AIA Priority Protection
Supplementary Product Disclosure Statement

Date Prepared 3 November 2017

This AIA Priority Protection Supplementary Product Disclosure Statement ('SPDS') supplements information contained in the AIA Priority Protection Product Disclosure Statement ('PDS'), Version 16, Date Prepared 10 December 2016.

This SPDS is issued by:

1. AIA Australia Limited (ABN 79 004 837 861, AFSL 230043), who is the issuer of life risk insurance policies referable to Priority Protection; and
2. Equity Trustees Superannuation Limited (ABN 50 055 641 757, AFSL 229757), who is the trustee of the Aon Master Trust (ABN 68 964 712 340) and the issuer of a risk-only superannuation product that provides the Superannuation Life Cover Plan and the Superannuation Income Protection Plan benefits to members of that fund.

AIA Australia Limited and Equity Trustees Superannuation Limited each take full responsibility for the entirety of this SPDS and the PDS. This SPDS must be read in conjunction with the PDS.

This SPDS has been issued to inform you of the following important amendments to the PDS as a result of:
- changes to the trustee of the Aon Master Trust (ABN 68 964 712 340);
- changes to Large Sum Insured discounts; and
- the introduction of the new 'Term Level' premium pattern.

On and from 3 November 2017, Equity Trustees Superannuation Limited replaced Aon Superannuation Pty Limited as trustee of the Aon Master Trust. Equity Trustees Superannuation Limited is therefore the issuer of the risk only superannuation product that is part of AIA Priority Protection and provides the Superannuation Life Cover Plan and the Superannuation Income Protection Plan.

This SPDS replaces the previous SPDS dated 29 July 2017.

All references to 'Aon Superannuation Pty Limited, ABN 83 057 982 822, AFS Licence No. 237465' within the PDS are replaced with:

"Equity Trustees Superannuation Limited, ABN 50 055 641 757, AFS Licence No. 229757"

The Trustee information within the section titled 'AIA Insurance Super Scheme No2' on page 115 of the PDS is replaced with:

*"**Equity Trustees Superannuation Limited (Trustee)***
ABN: 50 055 641 757
AFSL No.: 229757
Level 1, 575 Bourke St
MELBOURNE VIC 3000"

The 'Life Cover and Term Cover benefits' table on page 79 is updated as follows:

Sum Insured	*Large Sum Insured discount for all ages*
Up to $249,999	*0%*
$250,000 to $499,999	*10%*
$500,000 to $749,999	*20%*
$750,000 to $999,999	*26%*
$1,000,000 or greater	*30%*

The title on page 6 is updated to:

"Priority Protection Summary – Stepped, level and Optimum premium patterns"

The following line is to be added below the 'entry age next birthday (years) between' tables on pages 6 to 12:

"Minimum entry age of 35 (next birthday) applies where the Optimum premium pattern is selected."

The following tables are to be added on a new page between pages 12 and 13.

Priority Protection Summary – Term Level premium pattern only

Life Cover Plan (Term Level only – 5 year term)

Occupation Category	Entry age next birthday (years) between	Life Cover Benefit	Rider Benefits: Crisis Recovery[1]	Crisis Recovery Buy-back[1,2]	Crisis Reinstatement[1,3]	TPD[1]	TPD Buy-back[1,4]
AAA, AA, A		35 and 65	35 and 64	35 and 60	35 and 60	35 and 64	35 and 60
B						35 and 60	
C, CT							
D						35 and 55	35 and 55
E						35 and 50	35 and 50
Home Duties						35 and 60	35 and 60

Expiry ages and Maximum Sums Insured for each benefit are outlined on page 6 of the PDS.

Superannuation Life Cover Plan (Term Level only – 5 year term)

Occupation Category	Entry age next birthday (years) between	Life Cover Benefit	Rider Benefits: Crisis Recovery[1,6]	Crisis Recovery Buy-back[1,2,6]	Crisis Reinstatement[1,3,6]	TPD[1]	TPD Buy-back[1,4]	Maximiser[5]
AAA, AA, A		35 and 65	35 and 64	35 and 60	35 and 60	35 and 64	35 and 60	35 and 64
B						35 and 60		35 and 60
C, CT								
D						35 and 55	35 and 55	Not available
E						35 and 50	35 and 50	
Home Duties						35 and 60	35 and 60	

Expiry ages and Maximum Sums Insured for each benefit are outlined on pages 10 and 11 of the PDS.

Life Cover Plan (Term Level only – 10 year term)

Occupation Category	Entry age next birthday (years) between	Life Cover Benefit	Rider Benefits: Crisis Recovery[1]	Crisis Recovery Buy-back[1,2]	Crisis Reinstatement[1,3]	TPD[1]	TPD Buy-back[1,4]
AAA, AA, A		35 and 60	35 and 60	35 and 55	35 and 55	35 and 60	35 and 60
B						35 and 55	35 and 55
C, CT							
D							
E						35 and 45	35 and 45
Home Duties						35 and 55	35 and 55

Expiry ages and Maximum Sums Insured for each benefit are outlined on page 6 of the PDS.

Superannuation Life Cover Plan (Term Level only – 10 year term)

Occupation Category	Entry age next birthday (years) between	Life Cover Benefit	Rider Benefits: Crisis Recovery[1,6]	Crisis Recovery Buy-back[1,2,6]	Crisis Reinstatement[1,3,6]	TPD[1]	TPD Buy-back[1,4]	Maximiser[5]
AAA, AA, A		35 and 60	35 and 60	35 and 55	35 and 55	35 and 60	35 and 60	35 and 60
B						35 and 55	35 and 55	35 and 55
C, CT								
D								Not available
E						35 and 45	35 and 45	
Home Duties						35 and 55	35 and 55	

Expiry ages and Maximum Sums Insured for each benefit are outlined on pages 10 and 11 of the PDS.

Life Cover Plan (Term Level only – 15 year term)

Occupation Category	Entry age next birthday (years) between	Life Cover Benefit	Rider Benefits: Crisis Recovery[1]	Crisis Recovery Buy-back[1,2]	Crisis Reinstatement[1,3]	TPD[1]	TPD Buy-back[1,4]
AAA, AA, A		35 and 55	35 and 55	35 and 50	35 and 50	35 and 55	35 and 55
B						35 and 50	35 and 50
C, CT							
D							
E						35 and 40	35 and 40
Home Duties						35 and 50	35 and 50

Expiry ages and Maximum Sums Insured for each benefit are outlined on page 6 of the PDS.

Superannuation Life Cover Plan (Term Level only – 15 year term)

Occupation Category	Entry age next birthday (years) between	Life Cover Benefit	Rider Benefits: Crisis Recovery[1,6]	Crisis Recovery Buy-back[1,2,6]	Crisis Reinstatement[1,3,6]	TPD[1]	TPD Buy-back[1,4]	Maximiser[5]
AAA, AA, A		35 and 55	35 and 55	35 and 50	35 and 50	35 and 55	35 and 55	35 and 55
B						35 and 50	35 and 50	35 and 50
C, CT								
D								Not available
E						35 and 40	35 and 40	
Home Duties						35 and 50	35 and 50	

Expiry ages and Maximum Sums Insured for each benefit are outlined on pages 10 and 11 of the PDS.

The footnotes on this page are applicable to numbered items on this page.

1. Life Cover benefit must be purchased.
2. Crisis Recovery benefit must be purchased.
3. Crisis Recovery Buy-back benefit must be purchased.
4. Total and Permanent Disablement benefit must be purchased.
5. Total and Permanent Disablement (Any Occupation definition) must be purchased inside superannuation.
6. Only available under a linked policy outside of superannuation.

