AIA PRIORITY PROTECTION

TPD CORE Disclosure Document

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aia.com.au

This document should be read in conjunction with the full PDS applicable to your policy.
To obtain your relevant PDS, go to https://www.aia.com.au/en/help-and-support/policyholder-information

Your duty to take reasonable care

This section applies only if you are adding TPD CORE cover to your existing policy, or if you are changing your current TPD Any Occupation cover to TPD CORE Own Occupation cover.

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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

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

If you do not meet your duty

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

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

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

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

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

Changes before your cover starts

Before your cover starts, there could be changes in your health or circumstances that mean you would now answer our questions differently. Please contact us immediately about any changes when they happen, as any changes might require further assessment or investigation before we can complete our assessment.

If you need help

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

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

Notifying the insurer

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

Pre-existing Condition

Your Policy will not provide cover in respect of any Pre-existing Condition, except if:

- you disclosed the Pre-existing Condition to us before the commencement, reinstatement or increase of the applicable benefit and we did not limit or exclude cover provided under that benefit in respect of that Pre-existing Condition; or
- you did not disclose the Pre-existing Condition to us before the commencement, reinstatement or increase of the applicable benefit in circumstances where cover provided under that benefit would not have been declined, limited or excluded by us, nor would we have applied a loading, on the basis of that Pre-existing Condition, or
- at the date the original cover commenced or the date of the most recent reinstatement or increase, you were not aware of, and a reasonable person in the circumstances could not be expected to have been aware of, the Pre-existing Condition.

Note: The Pre-existing Condition exclusion above does not apply to the Complimentary Family Final Expenses benefit.

Cooling-off period

If you aren't happy that your new TPD CORE cover meets your needs, you may take advantage of our cooling-off period and cancel it within 30 days of the earlier of:

- the day we confirm in writing that your TPD CORE cover has started
- the end of the fifth day after the day on which the TPD CORE cover started.

You will lose the right to cancel the TPD CORE cover under the cooling-off period if you have exercised any right or power in respect of the TPD CORE cover, other than the right to cancel it under this cooling-off period.

1. Total and Permanent Disablement CORE

Pays a lump sum if you suffer Total and Permanent Disablement due to Injury or Sickness – includes a different claim criteria for certain Specified Conditions including Mental Illness.

Under TPD CORE, some medical conditions may be classed as a 'Specified Condition'. Claims arising from, or related to, a Specified Condition are subject to additional claims criteria.

These additional criteria include:

- completion of a 24-month Minimum Treatment Period; and
- for mental health conditions, assessment under the Psychiatric Impairment Rating Scale (PIRS) framework, with a minimum severity rating of 31% for the condition to be considered a Severe Functional Impairment.

Where a claim under TPD CORE arises from, or is related to, a Specified Condition, the claim will only be assessed against your ability to ever engage in any work for which you are reasonably suited by education, training or experience (Any Occupation). This includes where your cover is held under a TPD CORE (Own Occupation) policy.

These additional claims requirements do not apply to any condition which is not considered to be a Specified Condition. However, where a Specified Condition materially contributes to your disability, the Specified Condition requirements will apply.

This is a summary only. For the full terms and conditions that apply to a TPD CORE claim, please refer to Section 12.1 of the AIA Priority Protection PDS and the related definitions.

Availability

TPD CORE can be purchased as:

- a Rider Benefit to Life Cover (Ordinary Plan, Linked Benefit or Superannuation Plan).

Cover type	Outside super		Inside super
TPD CORE	Ordinary Plan	Linked Benefit (Superannuation PLUS or Maximiser)	Superannuation Plan

1.1 General terms and conditions

Sum Insured limits

	Occupation Categories		
Benefit	**A1, A2, M, A3, A4, B1, B2, C1, C2**	**D**	**Conditions**
TPD CORE • Rider Benefit to Life Cover	$3 million	$2 million	Maximum limit applies to the total sums insured for TPD, TPD Stand Alone, Double TPD, TPD CORE, Accidental TPD, Universal TPD, Universal TPD Stand Alone, Double Universal TPD and other similar benefits under other policies with us and other insurers. Rider Benefit cannot exceed the Sum Insured of the main benefit.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age			
		All occupations	A1, A2, M, A3, A4	B1, B2	C1, C2	D
TPD CORE	Variable age-stepped premium	15 years	63 years	63 years	59 years	54 years
	Optimum & Variable premium	34 years	63 years	63 years	59 years	54 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories	
	A1, A2, M, A3, A4	B1, B2, C1, C2, D
TPD CORE	70th birthday	65th birthday

1.2 Benefit overview

Insurance cover	Premium options
Total and Permanent Disablement CORE	• Variable age-stepped premium • Variable premium • Optimum

Table 5

Table 5 shows the benefits available under TPD CORE. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. Please refer to the Your Obligations section of Section 10.1 of the AIA Priority Protection PDS for important information on your obligations related to this benefit. The benefits that apply to you will be shown on your Policy Schedule.

Built-in Benefits	Ordinary Plan	Linked Benefit	Superannuation Plan	Section
Total and Permanent Disablement CORE Pays a lump sum equal to the Sum Insured as at the end of the applicable qualifying period if you are disabled according to your applicable TPD definition (see Section 2): • TPD CORE Own Occupation* • TPD CORE Any Occupation *If you select a Superannuation Plan, the TPD CORE Own Occupation definition is only available if you also select a Linked Benefit (see Section 9.2 of the AIA Priority Protection PDS).	✓	✓	✓	1.3
Partial and Permanent Disablement Provides a partial payment from your Sum Insured if you suffer the permanent loss of the use of one arm, one leg, or sight in one eye. The advance payment is 25% of the Sum Insured up to a maximum of $750,000.	✓	✓	–	1.3
Conversion to Loss of Independence Instead of TPD CORE benefit ending on your Expiry Date, we will convert the cover to a Loss of Independence benefit until the Expiry Date of the Life Cover benefit to which the TPD CORE cover is a Rider Benefit. Conversion to Loss of Independence is not available within a Superannuation Plan, or Maximiser.	✓	✓	–	1.3
Day 1 TPD Removes the qualifying period for benefit payments for selected 'Other Serious Crisis Events'.	✓	–	✓	1.3

