan</p> <p>6.1.11.1 Conditions and Limitations</p> <p>...</p> <ul style="list-style-type: none"> • Infection in any other manner, caused by an intentional self-inflicted act, sexual activity or recreational intravenous drug use is specifically excluded. <p>...</p>

Change	Prior to change	After change
	<p>6.9.2 Exclusions</p> <p><i>Needlestick Injury Benefit</i></p> <ul style="list-style-type: none"> • Disablement or other event directly or indirectly caused by intentional self-inflicted injury or any such attempt by the Life Insured. • An event directly or indirectly caused by intentional self-inflicted injury or any such attempt by the Life Insured. <p>...</p> <p>Policy Document Superannuation Term Life Plan 4. Superannuation Term Life Plan</p> <p>4.5.4 Limitations</p> <p>This benefit is not payable:</p> <p>...</p> <ul style="list-style-type: none"> • if the Life Insured dies within 14 days from the date the Life Insured suffered the Injury or Sickness which directly or indirectly caused His or Her Total and Permanent Disablement. <p>...</p>	<p>6.9.2 Exclusions</p> <p><i>Needlestick Injury Benefit</i></p> <ul style="list-style-type: none"> • Disablement or other event caused by intentional self-inflicted injury or any such attempt by the Life Insured. • An event caused by intentional self-inflicted injury or any such attempt by the Life Insured. <p>...</p> <p>Policy Document Superannuation Term Life Plan 4. Superannuation Term Life Plan</p> <p>4.5.4 Limitations</p> <p>This benefit is not payable:</p> <p>...</p> <ul style="list-style-type: none"> • if the Life Insured dies within 14 days from the date the Life Insured suffered the Injury or Sickness which caused His or Her Total and Permanent Disablement. <p>...</p>
<p>Disability Income Lump Sum benefit</p> <p>Removed unfettered discretion.</p>	<p>Policy Document non-superannuation plans 6. Disability Income Plan</p> <p>6.7 Disability Income Lump Sum benefit</p> <p>...</p> <p>If a claim is made for a Disability Income benefit, You can apply to receive or We may offer You a Disability Income Lump Sum benefit, once the Life Insured is deemed by Us to satisfy the definition of Total and Permanent Disablement (Own Occupation) applicable for this benefit.</p> <p>If We pay You a Disability Income Lump Sum benefit, no further benefit under the Disability Income benefit will be payable and the Disability Income benefit will end.</p> <p>The Disability Income Lump Sum benefit is calculated as the lesser of the following:</p> <ul style="list-style-type: none"> • \$3,000,000; or • An amount equal to 'A' multiplied by the annualised monthly benefit, where: <p>The annualised monthly benefit is 12 times the total of the Life Insured's Insured Monthly Benefit at the time We determine that the Life Insured is Totally and Permanently Disabled, increased with Claim Escalation (see Condition 6.2) if selected under the Policy, but is reduced by any benefit offsets which would have applied to the monthly benefit had You not chosen to receive the Disability Income Lump Sum benefit.</p> <p>...</p>	<p>Policy Document non-superannuation plans 6. Disability Income Plan</p> <p>6.7 Disability Income Lump Sum benefit</p> <p>...</p> <p>If a claim is made for a Disability Income benefit, You can apply to receive or We may offer You a Disability Income Lump Sum benefit, once the Life Insured first meets the definition of Total and Permanent Disablement (Own Occupation) applicable for this benefit.</p> <p>If We pay You a Disability Income Lump Sum benefit, no further benefit under the Disability Income benefit will be payable and the Disability Income benefit will end.</p> <p>The Disability Income Lump Sum benefit is calculated as the lesser of the following:</p> <ul style="list-style-type: none"> • \$3,000,000; or • An amount equal to 'A' multiplied by the annualised monthly benefit, where: <p>The annualised monthly benefit is 12 times the total of the Life Insured's Insured Monthly Benefit at the date that the Life Insured first became Totally and Permanently Disabled, increased with Claim Escalation (see Condition 6.2) if selected under the Policy, but is reduced by any benefit offsets which would have applied to the monthly benefit had You not chosen to receive the Disability Income Lump Sum benefit.</p> <p>...</p>

Change	Prior to change	After change
<p>Complimentary Interim Accidental Crisis</p> <p>Rationalised exclusions.</p>	<p>PDS Complimentary Interim Accidental Crisis Recovery Cover</p> <p>...</p> <p>3. This cover does not apply:</p> <ul style="list-style-type: none"> • to a claim resulting directly or indirectly from a pre-existing injury; or • if the life to be insured dies within 14 days of the accidental injury; or • to an accidental injury that occurs after this cover ends; or • if an application for a similar type of policy, with any insurer, has been declined, cancelled or withdrawn; or • if the application is one that we would not normally accept under our standard underwriting guidelines and practices. 	<p>PDS Complimentary Interim Accidental Crisis Recovery Cover</p> <p>...</p> <p>3. This cover does not apply:</p> <ul style="list-style-type: none"> • to a claim resulting directly or indirectly from a pre-existing injury; or • if the life to be insured dies within 14 days of the accidental injury.
<p>Complimentary Interim Accidental Disability Income Cover</p> <p>and</p> <p>Complimentary Interim Accidental Crisis Recovery Cover</p> <p>Clarified exclusions.</p>	<p>PDS Complimentary Interim Accidental Disability Income Cover</p> <p>...</p> <p>7. The following risks are NOT covered. Total Disablement caused by or contributed to by:</p> <ol style="list-style-type: none"> a) an intentional self-inflicted injury or any such attempt by the life insured or the proposer; b) participation by the life insured in any occupation, sport or pastime that we would not normally cover on standard terms; c) an injury or sickness that the life insured had before this cover began that the proposer or life insured didn't tell us about; d) football injuries (all codes); e) normal pregnancy, uncomplicated childbirth or miscarriage; f) the taking of drugs other than prescribed by a medical practitioner; g) the taking of alcohol; h) war (whether declared or not) invasion or civil war; i) AIDS, AIDS related Conditions or HIV; or j) disease or illness. <p>...</p>	<p>PDS Complimentary Interim Accidental Disability Income Cover</p> <p>...</p> <p>7. The following risks are NOT covered. Total Disablement caused by or contributed to by:</p> <ol style="list-style-type: none"> a) an intentional self-inflicted injury or any such attempt by the life insured or the proposer; b) participation by the Life Insured in any occupation, sport or pastime that we would not normally cover in our occupation and pastime guidelines*; c) an injury or sickness that the Life Insured had before this cover began that the proposer or life insured didn't tell us about; d) any injuries due to the Life Insured's participation in any organised football (all codes); e) normal pregnancy, uncomplicated childbirth or miscarriage; f) the direct or indirect effects of drug abuses; g) the direct or indirect effects of alcohol; h) war (whether declared or not) invasion or civil war; i) AIDS, AIDS related Conditions or HIV; or j) disease or illness. <p>*Speak with your financial adviser for more information.</p> <p>...</p>