The 'Premium structure' section of the table on page 14 is updated as follows:

	Life Cover Benefit	5-year Term	10-year Term	Acci-dental Death
Premium structure				
Level Premiums	✓	✓	✓	✓
Stepped Premiums	✓	✓	✓	
Optimum Premiums	✓			
Term Level Premiums	✓			

The 'Premium structure' section of the table on page 18 is updated as follows:

	Total and Permanent Disablement	Accidental Total and Permanent Disablement
Premium structure		
Level Premiums	✓	✓
Stepped Premiums	✓	
Optimum Premiums	✓	
Term Level Premiums	✓ (Rider only)	

The 'Premium structure' section of the table on page 22 is updated as follows:

	Total and Permanent Disablement Buy-back
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Term Level Premiums	✓

The 'Premium structure' section of the table on page 28 is updated as follows:

	Crisis Recovery
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Term Level Premiums	✓ (Rider to Life Cover benefit only)

The 'Premium structure' section of the table on page 33 is updated as follows:

	Crisis Recovery Buy-back*
Premium structure	
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Term Level Premiums	✓

The 'Premium structure' section of the table on page 34 is updated as follows:

	Crisis Recovery Reinstatement
Premium structure	
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Term Level Premiums	✓ (Rider to Crisis Recovery Buy-back only)

The 'Premium structure' section of the table on page 74 is updated as follows:

	PLUS (outside super)
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Term Level Premiums	✓ (selected benefits – refer to page 78)

The 'Premium structure' section of the table on page 75 is updated as follows:

	Maximiser (outside super)
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Term Level Premiums	✓ (Rider to Total and Permanent Disablement benefit only)

The table in the 'Premium patterns' section is updated by inserting the following row after the 'Level' row.

Term Level	*You can choose to keep your premiums constant each year for an initial term of 5, 10 or 15 years. After this time, your premiums will default to a stepped premium basis until the benefit Expiry Date and you may also receive a discount on your stepped premium of 2.5% or 5% (see the Loyalty discount section on page 79).* *The Term Level premium type is available only when the life insured is age 35 (next birthday) or older. The maximum entry ages vary depending on the initial term selected (see page 13 for more information).* *The Term Level premium pattern is available for the following benefits under the Life Cover Plan and Superannuation Life Cover Plan:* *– Life Cover* *– Total and Permanent Disablement* *– Total and Permanent Disablement Buy-back* *– Crisis Recovery (Life Cover Plan only)* *– Crisis Recovery Buy-back (Life Cover Plan only)* *– Crisis Reinstatement (Life Cover Plan only)* *including where those benefits are taken out through Superannuation PLUS or Maximiser, as applicable.*

Note: Your premiums under the level, Term Level or Optimum premium pattern may remain constant for a period of time, despite increases to your age, but they can still change in certain circumstances. See for example the sections 'Benefit indexation increases' on page 78 and 'Changes to fees and charges' on page 79.

The section under 'Can I alter my premium pattern' on page 78 is replaced with:

*"**Optimum***

Switches from Optimum to either a stepped, level or Term Level premium structure cannot be made once your policy has commenced.

Term Level

Switches from Term Level to either a stepped, level or Optimum premium structure cannot be made during the initial term.

Switches from Term Level to another Term Level premium structure (for example, 5 year Term Level to another 5 year Term Level or a 10 year Term Level) cannot be made without cancelling and replacing your policy. The new policy will be subject to the rates according to your age at the time of the replacement policy commencing.

Stepped

Switches from stepped to level, Optimum or Term Level premiums cannot be made without cancelling and replacing your policy. The new policy will be subject to the rates according to your age at the time of the replacement policy commencing.

Level

Switches from level to stepped premiums can be made at any time unless otherwise specified.

Switches from level to Term Level or Optimum premiums cannot be made without cancelling and replacing your policy. The new policy will be subject to the rates according to your age at the time of the replacement policy commencing."

The paragraph under 'Benefit indexation increases' on page 78 is replaced with:

"Your premium will be adjusted to allow for the higher Sum Insured and/or the higher Insured Monthly Benefit and the age of the life insured at the time. If you pay level premiums, your age at the commencement of the benefit will be used to calculate the premium for the increase. If you pay Term Level premiums, your age at the commencement of the benefit will be used to calculate the premium for the increase for the initial term only. At the end of the initial term, your premium will be adjusted based on your age at the time of the increase and may increase with age."

The following paragraph is added before 'Large Sum Insured discount' within the 'Premium discounts' section on page 79:

*"**Loyalty discount (Term Level premium patterns only)***

All benefits purchased on a Term Level premium basis will receive a loyalty discount at the end of their initial term when the premiums convert to stepped. The discount varies depending on the length of the initial term selected.

Initial term	*Discount*
5 years	*2.5%*
10 or 15 years	*5%*

The discount will apply to that benefit until its Expiry Date and is transferable to any replacement policy.

Please note that only one loyalty discount will apply at any time. The loyalty discount will not apply to any new benefits added or any increases in risk or sums insured (excluding benefit indexation increases) after the initial term."

The defined term 'Premium Pattern' within the 'Definitions' section on page 100 is to be removed.

Important contact information

Should you have any questions or concerns about your policy please contact your adviser in the first instance or us direct on 1800 333 613.

You can also visit aia.com.au for additional contact details and further information.

Priority Protection

Get up to **12.5%** initial discount on eligible AIA Australia policies with

AIA Vitality

Turn to the back to find out about AIA Vitality, our health and wellness rewards program.

Product Disclosure Statement
Version 16, Date Prepared 10 December 2016

Life's better with the right partner®

Important Notes

This Product Disclosure Statement ('**PDS**') describes the main features of six separate insurance plans;

- Life Cover Plan,
- Crisis Recovery Stand Alone Plan,
- Income Protection Plan,
- Business Expenses Plan,
- Superannuation Life Cover Plan and
- Superannuation Income Protection Plan.

The Life Cover Plan, Crisis Recovery Stand Alone Plan, Income Protection Plan and Business Expenses Plan ('**Ordinary Plans**') are benefits under a life insurance policy issued by AIA Australia Limited (ABN 79 004 837 861 AFSL 230043) ('**AIA Australia**') to the Policy Owner (usually you). The Superannuation Life Cover Plan and Superannuation Income Protection Plan ('**Superannuation Plans**') are benefits under a separate life insurance policy issued by AIA Australia to the trustee of a superannuation fund and have some different terms and conditions than the policy issued for the Ordinary Life Cover and Income Protection Plans.

Each of the Plans has stand alone insurance covers that can be selected individually or in combination, each with built-in benefits and optional benefits (**Riders**) that you can select at an additional cost. (See Structure diagram on pages 2–5.) Each of the benefits under the Plans has an entry age and expiry date, together with a maximum sum insured, depending on your Occupation Category. (See Summary tables on pages 6–12.)

The formal terms and conditions of each Plan are set out in the Policy Document, which is available from www.aia.com.au. If there is any inconsistency between this PDS and the Policy Document, the full terms and conditions contained in the Policy Document will prevail. AIA Australia is not bound to accept any application for cover.

Structuring Priority Protection through superannuation

The Superannuation Life Cover Plan and the Superannuation Income Protection Plan can be acquired through a self-managed superannuation fund if you are a member of the fund. Alternatively, you can become a member of the AIA Insurance Super Scheme No2 ('**Scheme**'), a product issued out of the Aon Master Trust ABN 68 964 712 340 in which case:

- you will be issued with a risk-only superannuation product in the Scheme, with superannuation benefits referable solely to the Superannuation Life Cover Plan and/or the Superannuation Income Protection Plan;
- the Policy will be owned by Aon Superannuation Pty Limited, ABN 83 057 982 822, AFS Licence No. 237465, ('**Trustee**'), as the trustee of the Scheme; and
- all premiums and benefit payments will be made through the Scheme and are therefore subject to restrictions under superannuation law.

Please note: your cooling off rights and the external dispute resolution scheme to deal with any complaints about the product are different, depending on whether the issuer is AIA Australia or the Trustee.

About this PDS

This PDS covers both the insurance products issued by AIA Australia and, where the Superannuation Life Cover Plan or the Superannuation Income Protection Plan is issued through the AIA Insurance Super Scheme No2, the risk-only superannuation product issued by the Trustee. AIA Australia and the Trustee each takes full responsibility for the entirety of the PDS but AIA Australia is not responsible for the operation of the Scheme and the Trustee is not responsible for the operation of the Plans.