Built-in Benefits	Ordinary Plan	Linked Benefit	Superannuation Plan	Section in PDS
Conversion option Allows you to convert your TPD CORE cover under a Superannuation Life Cover Plan to an Ordinary Plan prior to the Expiry Date of your TPD CORE benefit.	–	–	✓	9
Financial Planning Reimbursement Pays up to $5,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies. The maximum total amount payable under all policies with us for the life insured is $5,000.	✓	✓	–	7
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.	✓	✓	✓	7
Premium and Cover Pause Benefit For eligible policies, and subject to acceptance of an application, allows you to pause premiums and cover for a period of 3, 6 or 12 months in certain circumstances.	✓	–	–	7
Accommodation Benefit Where we pay the TPD CORE Sum Insured, we will reimburse the accommodation costs incurred by your Immediate Family Members whilst you are confined to a bed more than 100 km from your usual place of residence (up to $250 per day for up to 30 days). The Accommodation benefit can assist an Immediate Family Member with the costs of accommodation to be near you provided you are confined to a bed or hospitalised.	✓	✓	–	7
Counselling Benefit Where we pay the TPD CORE Sum Insured, we will also pay $200 for each time you and/or an Immediate Family Member attend a session of Counselling related to the claimable event, up to a maximum total value of $1,200 per Life Insured.	✓	✓	–	7
Complimentary Interim Accidental Total and Permanent Disablement Cover Pays a lump sum outside superannuation in the event that you become Totally and Permanently Disabled whilst we are assessing your application, **solely** because of an Accidental Injury. This cover applies for up to 90 days from the date of your signed application.	✓	✓	–	13

Optional Extra	Ordinary Plan	Linked Benefit	Superannuation Plan	Section in PDS
Total and Permanent Disablement Buy Back (only available where TPD CORE is purchased as a Rider Benefit to Life Cover)	✓	✓	✓	3

1.3 Built-in Benefits

This section sets out the terms and conditions of the Built-in Benefits that apply specifically to TPD CORE as indicated in Table 5. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 1.1–8.

The rest of the benefits listed in the table are not specific to TPD CORE and can apply to other insurance cover described in the AIA Priority Protection PDS. For information about those benefits, please refer to the sections indicated in the table.

1. Total and Permanent Disablement

We will pay a lump sum equal to the TPD Sum Insured if you are disabled according to the TPD definition shown on your Policy Schedule.

The definitions available under the TPD benefit are:

- Total and Permanent Disablement CORE (Own Occupation)*
- Total and Permanent Disablement CORE (Any Occupation)

*If you select a Superannuation Plan, the Total and Permanent Disablement CORE (Own Occupation) definition is only available if you also select a Linked Benefit (Superannuation PLUS or Maximiser – see Sections 3.7 and 9.2 of the AIA Priority Protection PDS).

See Section 2 for details of each TPD definition.

2. Partial and Permanent Disablement and Accidental Partial and Permanent Disablement

We will make a partial payment of 25% of the Sum Insured up to a maximum of $750,000 if you suffer the permanent loss of use of one arm, or one leg, or the permanent loss of sight in one eye.

This benefit will be paid only once during the lifetime of the Policy, and any partial payment made will reduce the relevant TPD CORE Sum Insured amount.

3. Conversion to Loss of Independence

At the Expiry Date for your Occupation Category shown in Section 1.1, your TPD CORE benefit will convert to a Loss of Independence benefit, which will continue until the Expiry Date of the Life Cover benefit to which the TPD CORE is a Rider Benefit).

If you make a claim after the conversion, we will pay the Loss of Independence Sum Insured if you meet the Loss of Independence definition.

We will only pay this benefit once.

4. Day 1 TPD

To qualify for a TPD CORE benefit payment you must have Ceased Work and been unable to work for an uninterrupted period of three consecutive months. However, we will remove this qualifying period under the Day 1 TPD benefit if you suffer one of the following 'Other Serious Crisis Events':

- Alzheimer's Disease or Dementia with significant cognitive impairment
- Blindness
- Loss of Hearing
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paralysis (total and permanent), or
- Parkinson's Disease.

See the medical definitions above in Section 12.2 of the AIA Priority Protection PDS.

Please note that you will still need to satisfy all other requirements of the TPD CORE definition shown on your Policy Schedule to qualify for the Day 1 TPD benefit.

1.4 Limitations and exclusions

Limitations and exclusions that apply to TPD CORE are listed below. If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9 of the AIA Priority Protection PDS).

Exclusions

A benefit is not payable for TPD CORE in relation to any event or disablement:

- where disablement is related to intentional self-inflicted injury or any such attempt by you
- where disablement is resulting from imprisonment or related to your participation in an unlawful activity punishable by imprisonment.

Benefit reductions – TPD CORE

The TPD CORE Sum Insured will be reduced by the amount of any claim paid on the following Built-in Benefits, Rider Benefits or Optional Extras (including any Linked Benefits attached to the Superannuation Life Cover Plan):

- TPD
- TPD CORE
- Accidental TPD
- Partial and Permanent Disablement
- Accidental Partial and Permanent Disablement
- Day 1 TPD
- Universal TPD*
- Loss of Independence* (Built-in Benefit to TPD and Crisis Recovery)
- Death or Terminal Illness* (Built-in Benefit to Life Cover)
- Crisis Events* (Built-in Benefit to Crisis Recovery and Double Crisis Recovery)
- Partial Payments* (Built-in Benefit to Crisis Recovery and Double Crisis Recovery)
- Crisis Extension Events* (Built-in Benefit to Crisis Extension).

The TPD CORE Sum Insured will also be reduced by the amount of any Final Expenses* claim paid to the extent necessary to ensure the TPD CORE Sum Insured is not higher than the Life Cover Sum Insured.