Change	Prior to change	After change
	<p>PDS Complimentary Interim Accidental Crisis Recovery Cover</p> <p>...</p> <p>4. The following Risks are NOT covered: Accidental injury directly or indirectly caused by:</p> <ul style="list-style-type: none"> • war (whether declared or not), invasion or civil war; or • an intentional self-inflicted injury or any such attempt by the life to be insured or the proposer; or • suicide; or • participation in any occupation, sport or pastime that we would not normally cover on standard terms; or • an injury or sickness that was not disclosed to us with the application; or • football injuries (all codes); or • the taking of drugs other than prescribed by a medical practitioner; or • the taking of alcohol. <p>...</p>	<p>PDS Complimentary Interim Accidental Crisis Recovery Cover</p> <p>...</p> <p>4. The following Risks are NOT covered: Accidental injury directly or indirectly caused by:</p> <ul style="list-style-type: none"> • war (whether declared or not), invasion or civil war; or • an intentional self-inflicted injury or any such attempt by the life to be insured or the proposer; or • suicide; or • participation in any occupation, sport or pastime that we would not normally cover in our occupation and pastime guidelines*; or • an injury or sickness that was not disclosed to us with the application; or • any injuries due to the Life Insured's participation in any organised football (all codes); or • the direct or indirect effects of drug abuse; or • the direct or indirect effects of alcohol. <p>*Speak with your financial adviser for more information.</p> <p>...</p>
<p>Complimentary Interim Accidental Disability Income Cover</p> <p>Clarified terms.</p>	<p>PDS Complimentary Interim Accidental Disability Income Cover</p> <p>1. The monthly amount payable on the Total Disablement of the life insured under this cover due to an Accidental Injury is the lowest of:</p> <ul style="list-style-type: none"> • the Disability Income or Disability Income Accident Only Insured Monthly Benefit; • \$10,000; and • the amount that would normally be acceptable under our underwriting rules (medical and financial). 	<p>PDS Complimentary Interim Accidental Disability Income Cover</p> <p>1. The monthly amount payable on the Total Disablement of the life insured under this cover due to an Accidental Injury is the lowest of:</p> <ul style="list-style-type: none"> • the Disability Income or Disability Income Accident Only Insured Monthly Benefit; • \$10,000; and • the benefit that can be financially supported and meets eligibility criteria of working full time (a minimum of 25 hours per week and 48 weeks per year, excluding public holidays).

Change	Prior to change	After change
<p>Business Expenses</p> <p>Clarified how we determine business turnover and capability.</p>	<p>Policy Document non-superannuation plans 7. Business Expenses Insurance Plan</p> <p>7.1.3.1 Partial Disablement Benefit Amount</p> <p>The amount of benefit paid will be determined on a daily basis and will be paid monthly in arrears. It will be the lesser of the:</p> <ul style="list-style-type: none"> • Business Expenses Insured Monthly Benefit as amended from time to time; and • Life Insured’s share of the business expenses actually incurred which relate to the period the Life Insured is partially disabled less: <ul style="list-style-type: none"> – any amounts that are reimbursed from elsewhere; and – the Life Insured’s share of the business turnover for that period. <p>Business turnover for a period will be the gross income of the business for that period.</p> <p>The Life Insured’s share of business expenses actually incurred or of business turnover will be determined in line with the usual manner of apportioning profits and/or losses of the business between the Life Insured and any co-owners of the business.</p> <p>When the Life Insured is Partially Disabled and is not working, ‘business turnover’ will be determined by Us. We will, in Our determination consider the opinion of the Life Insured’s Medical Practitioner and Medical Practitioners nominated by Us.</p> <p>The partial disablement benefit:</p> <ul style="list-style-type: none"> • starts to accrue from the day after: <ul style="list-style-type: none"> – the Life Insured is no longer totally disabled; or – the end of the Waiting Period whichever is the later; and • will stop at the end of the Benefit Period or upon the death or recovery of the Life Insured whichever occurs first. 	<p>Policy Document non-superannuation plans 6. Business Expenses Insurance Plan</p> <p>6.1.3.1 Partial Disablement Benefit Amount</p> <p>The amount of benefit paid will be determined on a daily basis and will be paid monthly in arrears. It will be the lesser of the:</p> <ul style="list-style-type: none"> • Business Expenses Insured Monthly Benefit as amended in accordance with policy terms; and • Life Insured’s share of the business expenses actually incurred which relate to the period the Life Insured is partially disabled less: <ul style="list-style-type: none"> – any such expenses that have been reimbursed; and – the Life Insured’s share of the business turnover for that period. <p>If the Life Insured is Partially Disabled and is not working to the extent of His or Her capability or working in a reduced capacity which is less than the Life Insured’s capability (having regard to the Life Insured’s Injury or Sickness), then the benefit will be calculated based on what the Life Insured could reasonably be expected to earn if He or She were working to the extent of His or Her capability.</p> <p>The Life Insured’s capability (having regard to the Life Insured’s Injury or Sickness) and what He or She could reasonably be expected to earn if the Life Insured were working to the extent of His or Her capability will be determined reasonably by taking 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>Business turnover for a period will be the gross income of the business for that period.</p> <p>The Life Insured’s share of business expenses actually incurred or of business turnover will be based on the reasonable review of relevant financial information about the business that is required by Us.</p> <p>The partial disablement benefit:</p> <ul style="list-style-type: none"> • starts to accrue from the day after: <ul style="list-style-type: none"> – the Life Insured is no longer totally disabled; or – the end of the Waiting Period whichever is the later; and • will stop at the end of the Benefit Period or upon the death or recovery of the Life Insured whichever occurs first.

8. UPDATES TO GENERAL POLICY TERMS – NON-UCT RELATED

The following table shows examples of non-UCT related changes to certain phrases and expressions throughout the PDS and Policy document.

Change	Prior to change	After change
Added clarification for the important information.	<p>PDS Superannuation Term Life Plan</p> <p>Important: the insurance benefits described in this section are specific to the Superannuation Term Life Plan and have different Terms and Conditions from the Term Life benefits available under the non-superannuation Term Life Plan. Some of the benefits available under a non-superannuation Term Life Plan are not available under a Superannuation Term Life Plan or different definitions or amounts of benefit may apply. (We have noted where a benefit is not available or these differences apply under a Superannuation Term Life Plan throughout this PDS or where a benefit is only available by purchasing a linked non-superannuation Term Life Plan policy outside of superannuation at an additional premium cost but you should refer to the Superannuation Term Life Plan policy.)</p>	<p>PDS Superannuation Term Life Plan</p> <p>Important: the insurance benefits described in this section are specific to the Superannuation Term Life Plan and have different Terms and Conditions from the Term Life benefits available under the non-superannuation Term Life Plan. Some of the benefits available under a non-superannuation Term Life Plan are not available under a Superannuation Term Life Plan or different definitions or amounts of benefit may apply. (We have noted where a benefit is not available or these differences apply under a Superannuation Term Life Plan throughout this PDS or where a benefit is only available by purchasing a linked non-superannuation Term Life Plan policy outside of superannuation at an additional premium cost but you should refer to the Superannuation Term Life Plan policy.) You should read the description of insurance benefits in this section in conjunction with information shown elsewhere in this PDS about the amount of insured benefits available through superannuation (maximum benefit limits may apply), the circumstances in which they are payable (limitations and exclusions apply) and the cost of benefits. Insurance benefits through superannuation are subject to AIA Australia’s acceptance of a claim under the terms and conditions of the applicable policy. If you would like further information to help you understand what benefits are inside or outside superannuation, speak to your financial adviser.</p>
Updated the name of Aon Hewitt Limited.	<p>PDS Superannuation Term Life Plan About AIA Insurance Super Scheme No2</p> <p>The Trustee has delegated the administration of the insurance benefits within the Scheme to Insurance and Superannuation Administration Services Pty Ltd ABN 31 058 682 876. The Trustee has also delegated certain reporting and other functions relating to the Scheme to Aon Hewitt Limited ABN 48 002 288 646. At the date of this PDS, each of Insurance and Superannuation Administration Services Pty Ltd and Aon Hewitt Limited have given and not withdrawn their consent to be named in the form and context in which they have been named in the PDS. AIA Australia has agreed with the Trustee to pay the costs and expenses of operating the Scheme, including the costs payable to the service providers.</p>	<p>PDS Superannuation Term Life Plan About AIA Insurance Super Scheme No2</p> <p>The Trustee has delegated the administration of the insurance benefits within the Scheme to Insurance and Superannuation Administration Services Pty Ltd ABN 31 058 682 876. The Trustee has also delegated certain reporting and other functions relating to the Scheme to Aon Solutions Australia Limited ABN 48 002 288 646. At the date of this PDS, each of Insurance and Superannuation Administration Services Pty Ltd and Aon Solutions Australia Limited have given and not withdrawn their consent to be named in the form and context in which they have been named in the PDS. AIA Australia has agreed with the Trustee to pay the costs and expenses of operating the Scheme, including the costs payable to the service providers.</p>

