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TOPCOVER

Product Disclosure Statement and Policy Document

Version 23

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aia.com.au


TOPCOVER™

Who issues TopCover?

AIA Australia Limited (ABN 79 004 837 861 AFSL 230043) issues the Aircrew Insurance Benefits Package ('TopCover product') to TopCover Holdings Limited on behalf of the Australian Pilots Income Protection Association ('APIP') on a group basis. TopCover Holdings Limited provides cover to its members under the Policy. AIA Australia Limited is the issuer of this Product Disclosure Statement ('PDS'). TopCover Holdings Limited is the policy owner under the Policy Document (together with the PDS, referred to as 'Policy').

This Policy may be updated or replaced at any time, and you can obtain a copy of the current version on request, free of charge, by calling AIA Australia on Phone 03 9009 4111. Changes that are not materially adverse will be updated and made available to you at <https://aia.com.au/topcover>. You will be advised of material changes or significant events as required by law.

The TopCover product is only available to persons receiving the offer and making an application in Australia. It is not an offer, invitation or recommendation by AIA Australia to purchase the product in any other jurisdiction. Applicants from outside Australia will not be accepted. AIA Australia is not bound to accept any applications.

This Policy has been prepared with the intention of providing you with important information about the TopCover product. Any financial product advice contained in this Policy is of a general nature only and has been prepared without taking into account your objectives, financial situation or needs. Therefore, before making any decision you should consider the appropriateness of the advice, having regard to your objectives, financial situation and needs. If you are deciding whether to acquire this product you should read this Policy before making your decision.

We suggest that you retain this Policy in a safe place as it contains all relevant terms and conditions which apply to you in relation to this product.

In this Policy (which includes the attached Application Form) any reference to 'we', 'us', 'Insurer', 'our' or 'AIA Australia' means AIA Australia Limited. AIA Australia is located at 509 St Kilda Road, Melbourne, Australia 3004; Phone 1800 333 613.

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Overview

Introduction

TopCover provides you with a selection of cover that you can tailor to suit your own personal needs.

There are three sections to the cover available, all under one policy, they are:

- Section 1 – Income Protection
- Section 2 – Personal Accident
- Section 3 – Critical Illness

As a member of the TopCover plan, you can purchase each section separately or a combination of sections.

What are the sections covered?

Section 1 – Income Protection benefit

This benefit provides a monthly payment for loss of income due to injury or illness.

Section 2 – Personal Accident cover

This benefit provides cover for you or your spouse and/or your dependant children for lump sum style benefits in the event of accidental injury.

Section 3 – Critical Illness cover

This benefit provides you with a lump sum upon the diagnosis of certain defined Critical Illnesses.

All three sections provide worldwide cover.

About AIA Australia

AIA Australia is a leading life insurance specialist with over 50 years' experience and a dream to make Australia the healthiest and best protected nation in the world.

In line with its purpose to make a difference, AIA protects and enhances the lives of more than 5 million Australians and pays more than \$8 million in claims each day. Through AIA Embrace, customers have access to world class products, partnerships and programs that provide tailored support and care for their specific circumstances, whether they are well, unwell, or recovering.

Recognised as the ANZLIF 2023 Life Insurance Company of the Year, AIA embraces shared value and remains driven by its commitment to help Australians live healthier, longer, better lives.

What benefits TopCover provides

Income protection cover

The benefit covers you for up to 75% of your income for a maximum period of five (5) years or to the attainment of age sixty (60) years, whichever occurs first after a 180 day waiting period from the date of disability for the voluntary benefit and after 365 days from the date of disability for the compulsory benefit. Your income benefit is determined by the amount of benefit you applied for at the time of application and your income at the date of disability. The maximum monthly benefit you can apply for is A\$15,000 per month, inclusive of the TopCover compulsory cover of A\$1,000 per month.

Personal accident cover

This benefit covers you (and your spouse and/or dependant children if you selected cover for them) for various kinds of accidental injuries, including accidental death. The maximum benefit you can apply for is A\$500,000 for you and A\$500,000 for your spouse and A\$50,000 for each dependant child.

Critical illness cover

This benefit covers you for a certain number of defined Critical Illnesses. It is not death cover. The maximum benefit you can apply for is A\$80,000.

What are the significant risks?

There are significant risks associated with life insurance:

Selection of wrong product

You may choose an insurance product that does not meet your needs. You should read this policy carefully before you select the insurance product for your needs. It may also be advisable to consult with an authorised financial adviser for assistance.

Inadequate amount of insurance

You may select the correct insurance product for your needs, but you might not choose enough cover. This might cause you to still suffer financial hardship after receiving your benefit payment. You will need to assess your needs carefully to ensure that this does not occur.

Inability to get increases in cover

You may not be able to obtain the cover that you need because of your particular health or circumstances, both now and in the future. You should therefore not relinquish any existing cover you may have until new insurance cover is firmly in place. You should also think about your future insurance needs while you are still healthy.

Premium rates

Your premiums are not guaranteed and may be varied from time to time. Please refer to the TopCover premium table in this policy. Different premium rates apply to each policy section, for some sections by age band and/or smoker and non-smoker. Your premium rates may not be altered on an individual basis, but only for all policies in a group. Your policy cannot be singled out individually for a premium rate change. Your individual premiums may change upon renewal, if due to your change of age, or your move from one premium age band to another.

Additional information

Who is eligible to apply?

You must be a pilot or flight engineer in full-time employment with qantas airways limited ABN 16 009 661 901 and/or one of its wholly-owned subsidiary companies.

How much does the cover cost?

The premium rate tables are shown on page 18 of this document. To calculate your premium, simply select the benefit you need and which sections of cover you wish to purchase and apply the applicable premium rate for that benefit, then total up the premiums for each section (if more than one section of cover is selected) and that will be the total premium amount you have to pay. Your application money will be held in a trust account administered by us. Pursuant to the corporations act, we will retain interest earned on the application money. State government stamp duty is payable in addition to the premium. At the bottom of the premium table you will see the current stamp duty rates, which are based on the state of your residential address in Australia.

When does cover commence?

If you do not have any medical condition(s) that require further investigation by us, then your cover will commence from 1 June 2024. If you do have a medical condition(s) that requires further investigation, then you will be covered from 1 June 2024, excluding the medical condition(s) that is/are under investigation up until that condition is accepted by us and standard cover issued or cover is issued with special acceptance terms (the condition(s) is/are excluded).

Income verification

There is no need to verify your income at the time of applying for this insurance. You will, however, be required to produce proof of your income should you have to make a claim under the Income Protection insurance cover of the policy on page 6.

Taxation

The monthly benefit payable in the event of a claim may be assessable for income tax purposes, but the premium you pay for income protection cover is generally tax deductible.

Usually tax is not payable upon death or any lump sum payment that may be made under this policy.

Premiums for a policy that provides lump sum benefits are not usually tax deductible. Different rules may apply in some circumstances. A tax professional will be able to clarify your particular position.

This information is based on the continuance of present laws affecting taxation and our interpretation of them.

Please note that the taxation situation detailed above is a general statement only and your own taxation position may differ significantly.

What fees and charges apply?

Premium and stamp duty are the only items you need to pay. There are no additional fees or policy charges applicable to the TopCover insurance policy.

How do I apply?

To apply for this insurance you need to complete a TopCover application form. The easiest way to do this is to go to the TopCover website at <https://AIA.Com.Au/TopCover> and complete and printout the on-line application form. Alternatively, you can also complete the application form forming part of this policy. If you are using the application form from the policy you will need to work out your benefits and the premium for the benefits you have chosen using the premium rate and stamp duty tables on page 18. Once you have completed the application form, please send it (and other relevant documents) together with your cheque or credit card details to AIA Australia at:

TopCover Administration
AIA Australia Group Operations
Level 6, 509 St Kilda Road
Melbourne VIC 3004

If you have difficulty using the on-line application form, or cannot print out the application form from the policy, please call the TopCover hotline on 03 9009 4111 or email it to au.TopCover@aia.com for assistance.

Please note: at the end of the application form there is a checklist of the documents you need to have completed to return to us at the time of application. Please ensure you check off and attach each item for return to us.

Important: you only have up until **30 June 2024** to apply for additional voluntary TopCover benefits.

Health information

We may ask for medical information. This information is used for purposes (including for the purposes of administering, assessing or processing your insurance or any claim) as set out in the AIA Australia Privacy policy available on our website at aia.com.au/privacy

Please note: we do not pay for any costs that you may incur in obtaining medical or additional information we may require.

Insured's duty to take reasonable care

Before a person enters into a life insurance contract, they have a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

When a person applies for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover a person, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about the person's personal circumstances, such as health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information the person gives us in response to our questions is vital to our decision.