This document should be read before making a decision to acquire any of the Plans. It is intended to help you decide whether the Plans will meet your needs and to compare them with other products you may be considering.

The information in this PDS is current as the date of issue but 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 1800 333 613. Changes that are not materially adverse will be updated and made available to you at www.aia.com.au. You will be advised of material changes or significant events as required by law.

The information in this PDS 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 information, having regard to your objectives, financial situation and needs. If you are deciding whether to acquire one or more of these Plans or a risk-only superannuation interest in the Scheme, you should read this PDS before making your decision.

The AIA Vitality Program Overview is annexed to but is not part of this PDS. AIA Vitality is not insurance. It is a separate health and wellness program available to eligible lives insured under eligible AIA Australia insurance policies.

Defined Terms

There are a number of terms in this PDS that have been capitalised. These terms have a particular meaning when used in this PDS and the Policy Document. We have included some of the most important definitions at the end of this PDS. It is important to read their meanings carefully because they can affect when a claim will be paid.

Also, in this PDS (which includes the attached Application Form) any reference to:

- '**Ordinary Plan**' means the Life Cover Plan, Crisis Recovery Stand Alone Plan, Income Protection Plan or Business Expenses Plan;
- '**Policy**' means the Priority Protection Policy Document and Policy Schedule issued by AIA Australia;
- '**Policy Owner**' means the person who legally owns the Policy, including the trustee of a superannuation fund when a Superannuation Plan is issued;
- '**Priority Protection**' or '**Plans**' means all of the insurance plans referred to in this PDS unless otherwise specified;
- '**Superannuation Plan**' means the Superannuation Life Cover Plan or Superannuation Income Protection Plan;
- '**we**', '**us**', '**our**' or '**the insurer**' means AIA Australia Limited except where reference is specifically made to the Trustee as issuer of the risk-only superannuation product in the Scheme;
- '**you**' or '**life insured**' means any potential customer likely to become the person insured under the Policy unless otherwise specified.

Limitations Exclusions and Benefit Reductions

You should be aware that some limitations and exclusions will apply to your Policy. This means that there are circumstances when we will not pay a claim or where will pay a claim on a reduced basis. We have included a summary of Exclusions and Limitations on pages 82–83 and a summary of the circumstances when benefits may be reduced on pages 84–85. *As a general rule, if you select a benefit as a Rider to a stand alone benefit, payment of the Rider benefit will reduce the Sum Insured under the stand alone benefit. For full details, see the Policy Document.*