Following the payment of any benefits listed above, the premium for TPD CORE will be adjusted to reflect the reduction in the Sum Insured.

*The TPD CORE Sum Insured will not be reduced by a claim on these benefits where the TPD, Universal TPD, Accidental TPD or Crisis Recovery cover (as applicable) is held as a Stand Alone benefit or, in the case of Crisis Extension cover, is held as an Optional Extra to Crisis Recovery Stand Alone.

Sum Insured reduction – Total and Permanent Disablement

The following Sum Insured reductions apply to TPD CORE cover:

- **Policy Anniversary prior to age 65 – Occupation Categories: A1, A2, M, A3, A4**

  If, at the Policy Anniversary prior to your 65th birthday, the total of the Sums Insured for all total and permanent disablement benefits and all benefits under the Crisis Recovery Stand Alone benefit that include the phrase 'Total and Permanent Disablement' is greater than $3 million, we will reduce the Sum Insured to $3 million.

Loss of Independence Limitations

In the event of a claim under the Loss of Independence benefit, the Life Cover Sum Insured, Crisis Recovery and Crisis Extension Sum Insured will be reduced by any amount paid under this benefit.

The Loss of Independence Sum Insured will be reduced by any payment under Terminal Illness, Crisis Recovery, Crisis Extension or Double Crisis Recovery benefits.

Loss of Independence Sum Insured

The total of the Loss of Independence Sums Insured includes the Sum Insured of any applicable benefits converted under the Policy as follows:

- TPD
- TPD CORE
- TPD Stand Alone
- Double TPD
- Accidental TPD Stand Alone, and
- Crisis Recovery.

Conversion to Loss of Independence and Sum Insured reduction

Policy Anniversary prior to age 65 – Occupation Categories B1, B2, C1, C2, D and Home Duties

When your TPD CORE Sum Insured converts to Loss of Independence at the Policy Anniversary prior to your 65th birthday, the Sum Insured will be a total of:

- the Stand Alone Sums Insured for TPD, Universal TPD and Accidental TPD (under the Life Cover Plan), and
- the highest of the Rider Benefit or Optional Extra Sums Insured for TPD, Double TPD, Universal TPD and Double Universal TPD (under the Life Cover or Superannuation PLUS benefit).

If, at the Policy Anniversary prior to your 65th birthday, the Loss of Independence Sum Insured is greater than $2 million, we will reduce the Sum Insured to $2 million.

Policy Anniversary prior to age 70 – Occupation Categories: A1, A2, M, A3, A4

When your TPD CORE Sum Insured converts to Loss of Independence at the Policy Anniversary prior to your 70th birthday, the Sum Insured will be a total of:

- the Stand Alone Sums Insured for TPD, Universal TPD and Accidental TPD (under the Life Cover Plan), and
- the higher of:
  - the Crisis Recovery Sums Insured, and
  - the highest of the Rider Benefit Sums Insured for TPD, Double TPD, Universal TPD and Double Universal TPD (under the Life Cover or Superannuation PLUS benefit).

If, at the Policy Anniversary prior to your 70th birthday, the Loss of Independence Sum Insured is greater than $2 million, we will reduce the Sum Insured to $2 million.

Sum Insured reductions – you choose

Where a maximum limit applies to a benefit (or benefits), the Sum Insured needs to be reduced to ensure the total Sums Insured do not exceed the Policy limit. You can instruct us as to which Sums Insured you wish to reduce or cancel. If we do not receive your instructions, we will determine which Sums Insured are reduced and advise you of this in writing.

1.5 When cover begins and ends

TPD CORE will begin on the applicable Commencement Date shown on your Policy Schedule and end at the earliest of:

- payment of the full Sum Insured
- the lapse or cancellation of the benefit or Policy (see Section 10.2 of the AIA Priority Protection PDS)
- the Expiry Date of the Life Cover benefit (where TPD CORE cover is purchased as a Rider Benefit to Life Cover)
- the lapse or cancellation of the Superannuation Life Cover Plan (where TPD CORE cover is taken as a Superannuation PLUS benefit)
- the payment, lapse or cancellation of the linked Superannuation TPD benefit (where the Maximiser benefit has been selected as a Linked Benefit under the Superannuation Life Cover Plan)
- your passing away, or
- the Expiry Date of the benefit.

1.6 Your obligations

In providing you your policy, we've contracted to insure you for the agreed cover set out in your Policy Schedule. While we've accepted the risks associated with any potential loss we have insured, you also have an obligation to mitigate your loss. You must not knowingly contribute to the severity or duration of any disablement or insured event, or your claim may not be accepted.

The following is applicable for all variants of TPD including TPD CORE:

You have an obligation to have been actively engaged with and undergone, *all Reasonable Treatment and Rehabilitation* recommended for the condition.

Evidence of Reasonable Treatment and Rehabilitation is considered alongside all other medical, functional and vocational evidence to help determine whether the condition:

- has stabilised;
- is not reasonably expected to materially improve with further treatment; and
- has resulted in a permanent loss of your ability to work .

Satisfying Reasonable Treatment and Rehabilitation requirements does not, on its own, establish entitlement to a TPD or TPD CORE benefit. It forms part of the overall assessment of your claim.

The payment of Total and Permanent Disability or Total and Permanent Disability (CORE) benefits will only be considered once your condition has reached a point where functional improvement is unlikely, even with additional intervention or treatment (medical and non-medical).

In arriving at this determination, we will consider all medical information from your specialist Medical Practitioner and other Medical and allied health providers. If reasonably required, we will also seek independent specialist Medical Practitioner opinion.

The following is applicable for Income Protection CORE:

Payments Under Income Protection CORE may be withheld or delayed during periods of Total or Partial Disablement including where the disablement cannot be assessed until a later date, if:

- you have not consulted a Medical Practitioner about the claimed condition within 7 days of ceasing work; or
- you are not under the regular care of, or do not follow the prescribed advice, treatment plan or rehabilitation provided by, an appropriate Medical Practitioner in respect of the claimed condition.