<p>Clarified the TFN requirement and how interest earned on the account works while initial or instalment premium is held within that account.</p>	<p>PDS Superannuation Term Life Plan Membership Of AIA Insurance Super Scheme No2</p> <p>...</p> <p>Important:</p> <p>As a risk-only member of the Scheme, your only benefit/s in the Scheme will be any insurance benefits payable under the Superannuation Term Life Plan. The contributions paid by you or on your behalf to the Trustee of the Scheme will be used solely for the purpose of paying the premiums for your insurance benefits under the Plan. Contributions will not be invested on your behalf and will not earn investment returns. The Trustee does not guarantee payment of any benefit.</p> <p>The first step is to apply for and be accepted for membership of the Scheme at the same time as you apply for insurance cover. The Trustee will not accept your application for membership of the Scheme until your application for cover has been accepted by AIA Australia. While your application is being assessed, your initial premium (or instalment premium) will be held in a trust account administered by the Trustee until the policy is issued. The Trustee will retain any interest earned on the money held in trust.</p> <p>...</p>	<p>PDS Superannuation Term Life Plan Membership Of AIA Insurance Super Scheme No2</p> <p>...</p> <p>Important:</p> <p>As a risk-only member of the Scheme, your only benefit/s in the Scheme will be any insurance benefits payable under the Superannuation Term Life Plan. The contributions paid by you or on your behalf to the Trustee of the Scheme will be used solely for the purpose of paying the premiums for your insurance benefits under the Plan. Contributions will not be invested on your behalf and will not earn investment returns. The Trustee does not guarantee payment of any benefit.</p> <p>The first step is to apply for and be accepted for membership of the Scheme at the same time as you apply for insurance cover. The Trustee will not accept your application for membership of the Scheme until your application for cover has been accepted by AIA Australia and your tax file number is validated (see page 39). While your application is being assessed, your initial premium (or instalment premium) will be held in a trust account administered by the Trustee until the policy is issued. Any interest earned on the account while your initial or instalment premium is held within that account will be retained by the Trustee for Scheme purposes.</p> <p>...</p>
<p>Updated the Scheme Administrator's contact details and added RSE License no for the Trustee of the Scheme (throughout the PDS where applicable).</p>	<p>PDS Superannuation Term Life Plan Who Is The Trustee Of The Scheme?</p> <p>Who Is The Trustee Of The Scheme?</p> <p>Equity Trustees Superannuation Limited, ABN 50 055 641 757, AFS Licence No. 229757 is the trustee of the Scheme and the issuer of a risk-only superannuation product. The Scheme complies with the requirements of the Superannuation Industry (Supervision) Act 1993 and other relevant laws. You can obtain further information about the Scheme (such as a copy of the Trust Deed or the Trustee's latest annual report) free of charge by contacting the Scheme's administrator. The Scheme's Administrator can be contacted by calling 1800 333 613.</p>	<p>PDS Superannuation Term Life Plan Who Is The Trustee Of The Scheme?</p> <p>Who Is The Trustee Of The Scheme?</p> <p>Equity Trustees Superannuation Limited, ABN 50 055 641 757, AFS Licence No. 229757, RSE Licence No. L0001458 is the trustee of the Scheme and the issuer of a risk-only superannuation product. The Scheme complies with the requirements of the Superannuation Industry (Supervision) Act 1993 and other relevant laws. You can obtain further information about the Scheme (such as a copy of the Trust Deed or the Trustee's latest annual report) free of charge by contacting the Scheme's Administrator. The Scheme's Administrator can be contacted by calling 1800 844 992.</p>

Update the work test rules.

PDS | Superannuation Term Life Plan | What Are The Eligibility Requirements?

In order to become a member of the Scheme so that the Trustee can pay your premiums for the Plan you must be:

- under age 65; or
- age 65 or over and under age 75 and gainfully employed for at least 40 hours in a period of 30 consecutive days in the financial year in which the contributions are made; or
- age 65 or over and paying the required premiums via rollover from another complying taxed superannuation fund (refer below to 'Can I transfer money from other superannuation funds?').

PDS | Superannuation Term Life Plan | What Are The Eligibility Requirements?

In order to become a member of the Scheme so that the Trustee can receive your premiums for the Plan you must be:

- under age 67; or
- age 67 or over and under age 75 and gainfully employed* for at least 40 hours in a period of 30 consecutive days in the financial year in which the contributions are made **This is known as the 'work test' rule. Note: This was proposed to be abolished in the 2021 / 22 Federal Budget but had not yet passed into law at the date of issue of this PDS;** or
- age 67 or over and paying the required premiums via rollover from another complying taxed superannuation fund (refer below to 'Can I transfer money from other superannuation funds?') or via compulsory employer contributions made on your behalf to the Scheme.

** Unpaid work or receiving passive income like interest, dividends, trust distributions or rent, does not meet the definition of gainful employment.*

Note: if you are aged 67 to 74 and do not satisfy the 'work test' rule, voluntary contributions can be made by you (ie. concessional or non-concessional contributions) or by your employer on your behalf (ie. concessional contributions) to superannuation provided you:

- satisfied the work test in the financial year prior to the financial year in which the contributions are made
- have a total superannuation balance of less than \$300,000 at the end of the previous financial year,* and
- have not relied on this work test exemption to make voluntary contributions in any previous financial year.

**For details as to how your total superannuation balance is calculated, consult a financial adviser or go to ato.gov.au*

If you qualify, this work test exemption applies for 12 months from the end of the financial year you last met the work test.

The Trustee will require you to submit a work test declaration form, which confirms that you have met the work test requirements before the Trustee can accept a contribution for you on or after age 67, unless it is a compulsory employer contribution. The concessional and non-concessional contribution caps still apply.

Your membership of the Scheme will cease if you are no longer eligible to contribute to super or have contributions made on your behalf or pay the required premiums by rolling over superannuation benefits from another complying superannuation fund. Alternatively, you may transfer your insurance benefits under the Scheme to a non-superannuation plan prior to age 65.

When you transfer your Superannuation Term Life Plan to a non-superannuation plan, your Superannuation Term Life Plan will be cancelled, and you will no longer be a member of the Scheme.

Note that by the Policy Anniversary prior to your 75th birthday any remaining insurance benefits on the Scheme will expire. Some benefits can continue for longer under a non-superannuation plan.