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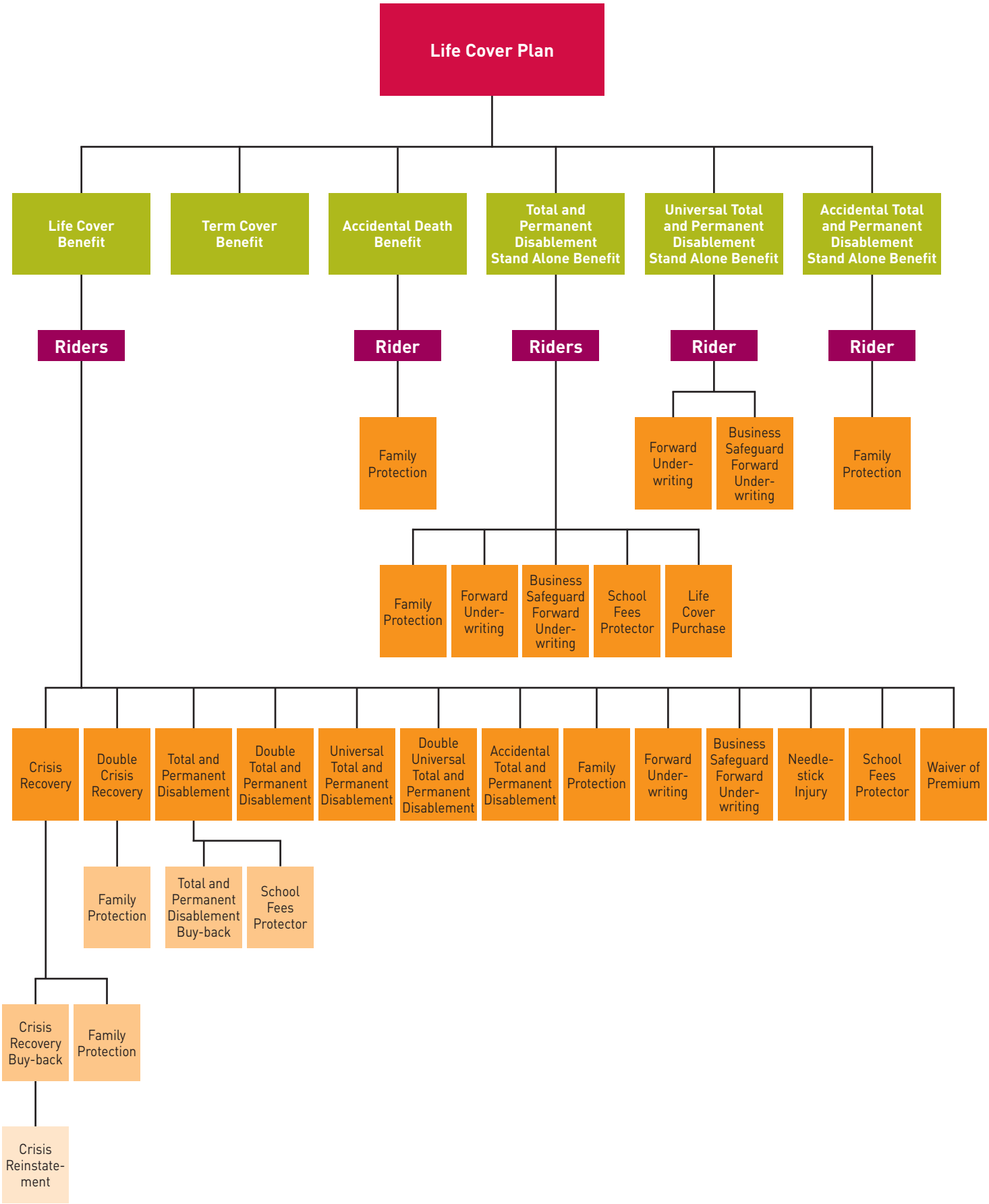
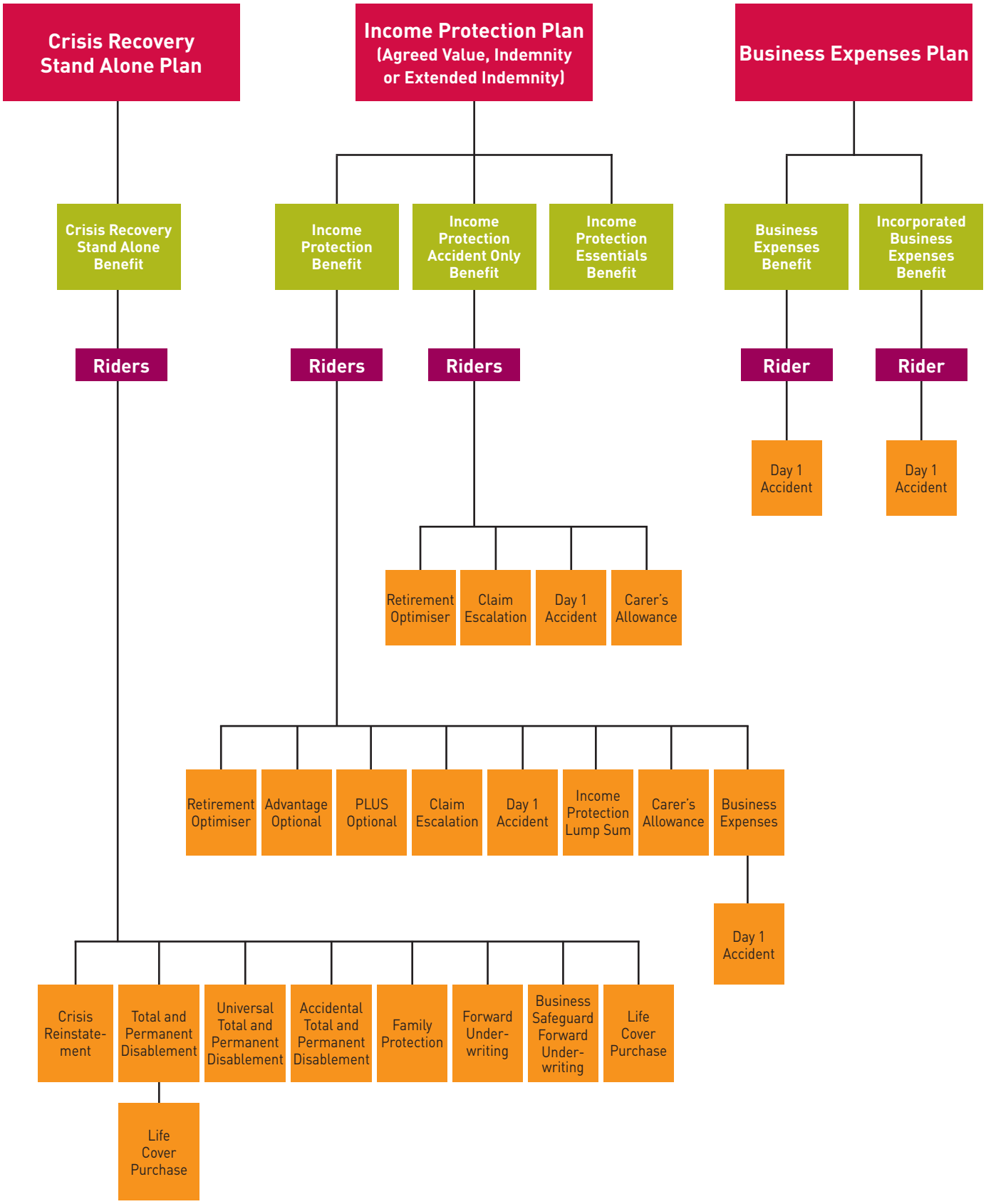
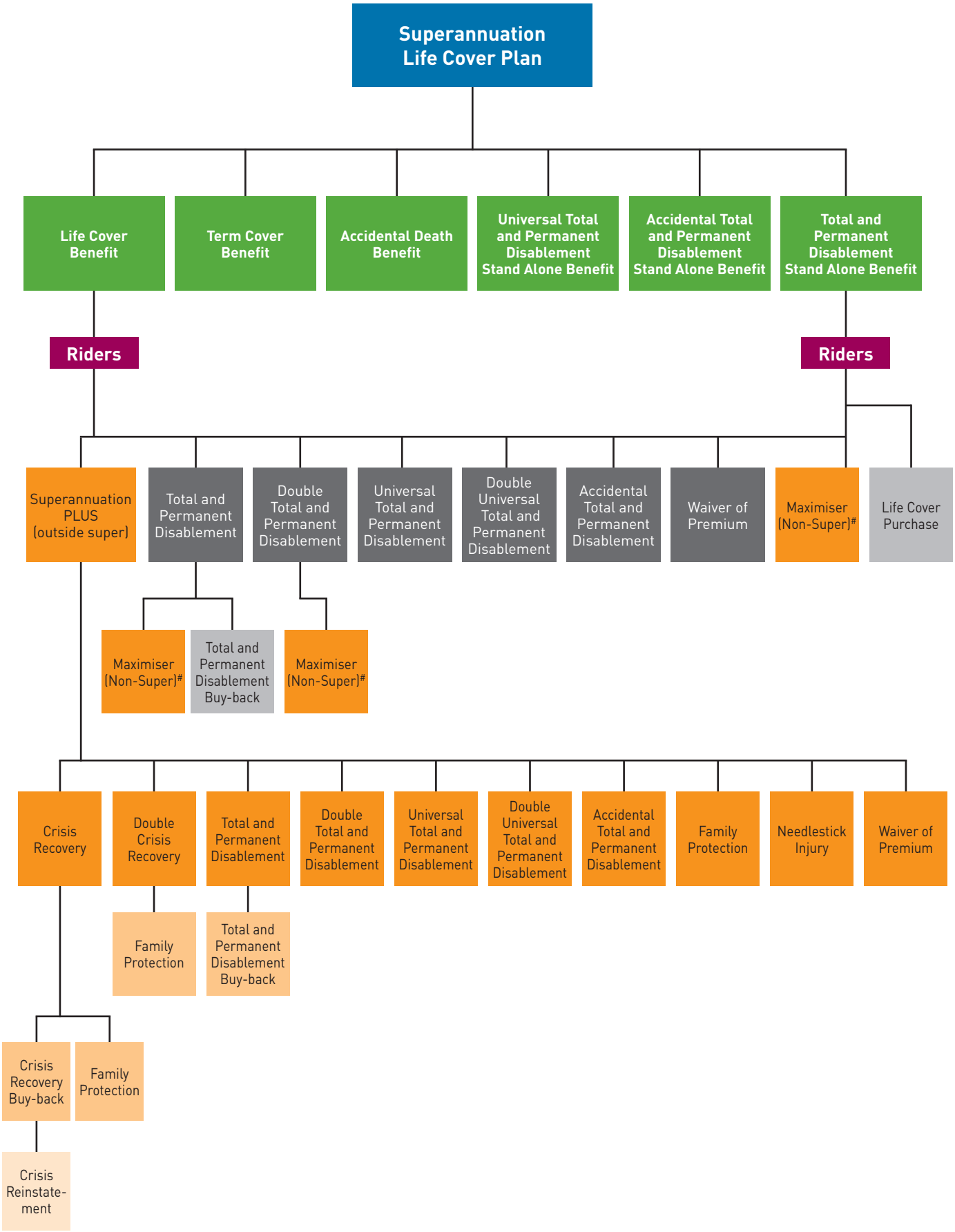
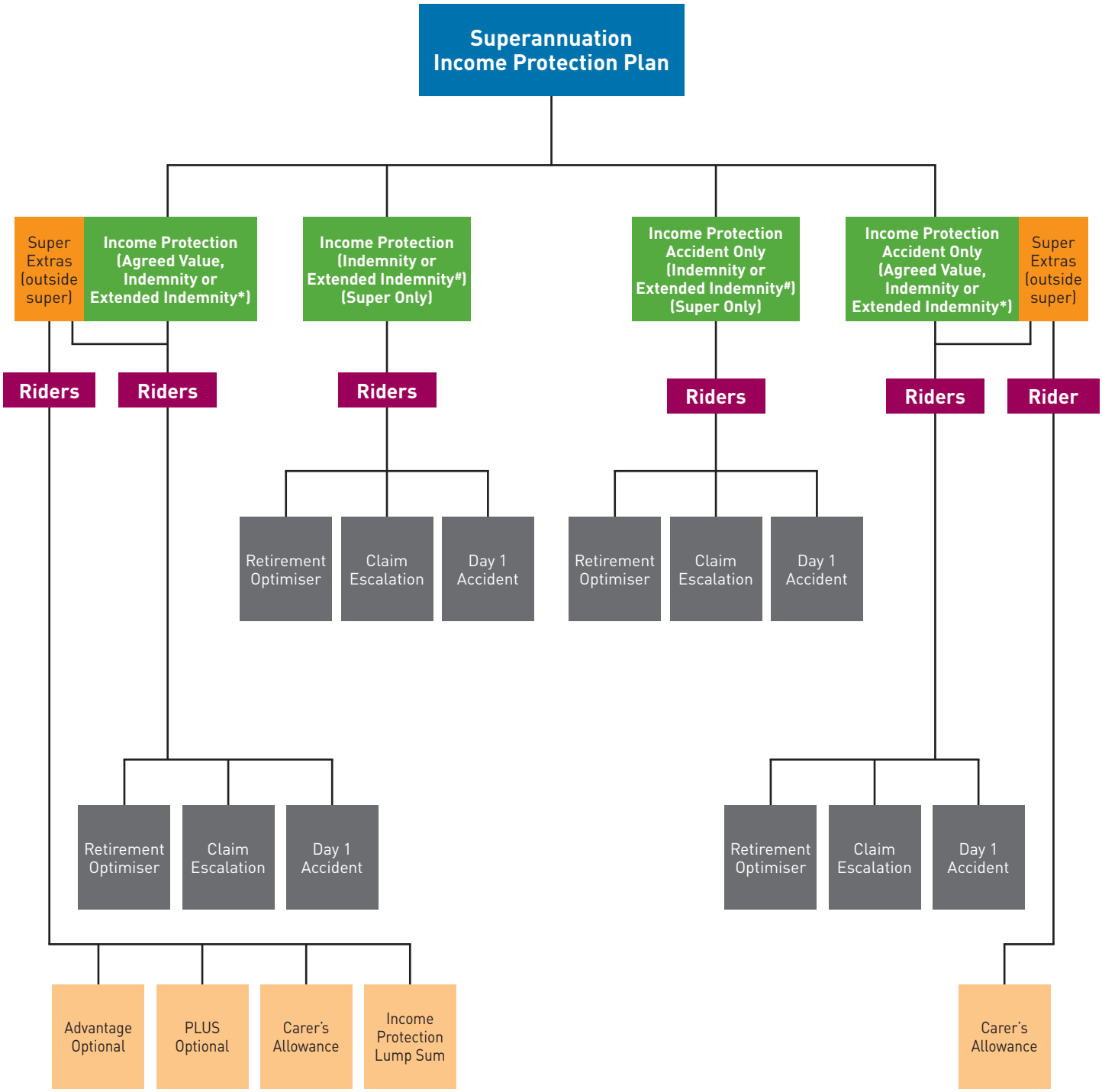
Priority Protection Structure