These requirements may not apply for periods where, in the reasonable opinion of a specialist Medical Practitioner, continued or future treatment would be of no benefit, or it was not reasonably possible for you to seek and follow medical advice or treatment. If reasonably required, we will also seek independent specialist Medical Practitioner opinion.

Because different Specified Conditions covered under TPD CORE can affect people in different ways, there may be additional considerations relevant to what is Reasonable Treatment and Rehabilitation for a particular condition. The table below outlines those condition specific factors only. The general principles described in Section 1.7 'Your obligations' apply to all *Specified Conditions*.

Condition type	Additional condition specific considerations
Mental Health Conditions	• Whether treatment has involved appropriate psychiatric and/or psychological care where clinically indicated. • Use of structured psychological therapies delivered by suitably qualified practitioners. • Medication management where appropriate for the condition and severity including pharmacological, psychological, physical and multidisciplinary interventions where clinically indicated. • Evidence of continuity, monitoring and review of treatment over time to assess whether further meaningful improvement is likely.
Chronic fatigue-like conditions and post-viral syndromes	• Evidence of clinically observed fatigue over a period not shorter than the Minimum Treatment Period. • Appropriate medical investigations to support the diagnosis and exclude other treatable causes of fatigue or functional limitation. • Management by a suitably qualified medical practitioner and, where appropriate, relevant specialists. • Treatment or management over a sufficient period to allow the condition to stabilise. • Evidence that current functional capacity represents a stable outcome despite reasonable management. • Evidence of attempts at, and outcomes of, functional restoration.

Condition type	Additional condition specific considerations
Fibromyalgia and chronic pain-like conditions	• Appropriate assessment to support the diagnosis and exclude other identifiable causes of pain. • The implementation of pain management programs. • Involvement of suitably qualified medical practitioners and, where appropriate, pain or rheumatology specialists. • Treatment and rehabilitation over a sufficient period to allow symptoms and functional capacity to stabilise. • Evidence that ongoing functional capacity reflects a stable outcome despite reasonable management.
Spinal pain (including low back pain) and degenerative spinal conditions	• Medical assessment and investigation to assess symptoms and exclude treatable pathology. • Appropriate conservative management consistent with the nature of the condition. • Treatment and rehabilitation over a sufficient period to allow functional capacity to stabilise. • Consistent evidence that current functional capacity represents a stable outcome despite reasonable management.

1.7 Making a claim

We understand that when you need to make a claim it may be a difficult time for you or your loved ones. We know you want the process to be as fast, easy and transparent as possible.

Our priority is to support you through the process, ensuring that you understand what's happening every step of the way and that you get the support that your policy provides, as soon as possible. This section is designed to help you understand the claims process, how your claim will be assessed and your obligations in supporting our assessment of your claim.

You or your beneficiaries should notify us as soon as practical of any claim or potential claim against the Policy. The event giving rise to your claim must have occurred while the Policy was in force.

Following our receipt of your written notice of a claim, we will provide you with the appropriate forms so that proof of your claim can be filed with us. The forms can also be obtained by contacting our Claims Department on 1800 333 613.

The completed claim forms (where relevant) and any other information we reasonably request as proof of any entitlement to claim must be provided to us. If the Policy is held through a superannuation fund (other than a Self-managed superannuation fund), this information must also be provided to the relevant trustee.

To help inform a reasonable opinion on your claim, we will require access to all information relevant to the assessment of your condition. This may include information to consider the disclosures and representations you made when you applied for, reinstated or changed the Policy. All certificates and evidence must be provided in the form we reasonably require.

Our assessment of your claim may require obtaining information such as the following;

- Medical evidence from treating providers, Medicare, Pharmaceutical Benefits Scheme, Pharmacy Dispense History and private health insurance records; and
- Additional medical evidence as well as evaluation of the insured member's functional capacity through use of a relevant specialist together with a vocational consultant (as required) to assess whether the applicable Policy definition has been met.
- Verification of employment and occupation, including information from the Life Insured employer about the regular hours worked, last date at work, and details of their duties including a job description;
- Information from various third parties in relation to the claim, including any other income or commutation of income, paid or payable in respect of a Life Insured as a result of the claimed sickness or injury, including:
  - sick leave payments,
  - any amounts payable under legislation such as workers compensation or motor accident compensation,
  - any award or settlement under common law for loss of earnings or loss of earning capacity (whether received as capital or income), and
  - any benefits payable under other income protection insurance policies.
- Information on lifestyle and pastimes. This may include information to consider the disclosures and representations you made when you applied for, reinstated or changed the Policy.
- Financial information relevant to the assessment of your claim.
- Details of any return to work attempts, including their timing, duration, nature, and outcome, as well as any supports or adjustments provided, to assist in assessing functional capacity and the ability to sustain work.

It is a condition of the Policy that any information we reasonably require must be provided, and participation in the assessment activities reasonably required must be undertaken, to enable us to assess your claim and determine your entitlement to benefits.

If any reasonably required information is missing, assessment may be delayed while the any outstanding information is obtained

Reports from other registered, AHPRA regulated, medical practitioners, psychologists, or allied health professionals will be considered as supporting evidence.

Assessing the severity of your condition and its impact on your functional capacity

Where appropriate and reasonably necessary in connection with your claim, we may require you to;

- undergo one or more medical, functional, vocational or other assessments or interviews completed by an independent medical examiner (IME), vocational consultant or relevant specialist to assess whether a definition under the policy has been met;
- undergo other relevant medical examinations (including blood tests and other tests);
- attend a rehabilitation counsellor or similar speciality.

Medical, functional, vocational or other assessments may be reasonably used by us to determine:

- the severity of any impairment arising from the condition,
- the impact of that impairment on the Life Insured's functional capacity, including their ability to perform work or daily activities, and
- whether the functional impairment is permanent in nature.

We will use assessment frameworks that are reasonable and appropriate to assess these matters having regard to the nature of the condition/s.

All assessments must be completed by a suitably qualified Medical Practitioner or allied health professional, approved by us, acting reasonably, who has, where required, completed any mandatory required training associated with the delivery of the relevant functional assessment methodology.