		<p>Consider a transfer to a non-superannuation plan before the Expiry Dates of each insurance benefit. For information on benefit Expiry Dates and availability of the transfer see 4.11.1 Expiry Dates under Superannuation Term Life Plan.</p> <p>For more information about your insurance needs, please speak to your financial adviser. For further information regarding the work test requirements, go to ato.gov.au</p>
Clarified for downsizer contributions.	<p>PDS Superannuation Term Life Plan Does the Scheme Accept Co-Contributions from the Government</p> <p>The Scheme does not accept co-contributions from the Government. If you are eligible for a co-contribution payment, you will need to nominate another superannuation fund to the Australian Taxation Office (ATO) so that it can pay your entitlement.</p>	<p>PDS Superannuation Term Life Plan Government and downsizer contributions</p> <p>The Scheme does not accept co-contributions from the Government. If you are eligible for a co-contribution payment, you will need to nominate another superannuation fund to the Australian Taxation Office (ATO) so that it can pay your entitlement.</p> <p>In addition, the Scheme does not accept downsizer contributions (i.e. in summary, contributions up to \$300,000 from the proceeds of selling your home if you are 65 or older and meet other eligibility requirements).</p>
Clarified the wording.	<p>PDS Superannuation Term Life Plan Non-lapsing Binding Nomination</p> <p>If you provide a valid non-lapsing binding nomination to the Trustee, the Trustee must pay the death benefit in accordance with your nomination as long as the person that you nominate to receive the benefit (or a share of the benefit) is eligible to receive it at the date of your death and the nomination is valid. If anyone you nominate is not entitled to receive a share of your benefit, the Trustee may distribute that person's share according to the Trustee's discretion.</p> <p>Some conditions apply to binding nominations. They are:</p> <ul style="list-style-type: none"> • To be a valid non-lapsing binding nomination it must be signed and dated by you in the presence of two witnesses who must each sign and date the declaration where indicated and set out their full name and date of birth. Each witness must be over 18 years of age and must not be one of your nominated beneficiaries; • A nomination is effective only when it is received by the Trustee; • You may revoke or change your nomination at any time by completing a fresh, valid Nomination of Beneficiary form and lodging it with the Trustee. You may also change your nomination from binding to non-binding at any time; • A valid non-lapsing binding nomination is valid for the entire term you are a member, unless one or more of the nominated beneficiaries is not an eligible beneficiary at the time of payment, another nomination is lodged with the Trustee or this nomination is revoked by you; • An invalid non-lapsing binding nomination will be treated as a non-binding nomination by the Trustee but will not revoke or replace an existing, valid binding nomination; • The Trustee will contact you if your nomination is clearly invalid (completed incorrectly) and will give you the opportunity to re-submit a valid nomination 	<p>PDS Superannuation Term Life Plan Non-lapsing Binding Nomination</p> <p>If you provide a valid non-lapsing binding nomination to the Trustee, the Trustee must pay the death benefit in accordance with your nomination as long as the person that you nominate to receive the benefit (or a share of the benefit) is eligible to receive it at the date of your death and the nomination is valid. If anyone you nominate is not entitled to receive a share of your benefit, the relevant share will be paid at the discretion of the Trustee.</p> <p>Some conditions apply to binding nominations. They are:</p> <ul style="list-style-type: none"> • To be a valid non-lapsing binding nomination it must be signed and dated by you in the presence of two witnesses who must each sign and date the declaration where indicated and set out their full name and date of birth. Each witness must be over 18 years of age and must not be one of your nominated beneficiaries; • A nomination is effective only when it is received by the Trustee; • You may revoke or change your nomination at any time by completing a fresh, valid Nomination of Beneficiary form and lodging it with the Trustee. You may also change your nomination from binding to non-binding at any time; • A valid non-lapsing binding nomination is valid for the entire term you are a member, unless it is revoked by you, or another valid non-lapsing nomination is lodged with the Trustee or one or more of the nominated beneficiaries is not an eligible beneficiary at the time of payment; • An invalid non-lapsing binding nomination will be treated as a non-binding nomination by the Trustee but will not revoke or replace an existing, valid binding nomination; • The Trustee will contact you if your nomination is clearly invalid (completed incorrectly) and will give you the opportunity to re-submit a valid nomination.

PDS | Superannuation Term Life Plan | Transfer of Scheme Monies

If money is held for you in the Scheme, it can, in some circumstances, be transferred to an Eligible Rollover Fund (ERF) or the ATO, where it will be held until it can be paid to you, a fund you nominate, or (if a death benefit) to your beneficiary or legal personal representative.

The circumstances in which money held for you can be transferred to an ERF or the ATO include:

- if your membership or policy in the Superannuation Term Life Plan or your Superannuation Income Protection Plan Policy is cancelled and the trustee is holding contributions or rollovers/transfers into the Scheme that have not yet been applied towards payment of premiums
- the cancellation results in a refund of premiums by AIA Australia to the trustee of the Scheme, or
- the trustee is unable to pay your insured benefit to you because you do not meet a condition of release.

The trustee will transfer your money in the Scheme (after giving you prior written notice of its intention to do so) if you do not inform the trustee of an alternative superannuation fund within the time frame set out in the notice. Your consent to the transfer is not required.

If your money in the Scheme is transferred to the ATO:

- you will have ATO-held super, from where it may be claimed once you've met certain conditions or transferred to another complying superannuation fund in which you are a member
- the ATO will not be able to accept any ongoing contributions from you or your employer, however other amounts from other superannuation funds may also be transferred to your ATO held super, and
- the ATO-held super does not provide insurance benefits. Any insurance cover you had as part of the Scheme will lapse on transfer to the ATO (if it has not previously ceased for some other reason).

You can find information about ATO-held super at ato.gov.au or through a myGov account linked to the ATO.

If your money in the Scheme is transferred to an ERF:

- you will become a member of the ERF, which means that your money will be governed by the ERF's rules, including the ERF's fee structure
- the ERF may not be able to accept any ongoing contributions from you or your employer, but rollovers from other superannuation funds may be permitted, and
- an ERF does not offer insurance benefits. Any insurance cover you had as part of the Scheme will lapse on transfer to an ERF (if it has not previously ceased for some other reason).

The Trustee currently uses AUSfund Eligible Rollover Fund as the ERF to which it will make these transfers. AUSfund's contact details are as follows:

The AUSfund Administrator
Locked Bag 5132
Parramatta NSW 2124
Email: admin@ausfund.com.au
Phone: 1300 361 798
Fax: 1300 366 233 ausfund.com.au

PDS | Superannuation Term Life Plan | Transfer of Scheme Monies

If money is held for you in the Scheme, it can, in some circumstances, be transferred to the ATO, where it will be held until it can be paid to you, a fund you nominate, or (if a death benefit) to your beneficiary or legal personal representative.

The circumstances in which money held for you can be transferred to the ATO include:

- if your membership of the Scheme or policy in the Superannuation Term Life Plan Policy is cancelled and the Trustee is holding contributions or rollovers/transfers in the Scheme that have not yet been applied towards payment of premiums
- the cancellation of the policy results in a refund of premiums less any cancellation fees and charges by AIA Australia to the Trustee of the Scheme
- the Trustee is unable to pay your insured benefit to you because you do not meet a condition of release, or
- where the Trustee believes it is in the best financial interest of the member.

The Trustee will transfer your money in the Scheme to the ATO (after giving you prior written notice of its intention to do so) if you do not inform the Trustee of an alternative superannuation fund within the time frame set out in the notice. The Trustee does not require your consent to transfer your money in the Scheme to the ATO.

If your money in the Scheme is transferred to the ATO:

- you will have ATO-held super, which may be claimed once you've met certain conditions or transferred to another complying superannuation fund in which you are a member
- the ATO will not be able to accept any ongoing contributions from you or your employer, however other amounts from other superannuation funds may also be transferred to your ATO held super, and
- the ATO-held super does not provide insurance benefits. Any insurance cover you had as part of the Scheme will lapse on transfer to the ATO (if it has not previously ceased for some other reason).

The ATO is able to reunite and consolidate the lost or unclaimed amounts with their owners (where they can be identified) and manages the amounts in the interim. You can find information about your ATO-held super at ato.gov.au or through your myGov account linked to the ATO.