If the Insured does not meet the duty

If the person does not meet their legal duty, this can have serious impacts on their insurance. There are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth) and are intended to put us in the position we would have been in if the duty had been met.

The person's 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.

Please note 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.

Before we exercise any of these remedies, we will explain our reasons and what the person can do if they disagree.

We may apply these remedies separately to each type of cover that we consider could form a separate Policy.

Guidance for answering our questions

The person is responsible for the information provided to us. When answering our questions, the person is required to:

- think carefully about each question before they answer. If they are unsure of the meaning of any question, they should ask us before responding.
- answer every question.
- answer truthfully, accurately and completely. If they are unsure about whether they should include information, they should include it.
- review their application carefully before it is submitted. If someone else helped prepare their application (for example, an adviser), they should check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before cover starts

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

If the Insured needs help

It's important that the person understands this information and the questions we ask. They should ask us or a person they trust, such as their adviser for help if they are having difficulty understanding the process of buying insurance or answering our questions.

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

Notifying the Insurer

If, after the cover starts, and the person thinks they may not have met their duty, please contact us immediately and we'll let them know whether it has any impact on the cover.

Policyholder's and Employer's duty of disclosure

If you are the Policyholder or Employer, 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 any Member and on what terms.

You have this duty until we agree to insure any Member, and also before the Member extends, varies or reinstates the policy.

You do not need to tell us anything that:

- reduces our risk;
- is common knowledge;
- we know or should know as an Insurer; or
- we waive your duty to tell us about.

If you do not tell us something

We may apply the following rights separately to each type of cover that we consider could form a separate policy.

If you do not tell us something that you know, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that they must tell us.

If you are the Policyholder or Employer, and you do not tell us anything you are required to, and we would not have insured the Member if you had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount the Member has 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, for cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount the Member has 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 to cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed. We may apply these rights separately to each type of cover that we consider could form a separate policy.

Information on your TopCover policy

After receiving your completed application form, premium payment and once your cover is approved, we will mail or deliver to you a cover confirmation and receipt.

You should read this document carefully and contact your financial adviser or us direct if you have any concerns.

Any questions or concerns

If you should have any questions or concerns about your TopCover insurance and additional voluntary benefits, please contact your adviser in the first instance or us direct on phone 03 9009 4111 and we will promptly investigate your enquiry, referring it if necessary to our internal dispute resolution committee (idrc).

Internal complaints are normally resolved within 30 days. In special circumstances, we may take longer. If this is the case, we will advise you.

Should you still not be satisfied with our response to your concerns after they have been ruled upon by the idrc, then you may take the matter up with the external dispute resolution body, the Australian Financial Complaints Authority (AFCA). Details as follows:

Australian Financial Complaints Authority (AFCA)

Online: afca.org.au

Email: info@afca.org.au

Phone: 1800 931 678

Mail: Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001

Schedule

General

Name of policyholder:	TopCover Holdings Limited
Name of employer:	Qantas Airways Limited ABN 16 009 661 901 and/or wholly-owned subsidiary companies
Period of insurance:	1 June 2024 to 31 May 2025
Commencement date:	1 June 2024
Annual review date:	31 May 2025

Eligibility conditions

Section 1 is compulsory for all current and new members of apip and who are employed by the Employer.

Any change in eligibility for membership shall be on such conditions as notified to the Insurer in writing and agreed to by the Insurer (as may be varied from time to time by agreement). Members can voluntarily increase benefits under all sections of this policy by application as described in 1. Eligibility for insurance clause 1.2 Voluntary benefits.

Note: the eligibility for TopCover insurance requires that the member is employed full-time by the Employer.

Section 1 – Income Protection benefits – compulsory and voluntary benefits

Compulsory benefits

- A. Waiting period: 365 days
- B. Benefit period: 5 years or to the attainment of 60 years of age, whichever first occurs.
- C. Automatic acceptance limit:
A\$1,000 per month for any one member

Voluntary benefits

- A. Waiting period: 180 days
- B. Benefit period: 5 years or to the attainment of 60 years of age, whichever first occurs.
- C. Maximum voluntary monthly benefit:
A\$15,000 per month for any one member or 75% of the member's monthly income, whichever is the lesser (including the A\$1,000 per month compulsory benefit).

Section 2 – Personal Accident benefits

Voluntary benefits

- A. Maximum sum insured (including any automatic acceptance limit):
Member – A\$500,000
Spouse – A\$500,000
Dependant children – A\$50,000 per child

Section 3 – Critical Illness benefits

Voluntary benefits

- A. Maximum sum insured: A\$80,000 any one member

Maximum insurable age

- Sections 1 and 2 – on attainment of age 60 years.
- Section 3 only – on attainment of age 55 years.

Premiums

The rates applicable under this policy are the premium rates in force at the time of issuance of this policy.

Subject to giving the policyholder 60 days' notice, the Insurer reserves the right to vary this table of rates on any annual review date (provided that a variation resulting in higher premium rates will not be made within one year of the commencement date of this policy).

Geographical limitations

None. Cover is worldwide.

Statutory fund

This policy forms part of the Insurer's statutory fund no. 1 and does not participate in the distribution of any surplus of the statutory fund.

Definitions

For the purposes of this policy the definitions set out below will apply; any term in the singular may be read to include the plural, and vice versa, unless the context clearly requires otherwise. Also, any term of the masculine gender may be read to include the feminine gender.

Accident as regards Section 1, means a sudden, unexpected, unusual, specific event, which occurs at an identifiable time and place, but will also include exposure resulting from a mishap to a conveyance in which the member is travelling.

Benefit as regards Section 1, means a disability, disability by accident or proportionate benefit.

Benefit period as regards Section 1, means the period stated in the schedule during which benefits are payable.

Benefit review date as regards Section 1, means the anniversary of the commencement of the payment of benefits in relation to a member.

Bodily injury as regards Section 2, means identifiable physical injury which:

- a) is caused by an accident, and
- b) solely and independently of any other cause, except illness directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the member within 12 calendar months from the date of the accident.

Dependant children means the member's and/or the member's spouse's unmarried dependant children, as long as they are under 18 years of age and living with the member or under 25 years of age while they are full-time students at an accredited institution of higher learning and primarily dependent upon the member for maintenance and support. This includes step or legally adopted children. A child who is physically or mentally incapable of self-support upon attaining age 19 may be continued under the policy while remaining incapacitated and unmarried as long as the member's coverage continues.

Disability as regards Section 1, means the member being unable by reason solely of illness or injury to attend to his or her occupation.

Disability benefit means a benefit payable under clause 2 of Section 1.

Disability by accident benefit means a benefit payable under clause 4 of Section 1.

Eligibility conditions means the conditions an employee must satisfy in order to become a member, and as are specified in the schedule.

Employee means an individual who is gainfully and permanently employed full time by the employer.

Employed/employment means being engaged in full time employment but does not include any person so engaged on a temporary basis.

Employer means the 'employer' named in the schedule and any associated or subsidiary employer included in the schedule.

Entry date means the first date that the employee may become a member having complied with the eligibility conditions.

Injury as regards Section 1, means bodily injury which is caused solely and directly by external, violent and accidental means and is independent of any other cause.

Illness means sickness, disease or disorder.

Insurer means AIA Australia limited (ABN 79 004 837 861 AFSL 230043).

Insured percentage as regards Section 1, means the member's monthly benefit as a percentage of the member's monthly income.

Maximum insurable age means the 'maximum insurable age' stated in the schedule.

Medical practitioner means a person legally qualified and registered to practise medicine and surgery and who is not a member or a relation of the member.

Member means an employee of the employer who complies with the eligibility conditions detailed in the schedule and has been admitted to insurance under this policy and remains for the time being a member.

Monthly benefit as regards Section 1, means such an amount as may from time to time be nominated by the policyholder and accepted by the Insurer as the monthly level of disability benefits for each member which amount will not exceed the maximum monthly benefit.

Monthly income as regards Section 1, means the average monthly income during the 12 months (or where the member has been employed with the employer for less than 12 months, averaged over the member's period of employment) as derived from his or her employment with the employer as an employee prior to the commencement date of disability.

Monthly income does not include any director's fees, commissions, investment income, income received from deferred compensation plans, disability income policies or retirement plans or income not derived from vocational activities or travel, overnight or per diem allowances.

Monthly income is to be determined at the commencement of disability in respect of that member or where there has been a subsequently agreed alteration to the level of monthly benefit, then at the date of the most recent alteration. Where a member has been granted leave of absence without pay for a cumulative period not exceeding 180 days during a policy year without break in cover continuity, their monthly salary prior to their leave of absence will be deemed unaltered during that period of leave of absence without pay for up to 180 days.