Crisis Recovery Stand Alone Plan
Income Protection Plan (Agreed Value, Indemnity or Extended Indemnity)
Business Expenses Plan
Crisis Recovery Stand Alone Benefit
Income Protection Benefit
Income Protection Accident Only Benefit
Income Protection Essentials Benefit
Business Expenses Benefit
Incorporated Business Expenses Benefit
Riders
Riders
Riders
Rider
Rider
Day 1 Accident
Day 1 Accident
Retirement Optimiser
Claim Escalation
Day 1 Accident
Carer's Allowance
Retirement Optimiser
Advantage Optional
PLUS Optional
Claim Escalation
Day 1 Accident
Income Protection Lump Sum
Carer's Allowance
Business Expenses
Day 1 Accident
Crisis Reinstate-ment
Total and Permanent Disablement
Universal Total and Permanent Disablement
Accidental Total and Permanent Disablement
Family Protection
Forward Under-writing
Business Safeguard Forward Under-writing
Life Cover Purchase
Life Cover Purchase



#Where Maximiser is selected, Family Protection, Needlestick Injury (Occupation AA Only) and Waiver of Premium (where applicable), are the only benefits available to be selected under Superannuation PLUS.



*Selection of this benefit automatically provides an Income Protection benefit in Superannuation and an Income Protection benefit outside of the Superannuation environment linked via Super Extras.
#Please speak to your adviser about the availability of this feature.

Priority Protection Summary

Life Cover Plan

Occupation Category	Life Cover Benefit	Rider Benefits									
		Crisis Recovery [1]	Crisis Recovery Buy-back [1,2]	Crisis Reinstatement [1,3]	Double Crisis Recovery [1,11]	Total and Permanent Disablement [1]	Total and Permanent Disablement Buy-back [1,4]	Double Total and Permanent Disablement [1,12]	Universal Total and Permanent Disablement [1]	Double Universal Total and Permanent Disablement [1,16]	Accidental Total and Permanent Disablement [1]
Entry age next birthday (years) between											
AAA, AA, A	11 and 75	16 and 64	16 and 60	16 and 60	16 and 60	16 and 64	16 and 60	16 and 60	16 and 64	16 and 60	16 and 64
B											
C, CT						16 and 60					16 and 60
D					16 and 55	16 and 55	16 and 55	16 and 55			16 and 55
E					16 and 50	16 and 50	16 and 50	16 and 50	16 and 50	16 and 50	Not applicable
Home Duties					16 and 60	16 and 64	16 and 60	16 and 60	16 and 64	16 and 60	16 and 64
Expiry age – policy anniversary prior to age (years)											
AAA, AA, A	100	70	65	65	65[24]	70	70	70	100	100	70
B						65	65	65			65
C, CT											
D											
E					55[24]	55	55	55	55	55	Not applicable
Home Duties					65[24]	65	65	65	100	100	65
Maximum Sum Insured											
AAA, AA, A	None[5]	$2,000,000[6,7]	Crisis Recovery Sum Insured	Crisis Recovery Sum Insured	$2,000,000[6,7,21]	$5,000,000[6,10,17]	Total and Permanent Disablement Sum Insured	$5,000,000[6,10,17,21]	$1,000,000[6,10]	$1,000,000[6,10,21]	$1,000,000[6]
B											
C, CT											
D						$2,000,000[6,10,17]		$2,000,000[6,7,21]			
E											Not applicable
Home Duties	$1,500,000 (age up to 45 next birthday) $1,000,000 (age 46–75 next birthday)	$750,000[6,7]			$750,000[6,7,21]	$1,000,000[6,10]		$1,000,000[6,10,21]			$1,000,000[6,10]

The footnotes on this page are applicable to numbered items on this page and on page 7.

1. Life Cover benefit must be purchased.
2. Crisis Recovery benefit must be purchased.
3. Crisis Recovery Buy-back benefit must be purchased.
4. Total and Permanent Disablement benefit must be purchased.
5. Subject to financial underwriting.
6. Cannot exceed Life Cover Sum Insured.
7. Applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone and Double Crisis Recovery and other similar benefits with us and other insurers.
8. Applies to the total sums insured for Family Protection benefit under Crisis Recovery, Crisis Recovery Stand Alone, Double Crisis Recovery, Life Cover, Total and Permanent Disablement Stand Alone, Accidental Total and Permanent Disablement Stand Alone and Accidental Death and other similar benefits with us and other insurers.
9. Cannot exceed Crisis Recovery, Double Crisis Recovery, Accidental Death, Life Cover, Total and Permanent Disablement Stand Alone or Accidental Total and Permanent Disablement Stand Alone benefit Sum Insured.
10. Applies to the total sums insured for Total and Permanent Disablement, Total and Permanent Disablement Stand Alone, Double Total and Permanent Disablement, Accidental Total and Permanent Disablement, Accidental Total and Permanent Disablement Stand Alone, Universal Total and Permanent Disablement, Universal Total and Permanent Disablement Stand Alone and Double Universal Total and Permanent Disablement and other similar benefits with us and other insurers.
11. Cannot be purchased in conjunction with Crisis Recovery, Double Total and Permanent Disablement or Double Universal Total and Permanent Disablement.
12. Cannot be purchased in conjunction with Total and Permanent Disablement, Double Crisis Recovery, Double Universal Total and Permanent Disablement, Accidental Total and Permanent Disablement or Universal Total and Permanent Disablement.
13. Crisis Recovery benefit, Double Crisis Recovery benefit, Accidental Death benefit, Life Cover benefit, Total and Permanent Disablement Stand Alone or Accidental Total and Permanent Disablement Stand Alone must be purchased.
14. Life Cover benefit, Total and Permanent Disablement or Total and Permanent Disablement Stand Alone benefit must be purchased.
15. The maximum sum insured after indexation increases is $500,000.
16. Cannot be purchased in conjunction with Total and Permanent Disablement, Double Total and Permanent Disablement, Accidental Total and Permanent Disablement or Universal Total and Permanent Disablement.
17. A maximum sum insured of $1,000,000 applies where the Life Insured is working as a Permanent Part-time Employee.
18. The minimum Sum Insured is $100,000. Total and Permanent Disablement cover and Crisis Recovery cover are capped at $5,000,000 and $2,000,000, respectively, depending on your occupational category. Universal Total and Permanent Disablement cover is capped at $1,000,000.
19. Applies to the total sums insured for Accidental Death cover and other similar benefits with us.
20. Total and Permanent Disablement Stand Alone must be purchased.
21. The minimum Sum Insured is $50,000.
22. Life Cover benefit, Total and Permanent Disablement Stand Alone, Universal Total and Permanent Disablement Stand Alone, or Crisis Recovery Stand Alone must be purchased.
23. For Occupation Category E the benefit will expire at the policy anniversary prior to age 55 where purchased under the Total and Permanent Disablement Stand Alone benefit or Universal Total and Permanent Disablement Stand Alone benefit.
24. Double Crisis Recovery benefit converts to a Crisis Recovery benefit at the Policy Anniversary prior to the expiry age.