<p>Added clarifications for fees payable for Scheme membership.</p>	<p>PDS Superannuation Term Life Plan What Fees And Charges Are Payable For Scheme Membership?</p> <p>The Trustee does not currently charge any fees for Scheme membership. You will be notified in advance of any fee changes.</p>	<p>PDS Superannuation Term Life Plan What Fees And Charges Are Payable For Scheme Membership?</p> <p>The Trustee does not currently charge any fees for Scheme membership. You will be notified in advance of any fee changes. The only fees you pay as a member of the Scheme are insurance fees charged by AIA Australia’s for your Superannuation Term Life Plan and any applicable associated policy fees, charges and stamp duty that are additional to the premiums (see page 44 to 45). Insurance fees relating to non-superannuation benefits (including linked non-superannuation benefits) cannot be paid from Scheme monies.</p> <p>The Trustee is generally able to claim a tax deduction for the Fund in relation to premiums paid to AIA Australia. The benefit of this tax deduction is passed on to members of the Scheme by offsetting tax payable on untaxed rollovers or concessional contributions (employer contributions or deductible member contributions). If premium payments are funded by non-concessional contributions, however, the benefit of any tax deduction is retained by the Trustee and allocated to the Fund’s General Reserve to meet expenses of the Fund.</p>
<p>Updated Scheme Administrator’s contact details and added clarification for Scheme enquiries and Complaints.</p>	<p>PDS Superannuation Term Life Plan Enquiries And Complaints About The Scheme</p> <p>If you are a member of the Scheme and have any questions about the Scheme (including insurance cover obtained from AIA Australia via the Scheme), please contact the Scheme Administrator on 1800 333 613.</p> <p>If you have a complaint, please contact the Scheme Complaints Officer below:</p> <p>Complaints Officer ISAS PO Box 810 South Melbourne, VIC 3205 Phone: 1800 333 613</p> <p>The trustee (or other person acting on the trustee’s behalf) will respond to any questions or complaints as soon as possible. Complaints or enquiries will generally be handled within 90 days as required under superannuation law.</p> <p>You may also wish to lodge your complaint to Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers. Time limits may apply to complain to AFCA and so you should act promptly or otherwise consult the AFCA website to find out if or when the time limit relevant to your circumstances expires.</p>	<p>PDS Superannuation Term Life Plan Enquiries And Complaints About The Scheme</p> <p>If you are a member of the Scheme and have any questions about the Scheme (including insurance cover obtained from AIA Australia via the Scheme), please contact the Scheme Administrator on 1800 844 992.</p> <p>If you have a complaint, please contact the Scheme Complaints Officer below:</p> <p>Complaints Officer ISAS PO Box 810 South Melbourne, VIC 3205 Phone: 1800 844 992</p> <p>The Trustee (or other person acting on the Trustee’s behalf) will respond to any questions or complaints as soon as possible. Complaints or enquiries will generally be handled within 90 days (or 45 days, for complaints received from 5 October 2021).</p> <p>You may also wish to lodge your complaint to Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers. Time limits may apply to complain to AFCA and so you should act promptly or otherwise consult the AFCA website to find out if or when the time limit relevant to your circumstances expires. Other limits may also apply.</p>

	<p>PDS Superannuation Term Life Plan Website disclosures</p> <p>The Trustee is required to disclose certain information about the Trustee and the Aon Master Trust on a website.</p> <p>Accordingly, the Trustee’s website www.aonmastertrust.com.au contains information and documentation such as the Aon Master Trust trust deed, this Product Disclosure Statement, the Trustee’s most recent annual report and the names of each outsourced provider to the Aon Master Trust.</p>	<p>PDS Superannuation Term Life Plan Website disclosures</p> <p>The Trustee is required to disclose certain information about the Trustee and the Aon Master Trust on a website.</p> <p>Accordingly, the Trustee’s website eqt.com.au, and the Aon Master Trust’s website smartmonday.com.au, contain information and documentation such as the Aon Master Trust trust deed, this Product Disclosure Statement, the Trustee’s most recent annual report, the names of each outsourced provider to the Aon Master Trust and other disclosures that must be shown on a website under superannuation law.</p>
<p>Updated name references of certain sections accordingly.</p>	<p>PDS Superannuation Term Life Plan Other Essential Information</p> <p>Premiums</p> <p>Please see pages 47 to 49 for information on premiums including:</p> <ul style="list-style-type: none"> • Premiums • Guaranteed Renewable • What are Stepped, Level and Optimum Premiums? • Guarantee of Continuation for Level Premium (Term Life only) • Premium Freeze (see Condition 4.11.3.1 of the Superannuation Policy Terms and Conditions) • Premium Discounts • Minimum Premium • Payment of Premiums, and • Premium Rates Guaranteed 	<p>PDS Superannuation Term Life Plan Other Essential Information</p> <p>Premiums, Fees, Charges And Taxation</p> <p>Please see pages 42 to 45 for information on premiums including:</p> <ul style="list-style-type: none"> • Premiums • Cover Continues Regardless Of Changes To Your Circumstance • What are Stepped, Level and Optimum Premiums? • Guarantee of Continuation for Level Premium (Term Life only) • Premium Freeze (see Condition 4.11.3.1 of the Superannuation Policy Terms and Conditions) • Premium Discounts • Minimum Premium • Payment of Premiums • Changes to Your Premium Rates, • What Are the Fees and Charges, and • Taxation
<p>Removed Eligible Rollover Fund reference and added clarification for policies owned via SMSF.</p>	<p>PDS Superannuation Term Life Plan What Happens If I Decrease My Sum Insured?</p> <p>You can decrease the sum insured of an eligible benefit at any premium due date provided that the reduced sum insured or premium is not below the relevant minimum in force at the time of the decrease. You may be able to rollover any excess premium paid into an ERF.</p>	<p>PDS Superannuation Term Life Plan What Happens If I Decrease My Sum Insured?</p> <p>You can decrease the sum insured of an eligible benefit at any premium due date provided that the reduced sum insured or premium is not below the relevant minimum in force at the time of the decrease. If your policy is owned via the Scheme, refunded premiums must be rolled over to a complying superannuation fund. If you do not inform the Scheme of your nominated superannuation fund, the Scheme can transfer refunded premiums to the ATO.</p> <p>If your policy is owned via an SMSF, any refunded premiums must be transferred back to the bank account of the SMSF.</p>

<p>Removed Eligible Rollover Fund reference and added clarification for policies owned via SMSF.</p>	<p>PDS Superannuation Term Life Plan When Does My Cover Stop?</p> <p>Term Life, Limited Term, Accidental Death, Permanent Disablement, Double Permanent Disablement, Waiver of Premium and Permanent Disablement Stand Alone benefits</p> <p>Cover under the benefit will stop on the earliest to occur of the:</p> <ul style="list-style-type: none"> • death of the life insured; • payment of the full sum insured under the benefit; • expiry date of the benefit; • cancellation of the benefit; • life insured ceasing to be qualified to contribute to a superannuation fund under the SIS Act; • lapse or cancellation of the policy; and • life insured ceasing to be a member of the Scheme or the SMSF that owns the policy. <p>For information about when cover stops under the Superannuation PLUS benefits, see page 21.</p> <p>Please note that cover will also cease if premiums are not paid within 60 days of the due date. If you are a member of the Scheme, unless an insurance benefit is payable your risk-only membership of the Scheme will cease when cover stops, in which case any contributions that have not been applied towards premium payments may be transferred to an ERF.</p>	<p>PDS Superannuation Term Life Plan When Does My Cover Stop?</p> <p>Term Life, Limited Term, Accidental Death, Permanent Disablement, Double Permanent Disablement, Waiver of Premium and Permanent Disablement Stand Alone benefits</p> <p>Cover under the benefit will stop on the earliest to occur of the:</p> <ul style="list-style-type: none"> • death of the life insured; • payment of the full sum insured under the benefit; • expiry date of the benefit; • cancellation of the benefit; • date the life insured becomes both ineligible under superannuation law to make, or receive on his/her behalf, contributions into the SMSF or the Scheme and is unable to rollover funds into the SMSF or the Scheme from another complying superannuation fund; • lapse or cancellation of the policy; and • life insured ceasing to be a member of the Scheme or the SMSF that owns the policy. <p>For information about when cover stops under the Superannuation PLUS benefits, see page 20.</p> <p>Please note that cover will also cease if premiums are not paid within 60 days of the due date.</p> <p>If you are a member of the Scheme, unless an insurance benefit is payable your risk-only membership of the Scheme will cease when cover stops, in which case any contributions that have not been applied towards premium payments (unuse premiums) must be rolled over to a complying superannuation fund. If you do not inform the Scheme of your nominated superannuation fund, the Scheme can transfer your unused money to the ATO.</p> <p>If your policy is owned via an SMSF, any unused premiums must be transferred back to the bank account of the SMSF.</p> <p>For details of policy lapse and reinstatement, see pages 41, 70 and 112.</p>
<p>Re-worded for clarification.</p>	<p>PDS Superannuation Term Life Plan If The Life Insured Dies Before The Application Is Accepted, Is Any Benefit Payable?</p> <p>Yes, if the life insured dies as a result of an accident, Complimentary Interim Accidental Death Cover may apply. See pages 57 and 58.</p>	<p>PDS Superannuation Term Life Plan If The Life Insured Dies Before The Application Is Accepted, Is Any Benefit Payable?</p> <p>Yes, if Complimentary Interim Accidental Death Cover applies and the life insured dies as a result of an accident for which a benefit is payable. See pages 53 and 54.</p>