Non-specified illness means an illness (as defined), which;

- a) is by its nature or in origin, directly or indirectly consequent upon or contributed to by drugs of any type (including alcohol) unless prescribed by a medical practitioner in the treatment of the illness not falling within this definition; or
- b) is of such a nature as to be incapable of diagnosis by objective medical evidence; or
- c) is capable of diagnosis by such objective medical evidence, but has not been so diagnosed.

Occupation means the employment with the employer as a pilot or flight engineer.

Proportionate benefit means a benefit payable under clause 3 of Section 1.

Policy review date means the date upon which the Insurer reserves the right to vary the policy conditions.

Policyholder means the 'policyholder' named in the schedule.

Spouse means a person who is either;

- a) legally married to the member; or
- b) any defacto partner with whom the member has continuously cohabited for at least three consecutive months immediately preceding the date of injury.

Terrorist act means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) will not be considered terrorist acts.

Terrorist act will also include any act, which is verified or recognised by the (relevant) government as an act of terrorism.

Waiting period as regards Section 1, means the period stated in the schedule, which commences immediately following the day the member ceases to work due to an injury or illness as certified by a medical practitioner.

War means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

You and your means an employee or a member where applicable.

Aircrew Insurance Benefits Package

In consideration of receiving from the policyholder premiums as and when they fall due, the Insurer will, subject to the terms and conditions of this policy, pay to the policyholder on trust, the individual amounts of insurance set out in this policy.

1. Eligibility for insurance

1.1 Compulsory benefits

- a) the Insurer will accept for insurance the automatic acceptance limits under Section 1 (where applicable) for any person who:
 - i) is employed by the employer and actively carrying out their occupation on a full time basis at the date of nomination for this policy;
 - ii) conforms to the eligibility conditions that are listed in the schedule or agreed to between the policyholder and the Insurer from time to time; and
 - iii) is a member and is nominated by the policyholder.
- b) the Insurer reserves the right to decline to accept for insurance any person:
 - i) whom the policyholder fails to nominate within 30 days of first being eligible for insurance; or
 - ii) who was not actively carrying out their occupation on the entry date nominated by the policy Insurer holder, with the exception of those persons who complete 60 days continuous work from the date the person returned to their occupation.
- c) the payment of any benefit under this policy in respect of a member will always be subject to:
 - i) the terms and conditions of this policy;
 - ii) any special conditions; and
 - iii) any special terms and conditions of acceptance for insurance of that member.

1.2 Voluntary benefits

- a) the acceptance of an applicant for voluntary benefits coverage under sections 1 to 3, whether excess or otherwise, will be at the Insurer's absolute discretion and on such terms and conditions as it requires having regard to the person's state of health.
- b) to determine the person's state of health, a personal statement and declaration of health and any other evidence of insurability the Insurer may reasonably require must be provided. In addition, the Insurer may require the person to undergo a medical examination.

It is acknowledged by the policyholder that the Insurer will be relying on the information disclosed to the Insurer in these documents and any declarations made by the applicant concerned in determining whether to accept the person for the voluntary benefits. Any material change to the applicant's health during a pending application for insurance shall be declared to the Insurer.

Any applicant electing voluntary benefits must already be a member in accordance with the conditions of 1.1 above, except that as regards Section 2, spouse and dependant child(ren) of the member may also be insured, subject to the conditions provided for therein.

- c) the Insurer will notify the policyholder of any nomination for insurance which is rejected or which will only be accepted on special terms and conditions.

2. Commencement of cover

- 2.1 Subject to payment of premium and any other information required by the Insurer, the cover assumed by reason of this policy in respect of a member will commence on and from:
 - 2.1.1 In the case of the person being accepted for insurance under clause 1.1(a), the entry date of insurance, or
 - 2.1.2 In any other case, the date of acceptance by the Insurer for insurance.
- 2.2 The cover, which the Insurer assumes in relation to any person, will not under any circumstances commence prior to the inception date of this policy as stated in the schedule.

Section 1 – Income Protection insurance

3. Cover

The Insurer agrees with the policyholder that if a member suffers from a disability during the period of insurance, the Insurer will pay to the policyholder the benefits provided for herein monthly in arrears. Benefits payable for a period of less than 30 days will be payable at a daily rate of one-thirtieth of the benefit payable.

4. Income protection insurance benefits

Subject to the terms of this section, if a member (excluding members who fall under clause 1.1(b)) suffers from disability, the Insurer will pay the compulsory benefit or voluntary benefit at the rate of the monthly benefit for as long as the disability of the member continues from the same or related cause of the injury or illness causing the disability (for a maximum period equal to the benefit period). The Insurer is not required to commence payment of the disability benefit until the expiry of the waiting period.

5. Proportionate benefit

The Insurer will pay a proportionate benefit where:

- a) a member resumes employment after a period of disability during which disability benefits were paid under this section;
- b) the member receives a reduced monthly income; and
- c) the reduction in monthly income is as a result of the member's injury or illness requiring the member to resume employment:
 - i) in the member's usual occupation on a restricted basis; or
 - ii) in a different occupation.

The proportionate benefit will be equal to the insured percentage of the member's loss of monthly income. The proportionate benefit will be payable for as long as these circumstances exist subject to the expiry of the benefit period in respect of that member.

6. Continuous period of disability

If a member suffers disability within 180 days immediately following a period of disability from the same or related cause, the waiting period will be waived and the disability will be regarded as being continuous.

7. Indexation of benefits

- 7.1 The Insurer will adjust the amount of the income protection benefit payable in respect of a member where the member has been paid a benefit for a continuous period of 12 months. The Insurer will further adjust the benefit at the end of each further 12 month period during which continuous benefits have been paid.

- 7.2 The benefit will be adjusted at the lesser of:

- a) 5%, or
- b) the percentage adjusted in the published Australian consumer price index over the latest 12 month period.

8. Redundancy

Notwithstanding anything contained herein to the contrary, no Income Protection insurance benefit shall become payable under this policy as a result of the decision of the employer named in this policy to make a member redundant from his employment with such employer. The effective date of redundancy shall be as defined Section 1 clause 8 (h). Any claim by a member who is suffering from disability prior to the date of redundancy as defined will continue to be eligible for any benefits payable under this policy, except that Income Protection insurance benefits shall continue beyond the effective date of redundancy only for as long as the member continues to suffer disability and the continuation of disability must be supported by objective medical evidence.

9. Limitation on amount of benefits

- 9.1 The Insurer will reduce the level of any benefit payable where in aggregate the amount of any income protection benefits payable under this section and:

- a) any payments received by the member under any other policies of a similar nature; and
- b) any worker's compensation benefits which the member is entitled (whether paid or not),

exceeds 75% of the total value of the member's gross, pre-tax, remuneration package, being the sum of annual salary, overtime payments, shift allowances, bonuses, superannuation and other non salary benefits which form the total remuneration paid by the employer ('member's salary').

The reduction will be sufficient to ensure that the income protection benefit payable together with the aggregate of the other payments or entitlements will not exceed 75% of the member's salary.

- 9.2 When a member's workers' compensation entitlement is in dispute, the Insurer will pay the full amount of the income protection benefit on a conditional basis until the dispute is resolved. If the member is successful and is declared entitled to compensation benefits, it is a condition of this section that the policyholder will repay to the Insurer that part of any benefit, which would otherwise not have been paid, if not for the conditional payment. The Insurer may at any time obtain payment of this amount by off-setting it against any amounts that may subsequently become due to the policyholder.

For any one claim, the accumulative benefits paid for the same or related disability is five years, or the attainment of age 60, whichever occurs first.

10. Cessation of liability

Notwithstanding any other provision contained in this section, the liability of the Insurer to pay any benefits which have not already become payable in respect of a member will cease upon the occurrence of the earlier of any of the following events:

- a) upon the death of the member;
- b) on the day before the member commenced duty with the armed services of any country;
- c) upon the expiry of the benefit period in relation to that member or upon the member attaining 60 years of age, whichever occurs first;
- d) upon the member's attainment of the maximum insurable age;
- e) 30 days from the date the member ceases to be employed by the employer;
- f) where any premium or instalment of premium has not been paid, 30 days from the due date for payment of that amount;
- g) any other event or matter referred to in the schedule or by way of special condition; and
- h) on the day of any notice issued by the employer by any means advising the member of redundancy (including voluntary redundancy), termination, commencement of furlough or unpaid leave in excess of 180 days or dismissal for any reason. When a member is required to continue actively carrying out the flying duties of a commercial airline pilot during a notice period, liability shall continue until and including the last day of active flying duty.

11. Exclusions applicable to Section 1 of this policy

No benefit will be paid when disability is directly or indirectly caused by:

- a) any intentional self-inflicted injury or any attempt to commit suicide.
- b) normal pregnancy, uncomplicated childbirth or miscarriage.
- c) any other event or matter referred to in the schedule or otherwise by way of special condition.
- d) any special condition applied to a member.