Life Cover Plan (continued)

Rider Benefits (continued)							Term Cover Benefit	Total and Permanent Disablement Stand Alone Benefit	Universal Total and Permanent Disablement Stand Alone Benefit	Accidental Total and Permanent Disablement Stand Alone Benefit	Accidental Death Benefit		
Needlestick Injury (AA only) [1]	Waiver of Premium [1]	Forward Underwriting [22]	Business Safeguard Forward Underwriting [22]	Family Protection [13]	School Fees Protector [14]	Life Cover Purchase (Total and Permanent Disablement Stand Alone only) [20]							
Entry age next birthday (years) between													
18 and 60 (AA only)	16 and 64	16 and 55	16 and 55	3 and 16 (insured Child) 16 and 60 (Life Insured)	Same as Life Cover, Total and Permanent Disablement rider or Total and Permanent Disablement Stand Alone Benefit (Life Insured) 3 and 16 (Child)	16 and 60	11 and 60 (5 year term); 11 and 55 (10 year term)	16 and 64	16 and 64	16 and 64	16 and 75	AAA, AA, A	Occupation Category
Not available	16 and 60							16 and 60		16 and 60		B	
	16 and 55					16 and 55		16 and 55		16 and 55		C, CT	
	16 and 50					16 and 50		16 and 50	16 and 50	Not available		D	
	16 and 64		Not available			16 and 60		16 and 64	16 and 64	16 and 64		E	
												Home Duties	
Expiry age – policy anniversary prior to age (years)													
70 (AA only)	70	65[23]	65[23]	21 (insured Child) or 70 (Life Insured), if earlier	Same as Life Cover, Total and Permanent Disablement rider or Total and Permanent Disablement Stand Alone Benefit (Life Insured) 19 (Child)	70	End of chosen benefit term (5 or 10 years)	70	100	70	100	AAA, AA, A	Occupation Category
Not available	65					65		65		65		B	
												C, CT	
												D	
	55					55		55	55	Not available		E	
	65		Not available			65		65	100	65		Home Duties	
Maximum Sum Insured													
$1,000,000[6] (AA only)	Not applicable	$10,000,000[18]	$10,000,000[18]	$200,000[8,9,15]	Refer to page 44	Total and Permanent Disablement Stand Alone Sum Insured	None[5]	$5,000,000[10,17]	$1,000,000[10]	$1,000,000[10]	$1,000,000[19]	AAA, AA, A	Occupation Category
Not available												B	
												C, CT	
								$2,000,000[10,17]				D	
								$1,000,000[10]		Not available		E	
			Not available				$1,500,000 (age up to 45 next birthday) $1,000,000 (age 46–60 next birthday)	$1,000,000[10]		$1,000,000[10]		Home Duties	

Crisis Recovery Stand Alone Plan

Occupation Category	Crisis Recovery Stand Alone Benefit	Rider Benefits[1]: Total and Permanent Disablement	Life Cover Purchase (Crisis Recovery Stand Alone only)	Life Cover Purchase (Total and Permanent Disablement Rider only)[10]	Universal Total and Permanent Disablement	Accidental Total and Permanent Disablement	Crisis Reinstatement	Family Protection	Business Safeguard Forward Underwriting	Forward Underwriting
Entry age next birthday (years) between										
AAA, AA, A	16 and 64	16 and 64	16 and 60	16 and 60	16 and 64	16 and 64	16 and 60	3 and 16 (insured Child) 16 and 60 (Life Insured)	16 and 55	16 and 55
B										
C, CT		16 and 60				16 and 60				
D		16 and 55		16 and 55		16 and 55				
E		16 and 50		16 and 50	16 and 50	Not available				
Home Duties		16 and 64		16 and 60	16 and 64	16 and 64			Not available	
Expiry age – policy anniversary prior to age (years)										
AAA, AA, A	70	70	65	65	70	70	65	21 (insured Child) or 70 (Life Insured), if earlier	65	65
B		65				65				
C, CT										
D										
E		55		55	55	Not available				
Home Duties		65		65	70	65			Not available	
Maximum Sum Insured										
AAA, AA	$2,000,000[2]	$2,000,000[4,6,7]	Crisis Recovery Sum Insured	Total and Permanent Disablement Sum Insured	$1,000,000[4]	$1,000,000[4,6]	Crisis Recovery Stand Alone Sum Insured	$200,000[3,4,5]	$10,000,000[8]	$10,000,000[8]
A										
B										
C, CT										
D		$2,000,000[4,6,7]								
E		$1,000,000[4,6]				Not available				
Home Duties	$750,000[2]	$750,000[4]			$750,000[4]	$750,000[4,6]			Not available	

Business Expenses Plan

Business Expenses Benefit	Incorporated Business Expenses Benefit	Rider Benefit: Day 1 Accident
16 and 60	AAA and AA only 16 and 60	Same as Business Expenses Benefit or Incorporated Business Expenses Benefit chosen
16 and 55	Not available	
Not available		Not available
65	AAA and AA only 65	65
	Not available	
Not available		Not available
$60,000[9] per month	$30,000 per month	Same as Business Expenses Benefit or Incorporated Business Expenses Benefit chosen
$30,000[9] per month	Not available	
$25,000[9] per month		
$15,000[9] per month		
Not available		Not available

The footnotes on this page are applicable to numbered items on this page.

1. Crisis Recovery Stand Alone benefit must be purchased.
2. Applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone and Double Crisis Recovery and other similar benefits with us and other insurers.
3. Applies to the total sums insured for Family Protection benefit under Crisis Recovery, Crisis Recovery Stand Alone, Double Crisis Recovery, Accidental Death, Life Cover, Total and Permanent Disablement Stand Alone and Accidental Total and Permanent Disablement Stand Alone and other similar benefits with us and other insurers.
4. Cannot exceed Crisis Recovery Stand Alone Sum Insured.
5. The maximum sum insured after indexation increases is $500,000.
6. Applies to the total sums insured for Total and Permanent Disablement, Total and Permanent Disablement Stand Alone, Accidental Total and Permanent Disablement, Accidental Total and Permanent Disablement Stand Alone, Universal Total and Permanent Disablement, Universal Total and Permanent Disablement Stand Alone and Double Universal Total and Permanent Disablement Stand Alone.
7. A maximum sum insured of $1,000,000 applies where the Life Insured is working as a Permanent Part-time Employee.
8. The minimum Sum Insured is $100,000. Total and Permanent Disablement cover and Crisis Recovery cover are capped at $5,000,000 and $2,000,000, respectively, depending on your occupational category.Universal Total and Permanent Disablement cover is capped at $1,000,000.
9. The maximum combined total Insured Monthly benefit for Income Protection, Income Protection Accident Only, Income Protection Essentials and Business Expenses for each Occupation Category is listed on page 64.
10. Total and Permanent Disablement benefit must be purchased.