Updated concessional and non-concessional contributions according to the latest tax regulations for clarification.

PDS | Superannuation Term Life Plan | What taxes are payable by the AIA Insurance Super Scheme No2?

Concessional contributions to superannuation funds can currently be taxed at up to 15%. However, since the Trustee may be able to claim a tax deduction for premiums paid under the Superannuation Term Life Plan, there is generally no tax payable by the Scheme on your contributions.

Individuals earning more than an adjusted total income of \$300,000 will pay an additional 15% tax on superannuation contributions. From 1 July 2017 this will reduce to \$250,000. This additional tax would be assessed by the Tax Office and payable by the individual personally.

The Trustee will do whatever is necessary to ensure compliance with relevant taxation law (including withholding tax on benefits if required).

Is there a tax deduction for superannuation contributions?

Yes, it may be possible, in limited circumstances, for an individual to claim a tax deduction on personal contributions paid to a superannuation fund.

If eligible, a notice of the person's intention to claim a tax deduction (called a section 290-170 notice) must be submitted to the superannuation fund by the earlier of:

- the time of lodgement of the person's tax return, or
 - the end of the financial year following the year the contribution was made,
- and the fund must acknowledge a Deduction Notice. Please note: you can only submit a Deduction Notice while you are a fund member.

All employer contributions are tax deductible for / to the employer (when made for employees up to age 75 years).

Are there any contribution limits?

Contributions to superannuation funds are classified as 'concessional' or 'non-concessional'. Concessional contributions include deductible employer and personal contributions. Non-concessional contributions include personal (after tax) contributions.

Concessional Contributions

A concessional tax rate of 15% generally applies to concessional contributions up to \$30,000 per person per year for the 2016/2017 financial year (changing to \$25,000 per person per year for the 2017/2018 financial year and subject to indexation in future years). This tax is payable by the superannuation fund (after subtracting any allowable deductions). Members aged 49 or over have a higher cap of \$35,000. From 1 July 2017, the \$25,000 cap applies to all ages.

Concessional contributions in excess of these limits will generally incur tax payable directly by the individual at his or her marginal tax rate, plus an additional amount to take into account the delay in receipt by the Australian Tax Office. A member may be able to withdraw an amount to pay the additional tax from a superannuation fund (subject to the maximum available release amount for that

PDS | Superannuation Term Life Plan | What taxes are payable by the AIA Insurance Super Scheme No2?

Concessional contributions to superannuation funds are generally taxed on entry at up to 15%. However, under the Superannuation Term Life Plan, no tax is payable as the Trustee is generally able to claim a tax deduction for premiums paid.

If an individual's total income and concessional contributions are above \$250,000, there is an additional 15% tax on the amount of concessional contributions over this threshold. This additional tax would be assessed by the ATO and payable by the individual personally.

The Trustee will do whatever is necessary to ensure compliance with relevant taxation law (including withholding tax on benefits if required).

Is there a tax deduction for superannuation contributions?

Yes, it may be possible for an individual to claim a tax deduction on personal contributions paid to a superannuation fund. Eligibility criteria apply. See your financial adviser for further details.

If eligible, a notice of the person's intention to claim a tax deduction (called a section 290-170 notice) must be submitted to the superannuation fund by the earlier of:

- the time of lodgement of the person's tax return, or
 - the end of the financial year following the year the contribution was made,
- and the fund must acknowledge the section 290-170 notice.

All employer contributions are tax deductible for / to the employer (when made for employees up to age 75 years).

Are there any contribution limits?

There are limits (caps) on the amount you can contribute to your superannuation each financial year. Contribution caps exist to limit the amount that you can contribute to your superannuation each financial year and still receive concessional tax treatment. If your contributions exceed these caps, you may have to pay extra tax.

There are two contribution caps – one that applies to concessional contributions and one that applies to non-concessional contributions. Concessional contributions include employer and personal contributions claimed as a tax deduction. Non-concessional contributions include personal (after tax) contributions for which you do not claim an income tax deduction.

If you are a member of more than one superannuation fund, all concessional contributions made to all your funds count towards your concessional contribution cap and all non-concessional contributions made to all your funds count towards your non-concessional contributions cap.

For information about these contribution caps, including the caps that apply each year and how contributions are counted towards the caps, go to ato.gov.au

superannuation interest) upon presentation of a release authority issued by the Tax Office. Any excess concessional contributions will also count towards the member's non-concessional contributions limit, unless the member elects to withdraw the excess concessional contribution from a superannuation fund (holding an account balance/superannuation interest) using a release authority.

Non-concessional Contributions

Non-concessional contributions are limited to \$180,000 per person per year (for the 2016/2017 financial year). From 1 July 2017 this will reduce to \$100,000 and non-concessional contributions will no longer be allowed for members with total superannuation balances over \$1.6m. People under age 65 can bring forward two years of future non-concessional limits, giving them a cap of \$540,000 over a three-year period. From 1 July 2017 this will reduce to \$300,000 and there will be provisions for members who triggered the bring forward in the 2015/2016 and 2016/2017 financial years. The bring forward amount and period also depends on your total superannuation balance on 30 June of the year before the financial year in which the contributions that trigger the bring forward were made. The non-concessional contributions cap will be indexed in future years so it is always six times (reducing to four times from 1 July 2017) the cap on concessional contributions.

Non-concessional contributions in excess of these limits will incur tax at 45% plus any applicable levies payable directly by the individual. (An amount to pay the tax must be released by a superannuation fund upon presentation of a release authority issued by the Tax Office.)

IMPORTANT – The Scheme does not accept contributions or transferred amounts (rollovers) in excess of the amount of annual premium due for insurance cover held by the Fund in respect of the member. The Scheme is unable to process a release authority issued by the ATO as the Scheme does not hold an accumulation account balance in respect of a member.

IMPORTANT – The Scheme does not accept contributions or transferred amounts (rollovers) in excess of the amount of annual premium due for insurance cover held by the Fund in respect of the member. The Scheme is unable to process a release authority issued by the ATO as the Scheme does not hold an accumulation account balance in respect of a member.

Clarified TFN requirement for rollover or transfer requests.