Section 2 – Personal Accident insurance

1. Cover

The Insurer agrees with the policyholder, that if a member sustains bodily injury during the policy period, the Insurer will pay to the policyholder on trust, according to the schedule of compensation applicable to this section after the total claim is substantiated under this section.

In the case of voluntary excess benefits, coverage may be extended to apply to members of the member's spouse or dependant child(ren) as agreed by the Insurer and references in this section to 'member' will be deemed amended accordingly.

Provided always that:

- 1.1 The total sum payable under this section in respect of any one or more accidents shall not exceed the largest sum insured under any one of the items contained in the schedule of compensation or added to this section by endorsement.
- 1.2 If an accident causes the death of the member within 12 months following the date of the accident and prior to the definite settlement of the compensation for disablement provided for under items (2) to (19) of the schedule of compensation, the nominated beneficiary(ies) will be paid only the compensation provided for in the case of death.
- 1.3 Compensation shall only be payable under items of the schedule of compensation if:
 - a) under item (1), death occurs within 12 months of the date of the accident,
 - b) under items (3) to (19), loss occurs within 12 months of the date of the accident,
 - c) under item (2), the member becomes totally disabled within 12 months of the date of the accident, and such disablement lasts for 12 months.

2. Schedule of compensation

The percentages shown are of the capital sum insured.

- 1) Death 100%
- 2) Permanent total disablement 100%
- 3) Permanent and incurable paralysis of all limbs 100%
- 4) Permanent total loss of sight of both eyes 100%
- 5) Permanent total loss of sight of one eye 100%
- 6) Loss of or the permanent total loss of use of two limbs 100%

- 7) Loss of or the permanent total loss of use of one limb100%
- 8) Loss of speech and hearing100%
- 9) Permanent total loss of hearing in
 - a) both ears75%
 - b) one ear15%
- 10) Permanent and incurable insanity100%
- 11) Loss of speech50%
- 12) Permanent total loss of the lens of one eye50%
- 13) Loss of or the permanent total loss of four fingers and thumb of
 - a) right hand70%
 - b) left hand50%
- 14) Loss of or the permanent total loss of use of four fingers of
 - a) right hand40%
 - b) left hand30%
- 15) Loss of or the permanent total loss of use of one thumb
 - a) both right joints30%
 - b) one right joint15%
 - c) both left joints20%
 - d) one left joint10%
- 16) Loss of or the permanent total loss of use of fingers
 - a) three right joints10%
 - b) two right joints7.5%
 - c) one right joint5%
 - d) three left joints7.5%
 - e) two left joints5%
 - f) one left joint2%
- 17) Loss of or the permanent total loss of use of toes
 - a) all – one foot15%
 - b) great – both joints5%
 - c) great – one joint3%
- 18) Fractured leg or patella with established non-union10%
- 19) Shortening of leg by at least 5cm7.5%

Benefits 13 to 16 will be reversed if the member is left handed.

Nb: 'loss of limb' means actual severance at or above the wrist or ankle joints: and with respect to thumbs and index fingers, actual severance at or above the metacarpophalangeal or metatarsophalangeal joints.

3. Exclusions applicable to Section 2 of this policy

This section does not cover death or disablement directly or indirectly arising out of or consequent upon or contributed to by:

- 3.1 Violation or any attempted violation of the law or resistance to arrest;
- 3.2 Suicide or attempted suicide or self-inflicted injury or injury sustained whilst in a state of insanity;
- 3.3 The member engaging or taking part in;
 - a) any form of flying for remuneration including whilst being on duty in an aircraft operated or used by the member's employer from the moment of having embarked onto the aircraft to the point of having disembarked;
 - b) naval, military or air force services or operations;
 - c) professional sports or sport for remuneration.
- 3.4 Bodily injury and/or disability and/or illness and/or injury due to wilful or deliberate exposure to danger (other than that associated with usual everyday life and pastimes or in an attempt to save human life), self infliction, suicide or attempted suicide, or arising out of non-adherence to medical advice; or
- 3.5 Racing in or on any motor powered device; deep water diving more than 40 metres; recreational aviation or leisure flying of any form (other than as a fare paying passenger); mountaineering necessitating the use of ropes, pitons or guides; fighting (except in bonafide self defence).

Section 3 – Critical Illness insurance

1. Cover

The Insurer agrees with the policyholder, that if a member is diagnosed as suffering from a Critical Illness for a period of 30 days during the period of insurance, the Insurer will pay to the policyholder, according to the schedule of benefits applicable to this section after the total claim is substantiated under this section.

The Insurer will pay the Critical Illness benefit once only.

2. Critical illnesses covered

The following Critical Illnesses are covered:

2.1 Heart attack (myocardial infarction)

Means the death of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by:

- Typical rise and fall of cardiac biomarker blood test (troponin t, troponin I or ck-mb) with at least one level above the 99th percentile of the upper reference limit; plus
- Acute cardiac symptoms and signs consistent with myocardial infarction (e.G. Chest pain);

Or

- New serial ecg changes with the development of any of the following: st elevation or depression, t wave inversion, pathological q waves or left bundle branch block (lbbb).

If the above tests are inconclusive, the Insurer will consider other appropriate and medically recognised tests. Other acute coronary syndromes including but not limited to angina pectoris are excluded.

2.2 Coronary artery by-pass surgery

Means the actual undergoing of by-pass surgery (including saphenous vein or internal mammary graft(s) for the treatment of coronary artery disease). The operation must be for the treatment of one or more coronary arteries and angioplasty contra-indicated and must be considered necessary by a consultant cardiologist.

2.3 Stroke

Means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis, where the following conditions are met:

- There is an acute onset of objective and ongoing neurological signs that last more than 24 hours, and

- Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis.

Excluded:

- Brain damage due to an accident, infection or hypoxia;
- Transient ischaemic attack;
- Non-vasculitic inflammatory disease;
- Vascular disease affecting the eye, optic nerve or vestibular functions only.

2.4 Major organ transplant

Means having received, from a human donor, a medically necessary transplant involving one or more of the following organs: kidney, heart, liver, lung, bone marrow and pancreas.

2.5 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:

- Tumours which are histologically described as pre-malignant or showing the changes of 'carcinoma in situ';
- 'Carcinoma in situ of the breast' is excluded;
- Melanomas of less than 1 mm thickness, without ulceration as determined by histological examination which are also less than clark level 3 depth of invasion;
- All hyperkeratoses or basal cell carcinomas of the skin;
- Cutaneous squamous cell carcinomas of t3n0m0 and below grade tumours, where the tumour is less than five cm in greatest diameter;
- T1n0m0 papillary carcinoma of the thyroid less than one cm in diameter unless a total thyroidectomy has been undertaken and was considered by treating doctors to be appropriate and necessary treatment;
- Polycythemia rubra vera requiring treatment by venesection alone, and
- Tumours treated by endoscopic procedures alone.

2.6 Kidney failure

Means end stage renal failure, which presents as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.

2.7 Multiple sclerosis

Means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist.

2.8 Parkinson's disease

Means the unequivocal diagnosis of idiopathic parkinson's disease as confirmed by a consultant neurologist and requiring treatment. All other types of parkinsonism are excluded.

2.9 Motor neurone disease

Means the unequivocal diagnosis of motor neurone disease confirmed by a consultant neurologist.

2.10 Alzheimer's disease

Means the diagnosis of Alzheimer's disease as confirmed by a consultant neurologist, psychiatrist or geriatrician resulting in significant cognitive impairment.

Significant cognitive impairment means deterioration in the insured member's mini-mental state examination, or equivalent thereof, scores to 20 or less.

2.11 Dementia

Means the definitive diagnosis of dementia as confirmed by a consultant neurologist, psychiatrist or geriatrician resulting in significant cognitive impairment. Significant cognitive impairment means deterioration in the insured member's mini-mental state examination or equivalent thereof, scores to 20 or less.

Dementia as a result of alcohol or drug abuse is excluded.

2.12 Loss of independence

Means:

- 1) A condition as a result of injury or illness, where the member 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.

Bathing

Means the ability to wash themselves either in the bath or shower or by sponge bath without the assistance of another person. The insured member 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.

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 assistance of another person. The insured member 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.

Eating

Means the ability to feed themselves once food has been prepared and made available, without the assistance of another person.

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 assistance of another person. The insured member 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 insured member uses a commode, bedpan or urinal, and is able to empty and clean it without the assistance of another person.

Transferring

Means the ability to move in and out of a chair or bed without the assistance of another person. The member 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.