Any assessments we require under the policy will be arranged and paid for by us.

Where practicable, we will provide you with a choice of appropriately qualified and independent practitioners from which you may select to complete the assessment.

We reserve the right to require any information or documents not listed above, but those which are reasonably necessary for the assessment of the claim and establishing our liability to pay a benefit under the policy. Where reasonable the Life Insured may also be required to attend interviews by a member of our staff or someone appointed by us to fully consider the claim.

Where multiple conditions collectively contribute to disability, assessment under any TPD or Income Protection related benefit will have regard to their combined functional impact, provided each condition is supported by appropriate Medical Evidence and Opinion.

Any specific assessment frameworks referred to in this Policy are those recognised as appropriate for assessing the severity and functional impact of specific conditions as at the date of this Disclosure Document.

If, at a future time, any referenced assessment framework:

- is no longer available,
- is materially changed, superseded or withdrawn, or
- is no longer considered reasonably appropriate for assessing the relevant condition,

we may rely on an alternative assessment framework that is suitable for assessing the severity of impairment, the impact on functional capacity, and the permanent nature of that impairment.

Any alternative assessment framework we apply will:

- be reasonably appropriate for the condition being assessed,
- be consistent with prevailing industry standards and medical practice, and
- not impose a materially higher or more restrictive threshold than that required under the assessment frameworks referenced in this Policy.

For any TPD related benefits issued under this Policy, consideration of a claim requires your condition to have reached Maximum Medical Improvement (MMI) and to be Stable and Permanent.

Evidence that a condition has reached Maximum Medical Improvement does not, of itself, establish entitlement to a benefit. Where evidence of Maximum Medical Improvement is not provided or is insufficient, we may not be able to finalise the claim until sufficient evidence is provided.

In assessing whether your condition is Stable and Permanent, we may refer to broader factors that may affect your ability to improve including, but not exclusive to, ongoing life stresses, work environment, or other personal circumstances.

Additional claims requirements for TPD CORE are set out in Section 1.6.

1.7.1 Additional information when making a claim

To help inform a reasonable opinion on your claim, we will require access to all information relevant to the assessment of your condition. This may include information to consider the disclosures and representations you made when you applied for, reinstated or changed the Policy. All certificates and evidence must be provided in the form we reasonably require.

Our assessment of your claim may require obtaining information such as the following;

- information to support you have consulted an appropriate Medical Practitioner for your condition who has confirmed the diagnosis, reviewed for any relevant comorbidities and developed a comprehensive treatment plan (e.g. psychiatrist or other specialist reports/letters); and,
- contemporaneous medical information from different sources to support you have experienced enduring symptoms and functional impairment *(e.g. clinically observed fatigue over this period). For TPD CORE this must cover at least the Minimum Treatment Period;* and,
- where relevant, objective and corroborated medical evidence and confirmatory investigations which includes independently

verifiable functional assessments, observed performance, and clinically validated assessment tools, and is not limited to laboratory or imaging findings; and,

- clinically relevant and independently verifiable information to assess the severity and permanence of a condition, including where appropriate functional assessment findings, validated outcome measures, neuropsychological assessments, mental state examinations, and other clinically recognised evaluation tools; and,
- any other observed performance and other forms of corroborated medical evidence obtained through standard clinical practice; and,
- all information to confirm engagement in all Reasonable Treatment and Rehabilitation for your condition as defined by a relevant practice guideline, for, where relevant, a duration of at least any Minimum Treatment Period required under the policy, and evidenced by:
  - contemporaneous medical information to support engagement (e.g. specialist clinical notes, treater letters),
  - HIC and medication prescribing PBS records,
  - hospital discharge summaries etc; and
- in respect of Mental Health Conditions under TPD CORE, we will require and rely on the result of a Psychiatric Impairment Rating (PIRS) framework assessment. The severity of the condition must be assessed as at least 31% on the PIRS rating scale to be considered a Severe Functional Impairment. We also may require the completion of a vocational or functional capacity assessment appropriate to the claim condition,
- while an assessment may be used to evaluate the severity and functional impact of a condition, achieving any minimum criteria, does not automatically result in claim acceptance. All assessment outcomes are considered as part of the overall evaluation of your claim against the definition relevant to your condition.

1.8 Premium rate guarantee

The premium rate tables under all Plans are guaranteed not to increase for a minimum number of years from the commencement of the Policy, as follows:

	Premium type Premium rate guarantee period from Policy commencement		
Policy type	**Variable**	**Variable age-stepped and Optimum**	**The date any change in premium rates will apply from**
Total and Permanent Disability CORE	5 years	5 years	Either the fifth or second anniversary of the Policy Commencement Date or, if later, the Policy Anniversary following the latest increase in the table of premium rates for the benefit depending on the benefit listed out in the table.

PLEASE NOTE: The premium rate guarantee only applies to the premium rates set out in our tables and does not mean the premium you pay won't change during the guarantee period. Your premium may still change during the guarantee period as a result of various factors. This may include, but is not limited to, the following:

- Changes to your age
- The application of a Benefit Indexation factor
- Increases in the Policy Fee
- Changes to the government charges and taxes that apply to your Policy (such as stamp duty)
- Changes in applicable premium discounts
- Changes to your benefits
- A change in premium frequency

PLEASE NOTE: If you alter your Policy or cancel your Policy and replace it with another Priority Protection Policy, the premium rate guarantee period does not restart from the date of the alteration or replacement. The start of the premium rate guarantee period will be considered to be the date the original cover commenced.

If the premium rate guarantee period has not already ended by the date of the alteration or Policy replacement, the premium rate guarantee will continue for any remaining duration from the date of the alteration or Policy replacement.

2. Definitions

References to 'you', 'we', 'us', 'our', 'insurer', 'AIA Australia' and 'trustee' (and each of their derivatives) have the meaning set out in the 'Defined Terms' section on the inside front cover of the AIA Priority Protection PDS.

If you need to make a claim on your Policy, we will rely on the relevant definitions when assessing your claim.