PDS | Superannuation Term Life Plan | Collection of Tax File Numbers (TFN)

Superannuation trustees are authorised under superannuation law to collect your Tax File Number (TFN) for superannuation purposes. By law, you do not have to provide your TFN to the trustee but you should be aware of the following information before deciding whether or not to provide it:

- The trustee can only use the TFN lawfully, to help identify your superannuation benefits, to help calculate any tax on those benefits, and to report it to the Australian Taxation Office.
- If you transfer benefits to another complying superannuation fund or Retirement Savings Account, the trustee can disclose your TFN to the trustee of that fund, unless you tell it in writing not to. The trustee cannot disclose it to anyone else except the Australian Taxation Office.
- If you do not give your TFN to the trustee, or you give an incorrect TFN, then:
 - the trustee may have to deduct more tax from your benefits than it would otherwise need to (this tax may be reclaimed through the income tax assessment process);
 - the trustee may not be able to locate all your benefits; and
 - you may have to pay extra tax (which may not have been payable had you provided your TFN to the trustee) on your contributions.

The way in which the trustee is authorised to use your TFN and the impact of not providing it may change if the tax law changes.

IMPORTANT –The Scheme will not accept contributions and a risk-only interest under the Scheme will not be issued if an applicant has not supplied his or her Tax File Number to the Trustee of the Scheme.

PDS | Superannuation Term Life Plan | Collection of Tax File Numbers (TFN)

Superannuation trustees are authorised under superannuation law to collect, **use and disclose** your Tax File Number (TFN) for superannuation purposes. By law, you do not have to provide your TFN to the trustee but you should be aware of the following information before deciding whether or not to provide it:

- The trustee can only use the TFN lawfully, to help identify your superannuation benefits, to help calculate any tax on those benefits, and to report it to the Australian Taxation Office.
- If you transfer benefits to another complying superannuation fund or Retirement Savings Account, the trustee can disclose your TFN to the trustee of that fund, unless you tell it in writing not to. The trustee cannot disclose it to anyone else except the Australian Taxation Office.
- If you do not give your TFN to the trustee, or you give an incorrect TFN, then:
 - the trustee may have to deduct more tax from your benefits than it would otherwise need to (this tax may be reclaimed through the income tax assessment process);
 - the trustee may not be able to locate all your benefits; and
 - you may have to pay extra tax (which may not have been payable had you provided your TFN to the trustee) on your contributions.

The way in which the trustee is authorised to use your TFN and the impact of not providing it may change if the tax law changes.

IMPORTANT –The Scheme will not accept contributions and a risk-only interest under the Scheme will not be issued if an applicant has not supplied his or her Tax File Number to the Trustee of the Scheme. *Rollover or transfer requests cannot be processed where the TFN is not able to be validated. This means that an account will not be opened, and no welcome letter is issued until the TFN is successfully validated.*

Removed the reference to Eligible Rollover Fund and replaced with relevant information and added clarification for policies owned via SMSF.

PDS | Superannuation Term Life Plan | What Is A Cooling-off Period?

A cooling-off period is a time period when you can elect to cancel your insurance benefits under the Superannuation Term Life Plan and, if the plan is acquired by the Trustee of the Scheme, the risk-only superannuation interest in the Scheme.

After AIA Australia has assessed and approved your application for cover, you will receive the policy document and policy schedule from Doquile Perrett Meade Pty Ltd. You will then have 28 days to check that the policy and benefits meet your needs. This is known as the cooling-off period. It starts from the day when you receive the policy document or, if earlier, the fifth day after the policy was issued.

Within this period you may cancel the policy and receive a refund of the premium paid with your application by forwarding a notice in writing by letter, fax or email or in any other manner permitted by law, together with your policy document, to:

- the Trustee if you acquired the Superannuation Term Life Plan as a member of the Scheme (see inside front cover for contact details of the Trustee); or
- Doquile Perrett Meade Pty Ltd if you acquired the Superannuation Term Life Plan in relation to your SMSF.

If you are a member of the Scheme, the premium you paid is a superannuation contribution and must be preserved. It cannot be refunded to you directly. If you cancel the policy (and your risk-only superannuation interest) within the cooling-off period, you must therefore provide details of another complying superannuation fund so that the Trustee can transfer the preserved money to that fund. Otherwise the Trustee will transfer the preserved money to an ERF. (Please see page 38 for details of the ERF.)

Please note that you may lose your right to cancel your application if you exercise any rights or powers under the policy or the trust deed during the cooling-off period.

For further details of the cooling-off period for the Superannuation Term Life Plan, please refer to Condition 3.2 'Cooling-off Period' of the Superannuation Policy Terms and Conditions.

PDS | Superannuation Term Life Plan | What Is A Cooling-off Period?

A cooling-off period is a time period when you can elect to cancel your insurance benefits under the Superannuation Term Life Plan and, if the plan is acquired by the Trustee of the Scheme, the risk-only superannuation interest in the Scheme.

After AIA Australia has assessed and approved your application for cover, you will receive the policy document and policy schedule from Doquile Perrett Meade Pty Ltd. You will then have 28 days to check that the policy and benefits meet your needs. This is known as the cooling-off period. It starts from the day when you receive the policy document or, if earlier, the fifth day after the policy was issued.

Within this period you may cancel the policy and receive a refund of the premium paid with your application by forwarding a notice in writing by letter, fax or email or in any other manner permitted by law, together with your policy document, to:

- the Trustee if you acquired the Superannuation Term Life Plan as a member of the Scheme (see inside front cover for contact details of the Trustee); or
- Doquile Perrett Meade Pty Ltd if you acquired the Superannuation Term Life Plan in relation to your SMSF.

If you are a member of the Scheme, the premium you paid is a superannuation contribution and must be preserved. It cannot be refunded to you directly. If you cancel the policy (and your risk-only superannuation interest) within the cooling-off period, you must therefore provide details of another complying superannuation fund so that the Trustee can transfer the preserved money to that fund. Otherwise the Trustee will transfer the preserved money to the ATO. (Please see page 32 to 33 for details under Transfer Of Scheme Monies.)

If your policy is owned via an SMSF, the money must be transferred back to the bank account of the SMSF.

Please note that you may lose your right to cancel your application if you exercise any rights or powers under the policy or the trust deed during the cooling-off period.

For further details of the cooling-off period for the Superannuation Term Life Plan, please refer to Condition 3.2 'Cooling-off Period' of the Superannuation Policy Terms and Conditions.