Or

2) Cognitive impairment, meaning all of the following:

- the Insured Member has suffered a total and permanent deterioration of intellectual capacity that has required you to be under continuous care and supervision by another adult person for at least six consecutive months; and
- this has been observed and evidenced by accepted standardised testing relevant to your condition; and
- at the end of the six-month period, in the reasonable opinion of an appropriate specialist Medical Practitioner, the Insured Member requires ongoing continuous care and supervision by another adult person.

Or

- 3) Loss of Use of Limbs and/or Sight means the total and irrecoverable loss by you of any of the following:
- use of both hands;
 - use of both feet;
 - sight of both eyes (to the extent of 6/60 or less);
 - use of one hand and one foot;
 - use of one hand and the sight of one eye; or
 - use of one foot and the sight of one eye.

2.13 Permanent total disability (own occupation only)

Means that:

- a) the member has suffered the total and irrecoverable loss of the:
- Sight of both eyes;
 - Use of two limbs;
 - Sight of one eye and use of one limb;

Or

- b) the member as a result of injury, sickness or disease:
- Has not performed any work for an uninterrupted period of at least six consecutive months solely due to the same injury, sickness or disease; and,
 - Is attending a medical practitioner and has undergone all reasonable and usual treatment including rehabilitation for the injury, sickness or disease; and
 - After consideration of all the medical evidence and such other evidence as the Insurer may require, has become incapacitated to such an extent as to render him or her unlikely ever to be able to engage in his or her own occupation or profession.

3. Exclusions applicable to Section 3 of this policy

This section does not cover any Critical Illness:

- 3.1 If a member is diagnosed with a Critical Illness as defined in 2. Above within 90 days of the coverage effective date.
- 3.2 Where the member does not survive for a period of at least 30 days after the diagnosis.
- 3.3 If the Critical Illness is caused by or results from Non-Specified Illness (as defined).
- 3.4 Any special condition applied to a member.

4. Benefits

This section provides a benefit in the event of a member surviving 30 days after diagnosis of one of the Critical Illnesses defined in this section.

We will pay the Critical Illness benefit once only.

Additional policy conditions

The following conditions apply to all sections of this policy

1. Claims

- 1.1 Written notice of a claim or potential claim must be given to the Insurer within a reasonable period of time from the commencement date of disability.
- 1.2 Upon receipt of a written notice of a claim or potential claim, the claimant shall provide the Insurer with the following information:
 - a) a completed TopCover accident & sickness report form.
 - b) a medical examination report obtained from a registered medical practitioner at the claimant's own expense.
 - c) a satisfactory proof of age prior to any payment of benefits.
 - d) a proof of pre-disability monthly income or any change in the monthly income during the period of claims. The proof required may include income tax returns, accountant's statements or any other proof which is acceptable by the Insurer.
 - e) any information and evidence as required by the Insurer at the expense of the claimant.
 - f) the Insurer reserves its right to request for any additional information which is deemed to be necessary.
- 1.3 The claimant shall provide to the Insurer from time to time or at regular intervals or within 60 days upon request a medical examination report by a registered medical practitioner as proof of continuing disability.
- 1.4 It is a condition of payment of any benefit that the claimant provides the Insurer with such evidence to substantiate the claim as they may reasonably require. The claimant must submit at the Insurer expense to any medical examination conducted by a legally qualified medical practitioner appointed by the Insurer, as they deem necessary.
- 1.5 In the event the claimant unreasonably or purposely delaying to provide the information required by the Insurer, the Insurer reserve the right to re-apply a waiting period of 180 days from the date the claimant furnished the satisfactory information required by the Insurer.
- 1.6 The member/claimant shall take all reasonable precautions to prevent accidents and shall comply with all statutory requirements and regulations material to the occurrence of any insured event as a condition precedent to our liability hereunder.

- 1.7 The Insurer reserves the right to refuse to pay any claim in the event the claimant unreasonably or purposely refusing to undergo recommended medical treatment, medical examination or rehabilitation programme by a registered medical practitioner. Medical treatment shall be sought and followed promptly on the occurrence of any bodily injury or illness and the Insurer shall not be liable for that part of any claims which in the opinion of its medical practitioner arises from the claimant's unreasonable or wilful neglect or failure to seek and remain under the care of a registered medical practitioner.

2. Complaints by members

In the event of a complaint made by a member, the member may refer the dispute in the first instance to the Insurer's internal dispute resolution committee. If the dispute is not resolved to the member's satisfaction, the member may then refer the dispute to the Australian Financial Complaints Authority (AFCA). The Insurer is a member of AFCA and is bound by decisions made by AFCA in respect of any disputed claim by an insured member. See page 5 for further information.

3. Payment of benefits

- 3.1 All benefits except for the death benefit are to be paid in respect of a member to the policyholder on trust or with its consent directly to the member and in the event of a death benefit, payment will be made to the member's nominated beneficiary(ies).
- 3.2 All payments will be made in Australian currency.

4. Variation/interpretation

- 4.1 The terms and conditions of this policy may only be varied where agreed to in writing by the parties or variations, which improve the benefits and are accepted by the policyholder.
- 4.2 The terms and conditions of this policy will apply notwithstanding any contrary provisions in any trust deed.
- 4.3 Special conditions in relation to this policy may be agreed to in writing between the parties from time to time.

5. Cooling off period

- 5.1 When you purchase the TopCover product, you will then have 14 days to check that the policy and benefits meet your needs. This is known as the cooling-off period.

Within this period you may return the policy and receive a full refund of all premiums paid*. The cooling-off period starts from the day when you received the policy schedule or from the end of the 5th day after the day on which AIA Australia sent the policy schedule to you, whichever is the earliest to occur.

5.2 To return your policy in the cooling-off period, please send AIA Australia:

- Your request to cancel the policy either by letter, fax or email or in any other manner permitted by law, and
- The policy.

* Note: you will lose the right to return your policy within the cooling-off period when you first exercise any right or power, other than this right to return your policy, which you have under the terms of your policy.

6. Cancellation

- 6.1 The policyholder may cancel this policy at any time by giving written notice and the Insurer will refund any premium paid by reference to the unexpired period of cover.
- 6.2 The Insurer may cancel the cover provided under this policy in respect of any member at any time where any premium (or any instalment of premium) due in relation to that member has not been paid within 30 days of the due date.
- 6.3 Members may cancel their cover at any time by giving written notice. The Insurer will refund any premium for the voluntary benefits cover only in accordance with the applicable percentage indicated below, but in no event less than the Insurer customary minimum premiums:

2 Months (minimum)	60%
3 Months	50%
4 Months	40%
5 Months	30%
6 Months	25%
Over 6 months	0%

All cancellations must be notified to the Insurer in writing.

- 6.4 Notwithstanding the cancellation of cover under this clause, members currently receiving benefits will be entitled to continue doing so as if the policy was still in force.
- 6.5 Members who are currently suffering from a disability, but are yet to satisfy the waiting period are eligible for benefits under the policy, notwithstanding the date of cancellation of the policy occurs during the waiting period.

7. Termination of cover for a member

Cover in respect of a member shall immediately terminate upon the happening of any one of the following:

- 7.1 Cancellation in accordance with the policy terms;
- 7.2 On payment of a Critical Illness benefit with cover being terminated with respects to Section 3 – Critical Illness only. Cover under sections 1 and 2 will remain in effect as per the member's schedule;
- 7.3 On the death of a member;
- 7.4 Upon the retirement of the member;
- 7.5 Upon the member leaving employment with the employer or the employer terminating the member's employment, whichever happens first.

8. Termination of cover for a spouse or dependant children

Cover for a spouse or dependant children shall immediately terminate upon the happening of any one of the following:

- 8.1 Cancellation in accordance of the policy terms;
- 8.2 On the death of the spouse or dependant children (whichever applicable);
- 8.3 Upon cancellation of the member's cover.

9. Surrender value

There will be no surrender value under any of the sections of this policy.

10. Stamp duty

Any stamp duty or other government charges levied from time to time in relation to this policy (including any duty or charges on premiums paid hereunder) will be paid by the insured member.

11. Law

This policy is governed by the laws of the Australian state or territory it was issued in and any dispute or action in connection therewith shall be conducted and determined in Australia.

12. Fraud

Any fraud, concealment, or deliberate mis-statement either in the information provided to the Insurer on which this policy is based or in relation to any other matter affecting this policy or if any claim is in any respect fraudulent or if any fraudulent means or devices are used by the policyholder or the member or anyone acting on the policyholder's or the member's behalf to obtain any benefit under this policy then any amount payable in respect of such claim shall be forfeited.

13. Premium adjustment

The premium for the number of members covered by the compulsory cover will be adjusted at the end of each renewal period of the policy using the following formula;

Number of members at the commencement date, less the number of members at the expiry date, multiplied by the premium per member for the compulsory cover as at the commencement date, divided by 2. The result will be the adjustment premium payable by the policyholder.