Income Protection Plan

Income Protection[1] Benefit (Agreed Value, Indemnity or Extended Indemnity)	Income Protection[1] Accident Only Benefit (Agreed Value, Indemnity or Extended Indemnity)	Income Protection Essentials[8] Benefit (Agreed Value only)	Rider Benefits[2,9]								2 Year Benefit Period To Age 70 (Indemnity only)
			Claim Escalation	PLUS Optional[3,6]	Advantage Optional[3,5]	Day 1 Accident[4,7]	Carer's Allowance	Retirement Optimiser	Business Expenses[3]	Income Protection Lump Sum[3]	

Entry age next birthday (years) between

Occupation Category	Income Protection Benefit	Income Protection Accident Only Benefit	Income Protection Essentials Benefit	Claim Escalation	PLUS Optional	Advantage Optional	Day 1 Accident	Carer's Allowance	Retirement Optimiser	Business Expenses	Income Protection Lump Sum	2 Year Benefit Period To Age 70
AAA, AA, A	16 and 60	16 and 60	16 and 50	16 and 60	16 and 60	16 and 60	Same as Income Protection Benefit, Income Protection Accident Only Benefit or Business Expenses Benefit chosen	Same as Income Protection Benefit or Income Protection Accident Only Benefit (Life Insured) 3 and 16 (insured Child)	16 and 60	16 and 60	16 and 60	61 and 65
B												Not available
C, CT	16 and 55	16 and 55		16 and 55	16 and 55	16 and 55			16 and 55	16 and 55	16 and 55	
D	16 and 55 (Indemnity or Extended Indemnity)	16 and 55 (Indemnity or Extended Indemnity)		16 and 55 (Indemnity or Extended Indemnity)	16 and 55 (Indemnity or Extended Indemnity)	16 and 55 (Indemnity or Extended Indemnity)			16 and 55 (Indemnity or Extended Indemnity)	16 and 55	Not available	
E	16 and 50 (Indemnity or Extended Indemnity)	16 and 50 (Indemnity or Extended Indemnity)		16 and 50 (Indemnity or Extended Indemnity)	Not available	Not available			16 and 50 (Indemnity or Extended Indemnity)	Not available		
Home Duties	Not available	Not available		Not available			Not available	Not available	Not available			

Expiry age – policy anniversary prior to age (years)

Occupation Category	Income Protection Benefit	Income Protection Accident Only Benefit	Income Protection Essentials Benefit	Claim Escalation	PLUS Optional	Advantage Optional	Day 1 Accident	Carer's Allowance	Retirement Optimiser	Business Expenses	Income Protection Lump Sum	2 Year Benefit Period To Age 70
AAA, AA, A	65 or 70 where a To Age 70 Benefit Period is selected	65	55	Same as Income Protection Benefit or Income Protection Accident Only Benefit chosen	65	65	Same as Income Protection Benefit, Income Protection Accident Only Benefit or Business Expenses Benefit chosen	Same as Income Protection Benefit or Income Protection Accident Only Benefit (Life Insured) 18 (insured Child)	65	65	65	70
B	65											Not available
C, CT												
D											Not available	
E	55	55			Not available	Not available			55	Not available		
Home Duties	Not available	Not available		Not available			Not available	Not available	Not available			

Maximum Monthly Sum Insured

Occupation Category	Income Protection Benefit	Income Protection Accident Only Benefit	Income Protection Essentials Benefit	Claim Escalation	PLUS Optional	Advantage Optional	Day 1 Accident	Carer's Allowance	Retirement Optimiser	Business Expenses	Income Protection Lump Sum	2 Year Benefit Period To Age 70
AAA, AA	$60,000[10] (Entry age between 16–54) $40,000[10] (Entry age between 55–60)	$60,000[10] (Entry age between 16–54) $40,000[10] (Entry age between 55–60)	$4,000 per month	Income Protection Benefit or Income Protection Accident Only Benefit chosen	Same as Income Protection Benefit	Same as Income Protection Benefit	Income Protection Benefit, Income Protection Accident Only Benefit or Business Expenses Benefit chosen	$2,000 per month	Refer to Retirement Optimiser benefit on page 56	$60,000[10]	Refer to Income Protection Lump Sum benefit on page 55	$20,000
A	$30,000[10]	$30,000[10]								$30,000[10]		
B	$22,500[10]	$22,500[10]								$25,000[10]		Not available
C, CT										$15,000[10]		
D	$15,000[10]	$15,000[10]									Not available	
E	$10,000[10]	$10,000[10]								Not available		
Home Duties	Not available	Not available		Not available			Not available	Not available	Not available			

The footnotes on this page are applicable to numbered items on this page.

1. Either the Income Protection or Income Protection Accident Only benefit can be selected (not both).
2. Income Protection benefit or Income Protection Accident Only benefit must be purchased.
3. Not available under Income Protection Accident Only benefit.
4. A 3-day qualifying period is not available for Occupation Category E.
5. Cannot be purchased in conjunction with PLUS Optional.
6. Cannot be purchased in conjunction with Advantage Optional.
7. Available under Income Protection benefit, Income Protection Accident Only benefit and Business Expenses benefit.
8. Rider benefits are not available with Income Protection Essentials benefit.
9. Where the To Age 70 benefit period is selected, the rider benefits will expire at Age 65.
10. The maximum combined total Insured Monthly benefit for Income Protection, Income Protection Accident Only, Income Protection Essentials and Business Expenses for each Occupation Category is listed on page 64.

Superannuation Life Cover Plan

Life Cover Benefit	Rider Benefits								
	Crisis Recovery [1,13]	Crisis Recovery Buy-back [1,2,13]	Crisis Reinstatement [1,3,13]	Family Protection [1,13]	Double Crisis Recovery [1,10,13]	Needlestick Injury (AA only) [1,13]	Accidental Total and Permanent Disablement [1]	Total and Permanent Disablement [1]	Total and Permanent Disablement Buy-back [1,4]

Entry age next birthday (years) between

Occupation Category	Life Cover Benefit	Crisis Recovery	Crisis Recovery Buy-back	Crisis Reinstatement	Family Protection	Double Crisis Recovery	Needlestick Injury (AA only)	Accidental Total and Permanent Disablement	Total and Permanent Disablement	Total and Permanent Disablement Buy-back
AAA, AA, A	16 and 74	16 and 64	16 and 60	16 and 60	3 and 16 (insured Child) 16 and 60 (Life Insured)	16 and 60	18 and 60 (AA only)	16 and 64	16 and 64	16 and 60
B							Not available			
C, CT								16 and 60	16 and 60	
D						16 and 55		16 and 55	16 and 55	16 and 55
E						16 and 50		Not available	16 and 50	16 and 50
Home Duties						16 and 60		16 and 64	16 and 64	16 and 60

Expiry age – policy anniversary prior to age (years)

Occupation Category	Life Cover Benefit	Crisis Recovery	Crisis Recovery Buy-back	Crisis Reinstatement	Family Protection	Double Crisis Recovery	Needlestick Injury (AA only)	Accidental Total and Permanent Disablement	Total and Permanent Disablement	Total and Permanent Disablement Buy-back
AAA, AA, A	100[18] (for SMSF Trustees only) 75 (for AIA Insurance Super Scheme No2)	70	65	65	21 (insured Child) or 70 (Life Insured), if earlier	65	70 (AA only)	70	70	70
B							Not available			
C, CT								65	65	65
D										
E						55		Not available	55	55
Home Duties						65		65	65	65

Maximum Sum Insured

Occupation Category	Life Cover Benefit	Crisis Recovery	Crisis Recovery Buy-back	Crisis Reinstatement	Family Protection	Double Crisis Recovery	Needlestick Injury (AA only)	Accidental Total and Permanent Disablement	Total and Permanent Disablement	Total and Permanent Disablement Buy-back
AAA, AA, A	None	$2,000,000[6,7]	Crisis Recovery Sum Insured	Crisis Recovery Sum Insured	$200,000[6,9,14]	$2,000,000[6,7,19]	$1,000,000 (AA only)	$1,000,000[6,8]	$5,000,000[6,8,16]	Total and Permanent Disablement Sum Insured
B							Not available			
C, CT										
D									$2,000,000[6,8,16]	
E								Not available	$1,000,000[6,8]	
Home Duties	$1,500,000 (age up to 45 next birthday) $1,000,000 (age 46–74 next birthday)	$750,000[6,7]				$750,000[6,7,19]		$1,000,000[6,8]	$1,000,000[6,8]	

The footnotes on this page are applicable to numbered items on this page and on page 11.