General Definitions

This term...	Means...
Maximum Medical Improvement (MMI)	means that, in our reasonable opinion, based on ***Medical Evidence and Opinion*** and other relevant evidence, your condition has reached a point where no further material or meaningful improvement in functional capacity is reasonably expected to result from ongoing or additional medical treatment. Factors that will be considered when assessing whether you have reached Maximum Medical Improvement, include but are not limited to; • Whether all ***Reasonable Treatment and Rehabilitation*** has been undertaken and, where relevant, completed; and • Whether the condition has reached a point where functional improvement is unlikely, even with additional intervention or treatment (medical and non-medical). A Life Insured may be considered to have reached MMI even if: • medical treatment, rehabilitation or therapy continues; and • symptoms are still present or fluctuate in a manner clinically expected for the condition; provided that such treatment is not reasonably expected to result in a material restoration of functional capacity beyond the current level. An opinion must be provided by a relevant specialist ***Medical Practitioner***, acting within their recognised scope of practice, who has personally assessed you. We reserve the right to obtain, or refer to evidence provided by an independent medical examiner or an assessor qualified to complete vocational assessments in forming our opinion whether you have reached MMI and whether your condition is ***Stable and Permanent***.
Medical Evidence and Opinion	The sickness or injury, its symptoms, impacts on functioning and prognosis of the disability, must be confirmed and supported by a medical opinion provided by a relevant, and where necessary a specialist **Medical Practitioner**, which: • is based on a personal examination of the Life Insured and a review of relevant clinical records; • explains the clinical basis for the opinion including diagnosis, functional limitations, treatment history and prognosis; • is supported by corroborated evidence (which may include functional assessments, observed performance and clinically validated assessment tools), and not be limited to unsupported assertions; • provides sufficient detail to allow us to form our own view when assessing the claim.

This term...	Means...
Medical Practitioner	means a person, who is legally qualified and registered as a Medical Practitioner by The Australian Health Practitioner Regulation Agency (AHPRA), or equivalent successor body, but not where that Medical Practitioner is: • the Policy owner or Life Insured; • a business partner, employee, work colleague or employer of the Policy owner or Life Insured; or • an Immediate Family Member of the Policy owner or Life Insured. The Medical Practitioner must be an appropriate Medical Practitioner for the treatment of your Injury or Sickness and acting within their scope of practice. Where reasonable and appropriate, we may require evidence from a Medical Practitioner who is registered on the AHPRA Specialists Register with suitable qualifications relating to the treatment of the illness or injury In relation to a *Mental Health Condition*, a *specialist Medical Practitioner* means a medical practitioner who is registered with AHPRA and holds Fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP), or an equivalent specialist qualification recognised by AHPRA which is relevant to the claimed condition they are reporting on. In relation to *Complex Conditions*, a *specialist Medical Practitioner* means a Medical Practitioner registered with AHPRA who holds specialist registration recognised by AHPRA in a medical specialty relevant to the condition (for example, rehabilitation medicine, neurology, rheumatology, clinical immunology, pain medicine, general/internal medicine, or occupational and environmental medicine), and has demonstrated experience in assessing and managing chronic pain, fatigue-related, functional or somatic symptom conditions. If practising other than in Australia, the Medical Practitioner must be approved by us, acting reasonably, have qualifications equivalent to Australian standards and be willing to communicate in English or via a translator at the life insured's expense.
Minimum Treatment Period	means that any *Specified Condition* **causing disablement** must: • have been present; and • be subject to ongoing and ***Reasonable Treatment and Rehabilitation***, • for a continuous period of at least 24 months prior to claim lodgement. In respect of a Mental Illness condition, treatment refers to psychiatric treatment from a relevant specialist Medical Practitioner. Satisfaction of the ***Minimum Treatment Period*** duration requirement does not, of itself, establish entitlement to a benefit. For the purposes of this requirement: • The Minimum Treatment Period does not need to align with any separate, qualifying period of total disablement required under the policy. • Care provided by a treating practitioner with qualifications and experience equivalent to a relevant specialist ***Medical Practitioner*** or provided under a specialist-led shared-care arrangement, will be treated as specialist care. • If specialist care was not reasonably available, the Insurer may treat this requirement as satisfied where you demonstrate reasonable and ongoing efforts to obtain such care and appropriate treatment was otherwise received. • Gaps in treatment may be disregarded where they are brief, and reasonable medical evidence confirms that the gap in treatment was reasonably required and did not cause or contribute to the claimed disablement. In applying this clause, We will act reasonably and have regard to the nature of the condition, the treatment received, and where applicable the practical realities of accessing mental health care.

This term...	Means...
Reasonable Treatment and Rehabilitation	is treatment that: • aligns with relevant clinical guidelines or generally accepted evidence-based practice; • is appropriate for the diagnosed condition and its severity; • has been undertaken for a sufficient duration, with consistent and active engagement to enable a reliable assessment of meaningful therapeutic response; and • is reasonable for you to undertake, having regard to side effects, risks, personal circumstances, and advice from your treating practitioners. You are *not* required to undergo treatment that is: • experimental, • clinically inappropriate due to contraindications or unacceptable side effects; • unavailable or unreasonably difficult to access; or • declined on reasonable clinical grounds acceptable to us.
Severe Functional Impairment	means in respect of all claims for Mental Health Conditions under TPD CORE, we will require and rely on the result of a Psychiatric Impairment Rating (PIRS) framework assessment. The severity of the condition must be assessed as at least 31% on the PIRS rating scale to be considered a ***Severe Functional Impairment***. A PIRS assessment to determine the PIRS rating scale score will only be requested once all Reasonable Treatment and Rehabilitation has occurred, Maximum Medical Improvement has been reached, and the condition is considered, in our reasonable opinion to be Stable and Permanent.
Specified Conditions	For TPD CORE this includes; • Recognised Mental Health Conditions classified within the International Classification of Disease (ICD) and diagnosed using recognised Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria current at the Date of Disablement. • Complex Conditions, which means conditions or symptom complexes that are predominantly characterised by persistent fatigue, pain, dizziness, cognitive or other functional symptoms, where: – diagnosis and assessment rely primarily on clinical history, symptom pattern, observed functioning and functional impact over time, and – objective findings on imaging, pathology or other investigations may be absent, non specific, or insufficient to fully explain the reported level of impairment. These include, but are not limited to, the following:

Fatigue-dominant and post-infective conditions	• Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) • Post-viral fatigue syndromes, including post-COVID-19 condition (Long COVID) where fatigue and functional limitation predominate
Chronic pain and sensory symptom conditions	• Fibromyalgia • Chronic primary pain or chronic pain syndrome where pain is disproportionate to, or not fully explained by, identifiable structural pathology • Persistent headache disorders, including chronic migraine, where functional impact is the primary disabling feature • Chronic tinnitus where no remediable otological cause is identified
Functional and somatic symptom conditions	• Functional neurological disorder (FND) (also referred to as functional neurological symptom disorder) • Somatic Symptom Disorder • Illness Anxiety Disorder (hypochondriasis) • Functional dizziness including persistent postural-perceptual dizziness • Functional vertigo including chronic persistent vertigo • Functional gastrointestinal disorders, including Irritable Bowel Syndrome (IBS) and Functional dyspepsia
Autonomic and related conditions	• Postural Orthostatic Tachycardia Syndrome (POTS) and related autonomic dysfunctions, where diagnosis is established but functional impairment is variable and activity-dependent
Cognitive and neuro-symptom presentations	• Persistent cognitive symptoms (e.g. concentration, memory or processing speed difficulties) where neuropsychological testing or imaging does not demonstrate a clear alternative neurological diagnosis, and impairment is assessed primarily on functional impact

This term...	Means...
Specified Conditions (continued)	Where a disability arises from more than one medical condition, we will assess the combined impact of all conditions on your functional capacity. In doing so, assessment will have regard to the extent to which each condition contributes to the overall level of impairment and whether, taken together, they result in a level of functional impact that satisfies the requirements for Total and Permanent Disability. Where one or more of the conditions contributing to your disability is a ***Specified Condition***, and the impact of that condition is to be considered as part of your claim or disability, the assessment requirements applicable to ***Specified Conditions*** will apply. For the avoidance of doubt, the presence of a non-Specified Condition does not override the application of ***Specified Condition*** requirements where a ***Specified Condition*** is a material contributor to your disability. **Clarity on some conditions which will not be treated as 'Complex Conditions'.** For clarity, Complex Conditions **will not** include conditions where the impairment is primarily explained by a clearly identifiable, progressive, structural, degenerative or neurodegenerative disease process, supported by objective medical evidence. These conditions are assessed under the relevant parts of the TPD CORE policy definition applicable to that condition and do not require assessment under the Specified Condition framework. The exclusion of a condition from the Specified Condition framework does not prevent a claim from being assessed or paid. It clarifies the assessment pathway and the type of medical and functional evidence required.

Condition groups	Types
Neurodegenerative dementias and cognitive disorders	• Alzheimer's disease • Vascular dementia • Dementia with Lewy bodies • Frontotemporal dementia • Mixed dementia • Young-onset dementia • Mild cognitive impairment that progresses to a diagnosed dementia
Other progressive neurological conditions	• Multiple sclerosis • Parkinson's disease • Motor neurone disease/amyotrophic lateral sclerosis • Huntington's disease • Progressive supranuclear palsy • Corticobasal degeneration • Spinocerebellar ataxias
Acquired brain injury and structural brain disease	• Stroke (ischaemic or haemorrhagic) • Traumatic brain injury • Hypoxic or anoxic brain injury • Brain tumours or intracranial neoplasms • Normal pressure hydrocephalus
Inflammatory, autoimmune or infectious diseases with objective pathology	• Autoimmune encephalitis • Systemic lupus erythematosus with neurocognitive involvement • Vasculitis with neurological involvement • HIV-associated neurocognitive disorder • Neurosarcoidosis • Central nervous system infections (e.g. encephalitis, meningitis)

This term...	Means...
Stable and Permanent	means that, in our reasonable opinion, based on ***Medical Evidence and Opinion*** and other relevant evidence and information; • the condition has reached **Maximum Medical Improvement**; and, • the future resolution of any ongoing psycho-social stressors is not expected to result in any material or meaningful improvement in functional capacity; and, • the resulting functional impairment is expected to continue indefinitely. A condition may be regarded as *Stable and Permanent* even if: • treatment continues on an ongoing or maintenance basis; and • symptoms fluctuate over time, in a manner clinically expected for the condition, provided that such treatment or fluctuation is not expected to result in a material restoration of functional or vocational capacity.
Total and Permanent Disablement CORE (Any Occupation)	means: For all claims arising from, or related to a ***Specified Condition*** *(TPD CORE)*, solely because of Injury or Sickness, • you have ***Ceased Work*** and remain unable to work in any capacity for an uninterrupted period of at least three consecutive months from the ***Date of Disablement***; and • you have attended a specialist ***Medical Practitioner***, have received a diagnosis of your condition, and you have been actively engaged with and undergone, all ***Reasonable Treatment and Rehabilitation*** recommended for the condition; and • you have completed the ***Minimum Treatment Period;*** and • your specialist ***Medical Practitioner***, and any other relevant treating practitioners, have provided all ***Medical Evidence and Opinion*** to us that, when considered alongside all other evidence, allows us to reasonably determine that your condition is ***Stable and Permanent***; and • you have been assessed by an appropriately qualified and independent assessor, selected by us acting reasonably, using recognised psychiatric or functional impairment assessment frameworks and, for a Mental Health Condition, that assessment indicates ***Severe Functional Impairment***; and • at the end of the 3 month period , in reasonable consideration of all ***Medical Evidence and Opinio***n, and other information, you have become incapacitated to such an extent that, solely because of resulting functional incapacity, you are unlikely ever to engage in any work for which you are reasonably suited by education, training or experience. For all other conditions **not** classed as ***Specified Conditions***; i) you have suffered the total and irrecoverable loss of the: • sight of both eyes, or • use of two limbs, or • sight of one eye and use of one limb; and • in reasonable consideration of all ***Medical Evidence and Opinion***, and other information, you have become incapacitated to such an extent that, solely because of resulting functional incapacity, you are unlikely ever to engage in any work for which you are reasonably suited by education, training or experience, or,