Renewal premiums will only be altered on a simultaneous and consistent basis between all members.

14. General exclusions applicable to all sections of this policy

This policy does not cover disability, death, disablement or Critical Illness directly or indirectly arising out of or consequent upon or contributed to by;

- a) war, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power.
- b) the intentional use of military force to intercept, prevent, or mitigate any known or suspected terrorist act.
- c) if the claim is a result of the influence of alcohol or drugs or narcotics upon a member unless administered by a member of the medical profession (other than the member) or unless prescribed by and taken in accordance with the directions of a member of the medical profession (other than the member).
- d) the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or

The dispersal or application of pathogenic or poisonous biological or chemical materials; or

The release of pathogenic or poisonous biological or chemical materials.

For the purposes of this exclusion, serious physical injury means:

- a) physical injury that involves a substantial risk of death; or
- b) protracted and obvious physical disfigurement; or
- c) protracted loss of or impairment of the function of a bodily member or organ.
- d) aids (acquired immune deficiency syndrome), arc aids related complex) or having an antibody positive blood test to human immunodeficiency virus (hiv and/or any hiv related illnesses) including derivatives or variations thereof, howsoever caused.

TopCover premium rates

Individual member voluntary premium rates – Australian dollars

Only the amounts shown in the tables are available.

Section 1 – Income Protection insurance

Additional monthly benefits available for purchase, including the apip group cover (A\$1,000 per month) is 75% of monthly income to a maximum A\$15,000.

Waiting period is 180 days and the benefit period is five years or to the attainment of 60 years of age, whichever occurs first.

Example:

Age next birthday: 39 years
 Annual premium rate: A\$178.66
 Additional benefit required: A\$5,000 per month
 Premium is: A\$178.66 x 5 = A\$893.30

Age next birthday	Annual premium rate per \$1000 of monthly benefit
Up to 25	\$135.62
26 To 30	\$139.68
31 To 35	\$158.01
36 To 40	\$178.66
41 To 45	\$263.87
46 To 50	\$293.85
51 To 55	\$346.46
56 To 59	\$280.20

Section 2 – Personal Accident insurance

2.1 Aircrew rates

Maximum additional benefit for the member is A\$500,000 including apip group pai cover (if purchased).

Sum insured	Annual premium
100,000	50.00
200,000	100.00
300,000	150.00
400,000	200.00
500,000	250.00

2.2 Spouse only and family rates

Maximum sum insured for spouse A\$500,000. Spouse shall include any common law or de facto spouse. Family premium includes spouse and any number of children, between 1 and 18 years of age, or up to 25 years if in full time education.

Spouse only rates

Sum insured	Annual premium
030,000	15.00
060,000	30.00
090,000	45.00
120,000	60.00
250,000	125.00
500,000	250.00

Family rates

Sum insured (spouse)	Sum insured (per child)	Annual family premium
30,000	10,000	24.00
60,000	15,000	43.50
90,000	20,000	63.00
120,000	25,000	82.50
250,000	50,000	170.00
500,000	50,000	295.00

Section 3 – Critical Illness insurance

Maximum sum insured A\$80,000 including any group ci cover (if purchased).

Rates shown below are per A\$10,000 of cover and can be purchased in units of A\$10,000.

Age next birthday	Non-smoker	Smoker
Up to 25	037.68	057.24
26 to 30	038.40	058.32
31 to 35	049.20	074.52
36 to 40	060.72	098.64
41 to 45	088.80	134.64
46 to 50	103.92	154.20
51 to 55	156.00	231.24

Stamp duty calculation

All premiums are subject to state stamp duty charges and are payable in addition to the premiums for all sections of cover. To calculate the applicable stamp duty payable on your selected cover(s), please use the following current stamp duty rates using your state of residence to determine which stamp duty is payable on your premium(s).

State	Stamp duty rate to apply to premium
NSW	5.00%
ACT	Nil
Tas	10.00%
Qld	9.00%
WA	10.00%
NT	10.00%
Vic	10.00%
SA	11.00%

All premiums quoted exclude stamp duty. Stamp duty must be added to the premium for each section of cover selected using the current state stamp duty rates.

Terms of coverage are as per this TopCover policy.

Privacy

This section summarises key information about how AIA Australia Group handles personal information including sensitive information. More information can be found in the full version of the AIA Australia Privacy Policy as updated from time to time at aia.com.au/privacy

Your privacy is important to us and AIA Australia is bound by the privacy act, and other laws which protect your privacy. The AIA Australia Group consists of AIA Australia Limited (ABN 79004 837 861 AFSL 230043) (AIAA), and its related bodies corporate, being AIA Financial Services Pty Limited (ABN68 008 540 252 AFSL 231109) trading as AIA Financial Wellbeing, CMLA Services Pty Ltd, Jacques Martin Pty Ltd and Jacques Martin Administration and Consulting Pty Ltd (together referred to as “**AIA Australia Group**”, “**we**”, “**us**” and “**our**”). Together, we provide you the following notification and information about our Privacy Policy and your rights.

Why AIA Australia collects personal information

We collect, use and disclose personal and sensitive information (“Personal Information”) for multiple purposes including:

- to process applications for our products and services (including products we distribute);
- to assist with enquiries and requests in relation to our products and services (including products we distribute);
- for underwriting and reinsurance purposes;
- to administer, assess and manage your products and services, including claims;
- to understand your needs, interests and behaviour and to personalise dealings with you;
- to provide, manage and improve our products and services;
- to provide you with financial advice;
- to maintain and update our records;
- to verify your identity and/or authority to act on behalf of a customer;
- to detect, manage and deal with improper conduct and commercial risks;
- for research, reporting and marketing purposes;
- to comply with applicable laws and regulatory obligations; and
- for any other purposes as outlined in the Privacy Policy.

The reasons why we collect, use and disclose Personal Information may vary depending on the product, service, or other circumstances in which you have engaged with AIA Australia Group.

Full details of the purposes for our collection of Personal Information are set out in our full Privacy Policy.

How AIA Australia collects, uses and discloses personal information

Personal Information may be collected from various sources, including:

- forms you submit;
- our records about your use of our products and services;
- our records from your dealings with us, including telephone, email or online interactions (including webchat); and
- public sources, social media, and third parties described in our Privacy Policy.

Further, we will collect and use Personal Information as and when it is required or authorised by law. These obligations are detailed further in our Privacy Policy.

Where you provide us with Personal Information about someone else you must have their consent to provide their Personal Information to us in the manner described in our Privacy Policy.

We may provide, collect and exchange your Personal Information with third parties, including:

- members of the AIA Group;
- the Insured Member, Policyholder, or beneficiaries of an insurance policy;
- service providers and contractors;
- your intermediaries, including your financial adviser, the distributor of your insurance policy, your employer, your treating doctor or your legal representatives, or anyone acting on your behalf (together, your “Representatives”);
- your employer, bank, medical professionals or health providers;
- partners used in our activities or business initiatives (including, if relevant to your policy, the Commonwealth Bank of Australia);
- our distributors, clients, and reinsurers;
- other financial services organisations involved in providing, managing or administering products or services recommended as part of any financial advice we provide to you;
- AIA Health Insurance Pty Ltd;
- other Insurers (including worker’s compensation Insurers, authorities, other private health Insurers) and their contractors and agents;

- regulatory and law enforcement agencies;
- other bodies that administer applicable industry codes; and
- other parties described in our Privacy Policy.

Where we provide your Personal Information to a third party, the third party may collect, use and disclose your Personal Information in accordance with their own privacy policy and procedures. These may be different to those of the AIA Australia Group.

Parties to whom we disclose Personal Information to may be located in Australia, South Africa, the United States, the United Kingdom, Europe, Asia and other countries including those set out in our Privacy Policy. If the Life Insurance Code of Practice (Life Code) applies to the insurance cover we provide you, we will comply with the Life Code when we collect, use and disclose your Personal Information.

Other important information

By providing information to us or your Representatives, submitting or continuing with a form or claim, or otherwise interacting or continuing your relationship with us, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of Personal Information as described in the Privacy Policy on our website and that you have been notified of the matters set out in this summary and the AIA Australia Privacy Policy. You agree that we may not issue a separate notice each time Personal Information is collected.

You must obtain and read the most up to date version of the AIA Australia Privacy Policy via aia.com.au/privacy, or by contacting us on 1800 333 613 for AIA or AIA Financial Wellbeing on 1800 434 044 to obtain a copy.

You have the right to access the Personal Information we hold about you, and can request the correction of your Personal Information if it is inaccurate, incomplete or out of date. Requests for access or correction can be directed to us using the details in the 'Contact us' section below.