<p>Removed the reference to ERF and replaced with relevant information; added clarification for policies owned via SMSF.</p>	<p>PDS Superannuation Term Life Plan What Happens If I Cancel My Policy After The Cooling-off Period?</p> <p>If you cancel your policy after the Cooling-off Period, excess premium paid (if any) as a superannuation contribution may be rolled over to an ERF (see page 38).</p>	<p>PDS Superannuation Term Life Plan What Happens If I Cancel My Policy After The Cooling-off Period?</p> <p>If you cancel your policy after the Cooling-off Period, excess premium paid (if any) as a superannuation contribution cannot be refunded to you directly.</p> <p>If your policy is owned via the Scheme, refunded premiums must be rolled over to a complying superannuation fund. If you do not inform the Scheme of your nominated superannuation fund, the Scheme can transfer your refunded premiums to the ATO. (see page 32 to 33 for details under Transfer Of Scheme Monies).</p> <p>If your policy is owned via an SMSF, any refunded premiums must be transferred back to the bank account of the SMSF.</p>
<p>Updated the contact details for Scheme's Administrator and the timeframe for the complaint response.</p>	<p>Policy Document Superannuation Term Life Plan 3.24 Any Questions Or Concerns</p> <p>If You are a member of the Scheme and have any questions about the Scheme, please contact the administrator of the Scheme on 1800 333 613. If You have a complaint, please ask to speak to the Scheme Complaints Officer who will investigate Your complaint and, if necessary, refer it to the Trustee.</p> <p>We will try to respond to any questions or complaints as soon as possible. In any event, complaints will be considered and processed within 90 days as required by legislation. In special circumstances We may take longer.</p> <p>Should You not be satisfied with Our response to Your concerns then You may take up the matter with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers. Details are below.</p> <p>Time limits may apply to complain to AFCA so You should act promptly or otherwise consult the AFCA website to find out if or when the time limit relevant to Your circumstances expires.</p> <p>Australian Financial Complaints Authority GPO Box 3 Melbourne VIC 3001 Email: info@afca.org.au Phone: 1800 931 678 www.afca.org.au</p>	<p>Policy Document Superannuation Term Life Plan 3.24 Any Questions Or Concerns</p> <p>If You are a member of the Scheme and have any questions about the Scheme, please contact the Scheme's Administrator on 1800 844 992. If You have a complaint, please ask to speak to the Scheme Complaints Officer who will investigate Your complaint.</p> <p>We will try to respond to any questions or complaints as soon as possible. In any event, complaints will be considered and processed within the timeframe as required by legislation (see page 33 to 34). In special circumstances We may take longer.</p> <p>You may take up the matter with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers. Details are below.</p> <p>Time limits may apply to complain to AFCA so You should act promptly or otherwise consult the AFCA website to find out if or when the time limit relevant to Your circumstances expires. Other limits may also apply.</p> <p>Australian Financial Complaints Authority GPO Box 3 Melbourne VIC 3001 Email: info@afca.org.au Phone: 1800 931 678 www.afca.org.au</p>
<p>Added clarification for refunding premium paid in advance during cooling-off period.</p>	<p>Policy Document Superannuation Term Life Plan 4. Superannuation Term Life Plan Important Notice</p> <p>This is not a savings plan and is without profits. The primary purpose of this Superannuation Term Life Plan is to provide a lump sum payment in the event of the Life Insured's death or Total and Permanent Disablement.</p> <p>If You terminate the plan after the cooling-off period (see Condition 3.2) You will not receive any termination payment or refund of premium.</p>	<p>Policy Document Superannuation Term Life Plan 4. Superannuation Term Life Plan Important Notice</p> <p>This is not a savings plan and is without profits. The primary purpose of this Superannuation Term Life Plan is to provide a lump sum payment in the event of the Life Insured's death or Total and Permanent Disablement.</p> <p>If You terminate the plan after the cooling-off period (see Condition 3.2) You will not receive any termination payment or refund of premium for cover up to the date of cancellation. Should there be any payment made in advance providing cover beyond the date of cancellation, we will refund you (see Condition 3.11).</p>

<p>Clarified one of the scenarios when the benefit will terminate.</p>	<p>Policy Document Superannuation Term Life Plan 4. Superannuation Term Life Plan 4.1.4 Termination; 4.2.3 Termination; 4.3.2 Termination; 4.4.4 Termination; 4.5.5 Termination; 4.6.4 Termination; 4.7.2 Termination; 4.8.3 Termination</p> <p>The benefit will terminate on the earliest to occur of the following:</p> <p>...</p> <ul style="list-style-type: none"> • date the Life Insured becomes ineligible to contribute to a superannuation fund under the SIS Act; <p>...</p>	<p>Policy Document Superannuation Term Life Plan 4. Superannuation Term Life Plan 4.1.4 Termination; 4.2.3 Termination; 4.3.2 Termination; 4.4.4 Termination; 4.5.5 Termination; 4.6.4 Termination; 4.7.2 Termination; 4.8.3 Termination</p> <p>The benefit will terminate on the earliest to occur of the following:</p> <p>...</p> <ul style="list-style-type: none"> • date the Life Insured becomes both ineligible under superannuation law to make, or receive on His/Her behalf, contributions into the SMSF or the Scheme and is unable to rollover funds into the SMSF or the Scheme from another complying superannuation fund; <p>...</p>
<p>Clarified the wording.</p>	<p>Policy Document Superannuation Term Life Plan 4. Superannuation Term Life Plan 4.21 Permanent Disablement Benefit; 4.91 Permanent Disablement Stand Alone Benefit</p> <p>...</p> <p>Any Permanent Disablement/Permanent Disablement Stand Alone benefit that becomes available under the Policy must be preserved in the superannuation fund under the SIS Act until the superannuation fund's trust deed permits it to be released</p>	<p>Policy Document Superannuation Term Life Plan 4. Superannuation Term Life Plan 4.21 Permanent Disablement Benefit; 4.91 Permanent Disablement Stand Alone Benefit</p> <p>...</p> <p>Any Permanent Disablement/Permanent Disablement Stand Alone benefit that becomes available under the Policy will be paid by the trustee of the SMSF or the Trustee of the Scheme in accordance with the superannuation fund's trust deed.</p>
<p>Removed Eligible Rollover Fund reference.</p>	<p>Policy Document Superannuation Term Life Plan 3.18 Decrease In Sum Insured</p> <p>You or the Life Insured can decrease the Sum Insured at any premium due date providing the reduced Sum Insured or premium are not below the minimums in force at the time of the decrease. You may also be able to rollover an excess premium paid into an ERF. Where the Sum Insured is decreased, any indexation of benefit will continue based on the reduced Sum Insured.</p>	<p>Policy Document Superannuation Term Life Plan 3.18 Decrease In Sum Insured</p> <p>You or the Life Insured can decrease the Sum Insured at any premium due date providing the reduced Sum Insured or premium are not below the minimums in force at the time of the decrease. Where the Sum Insured is decreased, any indexation of benefit will continue based on the reduced Sum Insured.</p>
<p>Clarified the process</p>	<p>PDS Superannuation Term Life Plan When Will Interest Be Paid On Insurance Benefits?</p> <p>If AIA Australia has paid a death, terminal illness or disablement benefit to the Trustee of the Scheme and the benefit remains in the Scheme for more than 14 days before it is paid, interest will be added to the benefit up to the date the benefit is eventually released. The amount of interest will be determined by the Trustee, and will be based on the net rate of interest earned by the Trustee on the benefit while held within the Scheme.</p>	<p>PDS Superannuation Term Life Plan When Will Interest Be Paid On Insurance Benefits?</p> <p>The payment of interest is at the sole discretion of the Trustee. Interest will only be payable where the Trustee of the Scheme considers that there has been an unreasonable or exceptional delay in the payment of insured benefits by the Trustee of the Scheme.</p>

<p>Duty of Disclosure</p> <p>Replaced with Duty to Take Reasonable Care.</p>	<p>Throughout the PDS</p> <p>Your Duty Of Disclosure</p> <p>Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, which may affect our decision to insure you and on what terms.</p> <p>You have this duty until we agree to insure you.</p> <p>You have the same duty before you extend, vary or reinstate the contract.</p> <p>You do not need to tell us anything that:</p> <ul style="list-style-type: none"> • reduces the risk we insure you for; or • is common knowledge; or • we know or should know as an insurer; or • we waive your duty to tell us about. <p>If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.</p> <p>If you do not tell us something</p> <p>In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.</p> <p>If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the contract within three years of entering into it.</p> <p>If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.</p> <p>If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.</p> <p>If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.</p>	<p>Throughout the PDS</p> <p>Your Duty To Take Reasonable Care</p> <p>Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.</p> <p>A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.</p> <p>This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.</p> <p>When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.</p> <p>We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.</p> <p>If you do not meet your duty</p> <p>If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.</p> <p>Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.</p> <p>Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.</p> <p>Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.</p> <p>Guidance for answering our questions</p> <p>You are responsible for the information provided to us. When answering our questions, please:</p> <ul style="list-style-type: none"> • Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond. • Answer every question. • Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. • Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.
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Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