This term...	Means...
Total and Permanent Disablement CORE (Any Occupation) (continued)	ii) solely because of Injury or Sickness, • you have ***Ceased Work*** and remain unable to work in any capacity for an uninterrupted period of at least three consecutive months from the ***Date of Disablement***; and • you have attended a specialist ***Medical Practitioner***, have received a diagnosis of your condition, and you have been actively engaged with and undergone, all ***Reasonable Treatment and Rehabilitation*** recommended for the condition; and • your specialist ***Medical Practitioner***, and any other relevant treating practitioners, have provided all ***Medical Evidence and Opinion*** to us that, when considered alongside all other evidence, allows us to reasonably determine that your condition is ***Stable and Permanent***; and • in reasonable consideration of all ***Medical Evidence and Opinion***, and other information, you have become incapacitated to such an extent that, solely because of resulting functional incapacity, you are unlikely ever to engage in any work for which you are reasonably suited by education, training or experience. or, iii) you have suffered ***Loss of Independence***. The determination of whether a condition meets the definition of Total and Permanent Disability under TPD CORE must be supported by the ***Medical Evidence and Opinion*** from a specialist ***Medical Practitioner***, but this will be considered alongside all available evidence. We may, where reasonably necessary to assess the claim, require you to undergo an assessment by a *specialist* ***Medical Practitioner***, or a suitably qualified assessor, nominated by us for the purpose of obtaining an independent opinion on the enduring nature of the condition, to confirm evidence submitted by you or obtained from treating medical practitioners or to provide functional or vocational assessment information.

Outside Super	*Inside Super*
Whenever we assess whether you are unlikely ever to engage in any work for which you are reasonably suited by education, training or experience, this will only consider an occupation to be suited to you if the income you could generate is assessed to be 25% or greater than the Income you generated in the 12 months prior to the Date of Disablement.	Under the Superannuation Life Cover Plan, you will also need to meet a condition of release, as required under superannuation law, in order to have the benefit paid to you. This means that the trustee must be reasonably satisfied that your ill health makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience. Depending on your circumstances, you may also need to meet the tax definition of 'disability superannuation benefit' in order to receive your benefit payment with concessional tax treatment. You will be requested to provide medical reports from two legally qualified medical practitioners who have both certified that, because of the ill health, it is unlikely that you can ever be gainfully employed in a capacity for which you are reasonably qualified because of education, experience or training. If these are not provided, it may take the Trustee longer to determine whether you have met a condition of release, and it may affect how the benefit you receive is taxed.

This term...	Means...
Total and Permanent Disablement CORE (Own Occupation)	means: For all claims arising from, or related to a ***Specified Condition*** *(TPD CORE)*, solely because of Injury or Sickness, • you have ***Ceased Work*** and remain unable to work in any capacity for an uninterrupted period of at least three consecutive months from the ***Date of Disablement***; and • you have attended a specialist ***Medical Practitioner***, have received a diagnosis of your condition, and you have been actively engaged with and undergone, all ***Reasonable Treatment and Rehabilitation*** recommended for the condition; and • you have completed the ***Minimum Treatment Period***; and • your specialist ***Medical Practitioner***, and any other relevant treating practitioners, have provided all ***Medical Evidence and Opinion*** to us that, when considered alongside all other evidence, allows us to reasonably determine that your condition is ***Stable and Permanent***; and • you have been assessed by an appropriately qualified and independent assessor, selected by us acting reasonably, using recognised psychiatric or functional impairment assessment frameworks and, for a Mental Health Condition, that assessment indicates ***Severe Functional Impairment***; and • at the end of the period of 3 months, in reasonable consideration of all ***Medical Evidence and Opinion***, and other information, you have become incapacitated to such an extent that, solely because of resulting functional incapacity, you are unlikely ever to engage in any work for which you are reasonably suited by education, training or experience. For all other conditions **not** classed as ***Specified Conditions***; i) you have suffered the total and irrecoverable loss of the: • sight of both eyes, or • use of two limbs, or • sight of one eye and use of one limb; and • in reasonable consideration of all ***Medical Evidence and Opinion***, and other information, you have become incapacitated to such an extent that, solely because of functional incapacity, you are unlikely ever to engage in your Own Occupation, or, ii) solely because of Injury or Sickness, • you have ***Ceased Work*** and remain unable to work in your Own Occupation, in any capacity, for an uninterrupted period of at least three consecutive months from the ***Date of Disablement***; and • you have attended a specialist ***Medical Practitioner***, have received a diagnosis of your condition, and you have been actively engaged with and undergone, all ***Reasonable Treatment and Rehabilitation*** recommended for the condition; and • your specialist ***Medical Practitioner***, and any other relevant treating practitioners, have provided all ***Medical Evidence and Opinion*** to us that, when considered alongside all other evidence, allows us to reasonably determine that your condition is ***Stable and Permanent***; and • in reasonable consideration of all ***Medical Evidence and Opinion***, and other information, you have become incapacitated to such an extent that, solely because of functional incapacity, you are unlikely ever to engage in your Own Occupation, or, iii) you have suffered ***Loss of Independence***. The determination of whether a condition meets the definition of Total and Permanent Disability under TPD CORE must be supported by the ***Medical Evidence and Opinion*** from a specialist ***Medical Practitioner***, but this will be considered alongside all available evidence. We may, where reasonably necessary to assess the claim, require you to undergo an assessment by a specialist ***Medical Practitioner***, or a suitably qualified assessor, nominated by us for the purpose of obtaining an independent opinion on the enduring nature of the condition, to confirm evidence submitted by you or obtained from treating medical practitioners or to provide functional or vocational assessment information.

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