Our full Privacy Policy provides more detail about our collection, use (including handling and storage), disclosure of Personal Information and how you can access and correct your Personal Information, make a privacy related complaint and how we will deal with that complaint, and your opt-out rights. Always ensure you are reviewing the most up-to-date version of the Privacy Policy as published at aia.com.au/privacy.

For avoidance of doubt, the Privacy Policy applicable to the management and handling of Personal Information will be the most current version published at aia.com.au/privacy, which shall supersede and replace all previous Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access, including but not limited to those contained in or referred to in any telephone recordings and calls, websites and applications, underwriting and claim forms, Product Disclosure Statements and other insurance and disclosure statements and documentation.

Contact us

If you have any questions or concerns about your Personal Information, please contact us as set out below:

AIA Australia limited
PO Box 6111
Melbourne VIC 3004
Phone 1800 333 613

AIA Financial Services Pty Limited, trading as
AIA Financial Wellbeing
PO Box 6051
Melbourne VIC 3004
Phone 1800 434 044

Prohibition of Certain Transactions

Despite anything to the contrary, there is no cover under this policy and AIA Australia is not obliged to make any payments or to provide any services or benefits in relation to this policy if:

1. Such cover, payments, services or benefits; or
2. Cover, payments, services or benefits provided by a third party in relation to or arising from the policy (including by a reinsurer of AIA Australia to AIA Australia);

Would contravene any united nations resolutions, prohibitions or restrictions on trade or economic sanctions or would contravene any laws, government policy, regulatory guidance or regulator requests (including in relation to trade or economic sanctions) in Australia, the european union or in any other jurisdiction applicable to the cover, payments, services or benefits by AIA Australia or the third party.



Application Form for Additional Voluntary Benefits

Version 23 – Issued 1 June 2024

TOPCOVER | VERSION 23 ISSUED 1 JUNE 2024

TOPCOVER

Aircrew Insurance Benefits Package

Please use a dark blue or black pen when filling in application.

Before you sign this application, be aware that we or your adviser are obliged to have provided you with a TopCover Product Disclosure Statement and Policy (together 'TopCover Policy') containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate for your needs.

Insured's Duty to Take Reasonable Care

Before a person enters into a life insurance contract, they have a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

When a person applies for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover a person, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about the person's personal circumstances, such as health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information the person gives us in response to our questions is vital to our decision.

If the Insured does not meet the duty

If the person does not meet their legal duty, this can have serious impacts on their insurance. There are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth) and are intended to put us in the position we would have been in if the duty had been met.

The person's 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.

Please note 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.

Before we exercise any of these remedies, we will explain our reasons and what the person can do if they disagree.

We may apply these remedies separately to each type of cover that we consider could form a separate Policy.

Guidance for answering our questions

The person is responsible for the information provided to us. When answering our questions, the person is required to:

- Think carefully about each question before they answer. If they are unsure of the meaning of any question, they should ask us before responding.
- Answer every question.
- Answer truthfully, accurately and completely. If they are unsure about whether they should include information, they should include it.
- Review their application carefully before it is submitted. If someone else helped prepare their application (for example, an adviser), they should check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before cover starts

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

If the Insured needs help

It's important that the person understands this information and the questions we ask. They should ask us or a person they trust, such as their adviser for help if they are having difficulty understanding the process of buying insurance or answering our questions.

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

Notifying the Insurer

If, after the cover starts, and the person thinks they may not have met their duty, please contact us immediately and we'll let them know whether it has any impact on the cover..

Privacy

Personal and sensitive information provided will be handled in the manner described in the AIA Australia Privacy Policy as updated from time to time, accessible by visiting our website at aia.com.au/privacy, or by contacting us on 1800 333 613 to request a copy.

AIA Australia handles and collects personal and sensitive information for purposes which include the administration of your policy or claim, the provision of products and services, our business operations and other purposes set out in the AIA Australia Privacy Policy.

By providing information to us or your adviser (and the licensed dealer or broker they represent), or other representative or intermediary, or by continuing your relationship and otherwise interacting with us, you confirm that you have been notified of the matters and consent to the collection, use, disclosure and handling of personal and sensitive information as described in the AIA Australia Privacy Policy as updated from time to time on our website. We rely on the accuracy of the personal information provided to us. If any of your personal information reflected in this form or any of the attachments is incorrect, out of date or incomplete, please call us on 1800 333 610 and we can take reasonable steps to correct the personal information. Where you provide us with personal and sensitive information about someone else, you must have their consent to provide their information to us in the manner described in the AIA Australia Privacy Policy.

Personal Details

Full Name (Surname first)	<input type="text"/>	(Main Applicant)
Passport No.	<input type="text"/>	Gender M/F <input type="text"/>
Date of Birth D/M/Y	<input type="text"/>	Age (Next Birthday) <input type="text"/>
Employer	<input type="text"/>	
Crew Mail Box	<input type="text"/>	
Occupation	<input type="text"/>	
Rank	<input type="text"/>	
Group Name	AUSTRALIAN PILOTS INCOME PROTECTION TOPCOVER – AIRCREW INSURANCE BENEFITS PACKAGE	
Staff No.	<input type="text"/>	
Home Address	<input type="text"/>	
	State <input type="text"/>	Post Code <input type="text"/>

Personal Details (continued)

Phone No.

Fax No.

Mobile No.

Email

I confirm that I am a full-time employee of Qantas Airways Limited and or one of its wholly owned subsidiaries.

☐ YES – IF NO, PLEASE DO NOT PROCEED WITH THIS APPLICATION.

Additional Benefits Required

Please tick the additional benefits you wish to purchase:

☐ Section 1 ... Income Protection Insurance

☐ Section 2 ... Personal Accident Insurance

☐ Section 3 ... Critical Illness Insurance

Note: Premium must be settled by either cheque or credit card.

SECTION 1 – Income Protection Insurance

Maximum coverage is A\$15,000 per month or 75% of **Gross Monthly Income***, whichever is the lesser.
(including the Group Benefit of A\$1,000 per month)

	Premium	
1. State your Gross Monthly Income* :	<input type="text" value="A\$"/>	
2. Compulsory Group Benefit:	<input type="text" value="A\$ 1,000.00"/>	<input type="text" value="A\$ 360.00"/> Fixed premium
3. Voluntary Additional Benefits: (maximum of 75% of Gross Monthly Income – \$1,000 Group Benefit)	<input type="text" value="A\$"/>	<input type="text" value="A\$"/> Refer to TopCover Premium Rates – Section 1 on page 18
4. Stamp Duty: (multiply premium totals by % applicable to your State of Residence)		<input type="text" value="A\$"/> Refer to the TopCover Premium Rates – Stamp Duty section on page 18
5. Total Annual Amount Payable for Section 1	<input type="text" value="A\$"/>	Please add 2, 3 and 4 above together.

***Monthly Income** as defined in the Definitions section on page 7.

SECTION 2 – Personal Accident Insurance

2.1 Benefits for the MAIN APPLICANT

Maximum coverage available is A\$500,000 *including* any Group Benefit (if applicable).

2.1.1 State Additional Benefit required:	<input type="text" value="A\$"/>
2.1.2 Annual Premium: (Transfer from TopCover Premium Rates – Section 2.1 on page 18)	<input type="text" value="A\$"/>
2.1.3 Stamp Duty (Refer to the TopCover Premium Rates – Stamp Duty section on page 18 applicable to your State of Residence.)	<input type="text" value="A\$"/>
2.1.4 Total Annual Amount Payable for Section 2 (Please add 2.1.2 and 2.1.3 together) =	<input type="text" value="A\$"/>

2.2 Benefits for MAIN APPLICANT'S SPOUSE AND FAMILY

A. Cover for Spouse ONLY

Maximum coverage available is A\$500,000 for Spouse. If cover required for Family (Spouse & Children) please complete Section 'B' below.

2.2.1 State Sum Insured /Coverage required:	<input type="text" value="A\$"/>
2.2.2 Annual Premium: (Transfer from TopCover Premium Rates – Section 2.2 on page 18)	<input type="text" value="A\$"/>
2.2.3 Stamp Duty (Refer to the TopCover Premium Rates – Stamp Duty section on page 18 applicable to your State of Residence.)	<input type="text" value="A\$"/>
2.2.4 Total Annual Amount Payable for Section 2.2 (Please add 2.2.2 and 2.2.3 together) =	<input type="text" value="A\$"/>

Name of Spouse:

Date of Birth D/M/Y: Passport No.:

Note: Spouse shall also include any common law or de facto spouse. Please provide Spouse's Name, Date of Birth and Passport No. above.

SECTION 2 – Personal Accident Insurance

B. Cover for Family (Spouse & Children)

Coverage for children depends on Sum Insured/Coverage chosen for Spouse.

