



Priority Protection Policy Enhancement Summary

3 December 2011

For Policyholders

The Power of We



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

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

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

These enhancements apply from 3 December 2011. The improved features and benefits outlined below are only effective on and from this date. These enhancements will not apply to any policy where a claim is pending or where a claim is in the process of being paid. The enhancements override your existing policy terms and conditions (except to the extent where you are disadvantaged in any way, in which case the previous policy wording will apply) and are subject to any pre-existing conditions (with the exception of any increase in fees and charges).

Feature/Benefit/Description	Previous key features and benefits that applied to policies prior to 3 December 2011	Enhanced key features and benefits to apply effective from 3 December 2011
Crisis Recovery benefit		
Severe Diabetes – new crisis event	This crisis event was not covered previously.	<p>‘SEVERE DIABETES’ means Diabetes Mellitus, either insulin or non-insulin dependent, as certified by a consultant Endocrinologist and resulting in at least two of the following criteria:</p> <ul style="list-style-type: none"> • severe diabetic retinopathy resulting in visual acuity (uncorrected and corrected) of 6/36 or worse in both eyes despite treatment; • diabetic gangrene resulting in the need for surgical amputation and Loss of Digit* • severe diabetic nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28ml/min (CKD stage 4, International Chronic Kidney Disease classification); • Neuropathy including: <ul style="list-style-type: none"> – irreversible autonomic neuropathy resulting in postural hypotension, and/or motility problems in the gut with intractable diarrhoea. – Polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits. <p>*‘Loss of Digit’ means the surgical removal of a finger or toe from the hand or foot at the proximal interphalangeal joint.</p>
Enhancement	‘Severe Diabetes’ has been added as a new crisis event under: Crisis Recovery, Double Crisis Recovery, Crisis Recovery Stand Alone and Crisis Recovery under the PLUS Optional benefit under the Income Protection benefit.	

Feature/Benefit/Description	Previous key features and benefits that applied to policies prior to 3 December 2011	Enhanced key features and benefits to apply effective from 3 December 2011
<p>Cancer – definition</p>	<p>‘CANCER’ means the presence of one or more malignant tumours including Hodgkin’s disease, leukaemia and other malignant bone marrow disorders, and characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:</p> <ul style="list-style-type: none"> • all hyperkeratoses or basal cell carcinomas of the skin; • cutaneous squamous cell carcinomas of T2N0M0 and below grade tumours, where the tumour is less than 5 cm in greatest diameter; and • Polycythemia Rubra Vera requiring treatment by venesection alone; and • Tumours treated by endoscopic procedures alone. <p>‘Skin cancer’ – where diagnosed by an appropriate specialist Medical Practitioner acceptable to us, we will pay:</p> <ul style="list-style-type: none"> • 100% of the Sum Insured for any melanoma where the tumour is with ulceration or is diagnosed as 1.5mm or greater in Breslow’s depth of invasion or Clark Level 3 or greater in depth of invasion; • the greater of 15% of the Sum Insured and \$10,000 for any melanoma without ulceration and measuring less than 1.5mm in Breslow’s depth of invasion and less than Clark Level 3 in depth of invasion. The amount of the payment cannot exceed the Sum Insured; • 100% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed as greater than T3N0M0 or any stage T where N1, 2 or 3 or metastases are present; • 10% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed as stage T3N0M0 under the TNM Classification system. <p>‘Carcinoma in situ’</p> <p>Carcinoma in situ refers to a primary uncontrolled growth of cells that remains in the original location and has not invaded or destroyed neighbouring tissues nor penetrated the basement membrane. Carcinoma in situ covered by this policy must be confirmed by histopathology.</p> <p>Staging of carcinoma in situ is based on FIGO* classification and TNM classification.</p> <p>The disease of Carcinoma in Situ covered by this policy must be confirmed by a biopsy and is limited only to the following sites:</p> <ul style="list-style-type: none"> • Vagina, ovary, vulva, fallopian tube where the tumour must be classified as TIS according to the TNM staging method or FIGO* Stage 0. • Cervix-Uteri with a grading of either TMN stage TIS or CIN 3 or above. <p>We will pay the greater of \$10,000 and 10% of the Sum Insured of the Crisis Recovery or Crisis Recovery Stand Alone benefit. The amount of the payment cannot exceed the Sum Insured.</p> <ul style="list-style-type: none"> • The full Sum Insured will be paid for carcinoma in situ of the breast where the entire breast is removed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist Medical Practitioner acceptable to us. <p>We will pay the greater of \$10,000 and 10% of the Sum Insured for carcinoma in situ of the breast where no mastectomy is performed. The amount of the payment cannot exceed the Sum Insured.</p> <p>After any payment for cancer the Sum Insured will be reduced by the payment made.</p> <p><i>*FIGO refers to the staging method of the Federation Internationale de Gynecologie et d’Obstetrique.</i></p>	<p>‘CANCER’ means the presence of one or more malignant tumours including Hodgkin’s disease, leukaemia and other malignant bone marrow disorders, and characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:</p> <ul style="list-style-type: none"> • all hyperkeratoses or basal cell carcinomas of the skin; • cutaneous squamous cell carcinomas of T2N0M0 and below grade tumours, where the tumour is less than 5 cm in greatest diameter; and • Polycythemia Rubra Vera requiring treatment by venesection alone. <p>‘Skin cancer’ – where diagnosed by an appropriate specialist Medical Practitioner acceptable to us, we will pay:</p> <ul style="list-style-type: none"> • 100% of the Sum Insured for any melanoma where the tumour is with ulceration or is diagnosed as 1.5mm or greater in Breslow’s depth of invasion or Clark Level 3 or greater in depth of invasion; • the greater of 15% of the Sum Insured and \$10,000 for any melanoma without ulceration and measuring less than 1.5mm in Breslow’s depth of invasion and less than Clark Level 3 in depth of invasion. The amount of the payment cannot exceed the Sum Insured; • 100% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed as greater than T3N0M0 or any stage T where N1, 2 or 3 or metastases are present; • 10% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed as stage T3N0M0 under the TNM Classification system. <p>‘Carcinoma in situ’</p> <p>Carcinoma in situ refers to a primary uncontrolled growth of cells that remains in the original location and has not invaded or destroyed neighbouring tissues nor penetrated the basement membrane. Carcinoma in situ covered by this policy must be confirmed by histopathology.</p> <p>Staging of carcinoma in situ is based on FIGO (International Federation of Gynecology and Obstetrics) classification and TNM classification.</p> <p>The disease of Carcinoma in Situ covered by this policy must be confirmed by a biopsy and is limited only to the following sites for which we will pay the greater of \$10,000 and 10% of the Sum Insured for the Crisis Recovery or Crisis Recovery Stand Alone benefit:</p> <ul style="list-style-type: none"> • Vagina, ovary, vulva, fallopian tube where the tumour must be classified as TIS according to the TNM staging method or FIGO Stage 0. • Cervix-Uteri with a grading of either TMN stage TIS or CIN 3 or above. • Carcinoma in situ of the breast where no mastectomy is performed. <p>The amount of the partial payment cannot exceed the Sum Insured.</p> <p>The full Sum Insured will be paid for carcinoma in situ of the breast where the entire breast is removed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist Medical Practitioner acceptable to us.</p> <p>After any payment for cancer the Sum Insured will be reduced by the payment made.</p>
<p>Enhancement</p>	<p>The definition of Cancer has been improved. The definition has changed to remove the exclusion for ‘Tumours treated by endoscopic procedures alone’.</p>	