2.2.5 State **Sum Insured**/Coverage required for Spouse:

A\$

2.2.6 State **Sum Insured**/Coverage required for each Child:

A\$

2.2.7 **Annual Premium:** (Transfer from TopCover Premium Rates – Section 2.2 on page 18)

A\$

2.2.8 **Stamp Duty** (Refer to the TopCover Premium Rates – Stamp Duty section on page 18 applicable to your State of Residence.)

A\$

2.2.9 **Total Annual Amount Payable for Section 2.2**

(Please add 2.2.7 and 2.2.8 together) =

A\$

Children's Full Name (Surname first)

Date of Birth (D/M/Y)

(1)

(2)

(3)

(4)

Note: Same 'Family Premium' applies irrespective of the number of Children covered.
If space is insufficient please use 'Additional Information' section below.

SECTION 2 – Total Personal Accident Payment:

(2.1.4 + 2.2.4 or 2.2.9)

A\$

SECTION 3 – Critical Illness Insurance

Maximum coverage available is A\$80,000 including any Group Benefit (if applicable).

3.1 Amount Critical Illness Benefit Required:

A\$

3.2 **Annual Premium:** (Transfer from TopCover Premium Rates – Section 3 on page 18)

A\$

3.3 **Stamp Duty:** (Refer to the TopCover Premium Rates – Stamp Duty section on page 18 applicable to your State of Residence.)

A\$

3.4 **Total Annual Amount Payable for Section 3:**

(Please add 3.2 and 3.3 together) =

A\$

Amount Payable

TOTAL ANNUAL AMOUNT PAYABLE (add Sections 1, 2 and 3 Totals) = * A\$

Any premiums calculated by you in this section will remain indicative only and may vary upon review and acceptance of this application. No premiums will be charged to your credit card until this process has concluded and your payment details provided within this form have been reconfirmed by you. We will also advise when we expect to deduct any premiums.

If you propose to pay by cheque, please contact us on 03 9009 4111.

Credit Card Payment Authorisation

Credit Card Payment: Please provide the following credit card details:

Card Type:

Card Issue bank:

Credit Card No.

Card Expiry Date:

Cardholder name:

Cardholder signature:

Premium amount:

Office use only:

Code:

Date:

IMPORTANT NOTICE: Credit Card refunds will be processed by us in the ordinary course of business. We will not accept any responsibility for credit card charges or fees incurred due to expired or cancelled cards or timing delays in processing refunds by the credit card issuer.

Personal Statement

Please answer the following questions:

1. What is your height cm/ft Your weight kg/lbs
2. Do you have or are you applying for life, disability, or critical illness insurance with any other provider (including through a superannuation fund)? ☐ Yes ☐ No
3. Have you ever been declined, deferred, or accepted on special terms for life, disability, or critical illness insurance? ☐ Yes ☐ No
4. In the last 5 years, have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection(s) (STIs) (examples, chlamydia, gonorrhoea, syphilis) or may have been exposed to the Human Immunodeficiency Virus (HIV) or hepatitis B or C (excluding if you are vaccinated and have immunity for Hepatitis B)? ☐ Yes ☐ No
5. Have you ever experienced symptoms of, or had, or been told you have, or received any advice, investigation, or treatment for any of the following:
 - Heart or blood vessel condition, high blood pressure or high cholesterol?
 - Liver, kidney, bladder, pancreas, bowel, or stomach condition?
 - Cancer or tumour, blood disorder or diabetes?
 - Neurological or brain condition, paralysis, loss of use of limb, epilepsy, or fits?
 - Lung or breathing condition, mental health condition?
 - Arthritis, chronic fatigue syndrome, fibromyalgia?
 - Muscle, tendon, joint, back or neck problems, hearing, or eyesight problems?☐ Yes ☐ No
6. Have you ever taken or received advice, treatment, or counselling for: The use of illicit or recreational drugs, or the misuse of prescription drugs or excessive consumption of or dependency of alcohol? ☐ Yes ☐ No
7. Do you have any other illness, disease, or disorder that you have not already told us about? ☐ Yes ☐ No
8. Has your Pilot/Flight Engineer licence ever been suspended or cancelled on medical grounds? ☐ Yes ☐ No
9. Have you consulted or been referred to a Medical Specialist in the last 5 years? ☐ Yes ☐ No
10. Have you smoked tobacco in the last 12 months? – If 'Yes', please state forms and quantities. ☐ Yes ☐ No
11. Have your biological parents, brothers or sisters had any of the following conditions before the age of 60: Heart Disease, Stroke, Cancer, Polycystic Kidney Disease, Diabetes, Huntington's chorea, Alzheimer's disease, Dementia, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Parkinson's disease, or any other hereditary disease? ☐ Yes ☐ No
12. What is the name and address of your doctor?

Note: If you answered 'Yes' to Question 2 please complete the section labelled 'Additional Information – Insurance Details' below.

If you answered 'Yes' to any other question(s) please provide full details in the section labelled 'Additional Information – Other Details' including dates, doctors attended, time off work, treatment, etc. below. [Please attach copies of any relevant medical reports you have relating to the condition(s).]

Additional Information

Insurance details – If you hold other relevant insurances please complete the following:

Insurance Provider	Type of Cover (e.g. Income Protection, PA, etc)	Benefit	Commencement Date	Endorsements/Exclusions of Policy

Other Details

Question No.	Date (D/M/Y)	Additional Information

Declaration

I have read and understand the TopCover Product Disclosure Statement (PDS). I/we request AIA Australia Limited (AIA Australia) to provide the insurance cover described in this application form and agree that the cover is subject to terms and conditions as described in the PDS. I agree to pay the applicable premium.

I understand that the cover I have applied for will not become effective until the application is accepted in writing by AIA Australia.

I declare that all statements made in the application form, including the Personal Statement are complete and true and that they are correctly and fully recorded and that no material information has been withheld or omitted concerning my past and present state of health and habits of life.

I also confirm that I have seen and read the "Insured's Duty to take reasonable care" section of the PDS and understand that its contents and what is meant by the duty to take reasonable care. I understand that the duty to take reasonable care continues after I have completed the application until AIA Australia has accepted the risk.

I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the AIA Australia Privacy Policy available at aia.com.au/privacy and summarised in the "Privacy" section set out in the PDS. I agree that any personal and sensitive information AIA Australia holds will be governed by the most current Privacy Policy and that AIA Australia may update its Privacy Policy from time to time by posting an updated version on their websites and that a separate notice about the Privacy Policy may not be provided in each instance of collection. I also acknowledge and agree that my personal and sensitive information may be disclosed to third parties (including those based overseas that may have different privacy related obligations to AIA Australia).

I declare that the Main Applicant is a pilot or flight engineer in full-time employment with Qantas Airways Limited and/or one of their wholly-owned subsidiary companies.

Consent wording (for living adults)

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, AIA Australia, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Even if we collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your Duty to Take Reasonable Care under the *Insurance Contracts Act 1984* (Cth).

Please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to AIA Australia, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form AIA Australia asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Signature of Main Applicant

X

Date of Application

DD / MM / YY

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to AIA Australia, or to third parties they engage, only if AIA Australia has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Signature of Main Applicant

X

Date of Application

DD / MM / YY

Additional Declaration

Note: To be signed by Main Applicant when Section 2.2 – Personal Accident for Spouse and/or Family has been purchased.

I/We have read and consent to the collection, use and disclosure of my/our personal and sensitive information as described in the TopCover Policy provided to me/us and the AIA Australia Privacy Policy available at aia.com.au/privacy as updated from time to time, including for marketing purposes.

I/We also confirm that I/we have seen and read the TopCover Policy.

Signature of Main Applicant

X

Date of Application

DD / MM / YY

Final Checklist (please ✓ tick)

- ☐ You have seen and read the TopCover Policy.
- ☐ Complete all required Section(s) of this 'Application Form' including the 'Personal Statement' section.
- ☐ Calculate your annual additional benefits premium in **A\$** using the TopCover Premium Rates on page 18.
- ☐ Complete 'Premium Payment Authorisation' Section
- ☐ Make a copy of the whole 'Application Form' for your files
- ☐ Forward **SIGNED ORIGINALS** of **completed** 'Application Form' to
TopCover Administration
AIA Australia Group Operations
Level 6, 509 St Kilda Road
MELBOURNE VIC 3004
or email au.topcover@aia.com

If you have any questions please call AIA Australia: Phone 03 9009 4111.

Registered Office

509 St Kilda Road, MELBOURNE 3004

Phone: 1800 333 613

email: au.topcover@aia.com

AIA Australia

509 St Kilda Road
Melbourne VIC 3004

aia.com.au/topcover