Feature/Benefit/ Description	Previous key features and benefits that applied to policies prior to 3 December 2011	Enhanced key features and benefits to apply effective from 3 December 2011
Income Protection		
Waiting Period	<p>'WAITING PERIOD' is stated on the policy schedule and means the number of days at the beginning of a period of disablement (applicable to occupational categories AAA, AA and A only) or of total disablement, in respect of which no total or partial disablement benefit is payable.</p> <p>The Waiting Period begins on the earlier to occur of the date:</p> <ul style="list-style-type: none"> the life insured first consults a Medical Practitioner about the condition that is causing the disablement; and the life insured first ceases work due to the condition that is causing the disablement as long as it is not more than seven days before the life insured first consults a Medical Practitioner about the condition and provides reasonable medical evidence about when the disablement began. <p>If during the Waiting Period the life insured returns to work, as defined in our definition of 'full time' employment for:</p> <ul style="list-style-type: none"> 5 consecutive days or a shorter period for Waiting Period of 14 or 30 days, or 10 consecutive days or a shorter period for Waiting Period of 60, 90 days, 1 year or 2 years, <p>then the Waiting Period will not recommence but will be extended by the number of days worked.</p> <p>If the life insured returns to work for a longer period, the Waiting Period will restart from the day after the last day worked, provided a Medical Practitioner confirms that the life insured is totally disabled.</p>	<p>The section below has been added to the current definition of 'Waiting Period' in the Policy Document: <u>Note: group salary continuance</u></p> <p>Where:</p> <ul style="list-style-type: none"> the Waiting Period under Your Policy is 2 years, as stated on the Policy Schedule; and the Life Insured is insured by Us under a current group salary continuance with a 2 year benefit period; and the Life Insured returns to work on a full time basis following payment of a disablement benefit under the group salary continuance policy and the same or related disablement recurs within 12 months of returning to work; <p>then the Waiting Period under Your Policy in respect of the recurring disablement will not recommence but will be extended by the number of days worked.</p> <p>If the Life Insured returns to work for more than 12 months, then the Waiting Period applicable to the Life Insured in respect of recurring disablement restart from the day after the last day worked.</p>
Enhancement	<p>The 2-year Waiting Period definition has been improved.</p> <p>Where the Waiting Period is 2 years and the life insured is also covered by a group salary continuance policy with a 2-year Benefit Period insured by AIA Australia, the definition now allows for the life insured to return to work on a full time basis for more than 10 days and less than 1 year without the Waiting Period restarting.</p>	

This is a summary only. Full terms and conditions are outlined in the Priority Protection policy document dated 3 December 2011. Alternatively, for more information about AIA Australia's Priority Protection benefit range or for a paper copy of this Policy Enhancement Summary, which will be provided free of charge, please contact AIA Australia on 1800 333 613.