1. Life Cover benefit must be purchased.
2. Crisis Recovery benefit must be purchased.
3. Crisis Recovery Buy-back benefit must be purchased.
4. Total and Permanent Disablement benefit must be purchased.
5. Subject to financial underwriting.
6. Cannot exceed Life Cover Sum Insured.
7. Applies to the total sums insured for Crisis Recovery, Double Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
8. Applies to the total sums insured for Total and Permanent Disablement, Double Total and Permanent Disablement, Total and Permanent Disablement Stand Alone, Double Universal Total and Permanent Disablement, Universal Total and Permanent Disablement, Accidental Total and Permanent Disablement, Universal Total and Permanent Disablement Stand Alone and Accidental Total and Permanent Disablement Stand Alone and other similar benefits with us and other insurers.
9. Applies to the total sums insured for Family Protection benefit under Crisis Recovery, Crisis Recovery Stand Alone, Double Crisis Recovery, Life Cover, Accidental Death, Total and Permanent Disablement Stand Alone and Accidental Total and Permanent Disablement Stand Alone and other similar benefits with us and other insurers.
10. Cannot be purchased in conjunction with Crisis Recovery, Double Total and Permanent Disablement or Double Universal Total and Permanent Disablement.
11. Cannot be purchased in conjunction with Total and Permanent Disablement, Double Universal Total and Permanent Disablement, Universal Total and Permanent Disablement, Accidental Total and Permanent Disablement, or Superannuation PLUS Double Crisis Recovery.
12. Total and Permanent Disablement (Any Occupation definition), Total and Permanent Disablement Stand Alone (Any Occupation definition) or Double Total and Permanent Disablement (Any Occupation definition) must be purchased inside superannuation.
13. Only available under a linked policy outside of superannuation.
14. The maximum sum insured after indexation increases is $500,000.
15. Cannot be purchased in conjunction with Total and Permanent Disablement, Double Total and Permanent Disablement, Accidental Total and Permanent Disablement, Universal Total and Permanent Disablement, or Superannuation PLUS Double Crisis Recovery.
16. A maximum sum insured of $1,000,000 applies where the Life Insured is working as a Permanent Part-time Employee.
17. Applies to the total sums insured for Accidental Death cover and other similar benefits with us.
18. Subject to premium amounts being available in the superannuation fund holding the relevant cover.
19. The minimum Sum Insured is $50,000.
20. Total and Permanent Disablement Stand Alone must be purchased.

Superannuation Life Cover Plan (continued)

Rider Benefits (continued)						Term Cover Benefit	Total and Permanent Disablement Stand Alone Benefit	Universal Total and Permanent Disablement Stand Alone Benefit	Accidental Total and Permanent Disablement Stand Alone Benefit	Accidental Death Benefit		
Double Total and Permanent Disablement [1,11]	Universal Total and Permanent Disablement [1]	Double Universal Total and Permanent Disablement [1,15]	Waiver of Premium [1]	Maximiser[12]	Life Cover Purchase (Total and Permanent Disablement Stand Alone only)[20]							

Entry age next birthday (years) between

16 and 60	16 and 64	16 and 60	16 and 64	Same as Total and Permanent Disablement benefit	16 and 60	11 and 60 (5 year term); 11 and 55 (10 year term)	16 and 64	16 and 64	16 and 64	16 and 74	AAA, AA, A	Occupation Category
			16 and 60				16 and 60		16 and 60		B	
16 and 55			16 and 55	Not available	16 and 55		16 and 55		16 and 55		C, CT	
16 and 50	16 and 50	16 and 50	16 and 50		16 and 50		16 and 50	16 and 50	Not available		D	
16 and 60	16 and 64	16 and 60	16 and 64		16 and 60		16 and 64	16 and 64	16 and 64		E	
											Home Duties	

Expiry age – policy anniversary prior to age (years)

70	65	65	70	Same as Total and Permanent Disablement benefit	70	End of chosen benefit term (5 or 10 years)	70	65	70	75	AAA, AA, A	Occupation Category
65			65		65		65		65		B	
											C, CT	
											D	
55	55	55	55	Not available	55		55	55	Not available		E	
65	65	65	65		65		65	65	65		Home Duties	

Maximum Sum Insured

$5,000,000[6,8,16,19]	$1,000,000[6,8]	$1,000,000[6,8,19]	Not applicable	Total and Permanent Disablement Sum Insured	Total and Permanent Disablement Stand Alone Sum Insured	None[5]	$5,000,000[8,16]	$1,000,000[8]	$1,000,000[6]	$1,000,000[17]	AAA, AA, A	Occupation Category
											B	
											C, CT	
$2,000,000[6,8,16,19]				Not available			$2,000,000[8,16]				D	
							$1,000,000[8]		Not available		E	
$1,000,000[6,8,19]						$1,500,000 (age up to 45 next birthday) $1,000,000 (age 46–60 next birthday)	$1,000,000[8]		$1,000,000[8]		Home Duties	

Superannuation Income Protection Plan

Occupation Category	Income Protection[1] Benefit (Agreed Value, Indemnity or Extended Indemnity[10])	Income Protection[1] Accident Only Benefit (Agreed Value, Indemnity or Extended Indemnity[10])	Rider Benefits[2,5]							2 Year Benefit Period To Age 70 (Indemnity only)
			Claim Escalation	Day 1 Accident[3]	Retirement Optimiser	Super Extras[8]				
						PLUS Optional[4,6]	Advantage Optional[4,7]	Carer's Allowance	Income Protection Lump Sum[4]	
Entry age next birthday (years) between										
AAA, AA, A	16 and 60	16 and 60	16 and 60	16 and 60	16 and 60	16 and 60	16 and 60	Same as Income Protection Benefit or Income Protection Accident Only Benefit (Life Insured) 3 and 16 (insured Child)	16 and 60	61 and 65
B										Not available
C, CT	16 and 55	16 and 55	16 and 55	16 and 55	16 and 55	16 and 55	16 and 55		16 and 55	
D	16 and 55 (Indemnity or Extended Indemnity[10])	16 and 55 (Indemnity or Extended Indemnity[10])	16 and 55 (Indemnity or Extended Indemnity[10])	16 and 55 (Indemnity or Extended Indemnity[10])	16 and 55 (Indemnity or Extended Indemnity[10])	16 and 55 (Indemnity or Extended Indemnity)	16 and 55 (Indemnity or Extended Indemnity)		Not available	
E	16 and 50 (Indemnity or Extended Indemnity[10])	16 and 50 (Indemnity or Extended Indemnity[10])	16 and 50 (Indemnity or Extended Indemnity[10])	16 and 50 (Indemnity or Extended Indemnity[10])	16 and 50 (Indemnity or Extended Indemnity[10])	Not available	Not available			
Expiry age – policy anniversary prior to age (years)										
AAA, AA, A	65 or 70 where a To Age 70 Benefit Period is selected	65	Same as Income Protection Benefit or Income Protection Accident Only Benefit chosen	Same as Income Protection Benefit or Income Protection Accident Only Benefit chosen	65	65	65	Same as Income Protection Benefit or Income Protection Accident Only Benefit (Life Insured) 18 (insured Child)	65	70
B	65									Not available
C, CT										
D									Not available	
E	55	55			55	Not available	Not available			
Maximum Monthly Sum Insured										
AAA, AA	$60,000[9] (Entry age between 16–54) $40,000[9] (Entry age between 55–60)	$60,000[9] (Entry age between 16–54) $40,000[9] (Entry age between 55–60)	Income Protection Benefit or Income Protection Accident Only Benefit chosen	Income Protection Benefit or Income Protection Accident Only Benefit chosen	Refer to Retirement Optimiser benefit on page 56	Same as Income Protection Benefit	Same as Income Protection Benefit	$2,000 per month	Refer to Income Protection Lump Sum benefit on page 55	$20,000
A	$30,000[9]	$30,000[9]								Not available
B	$22,500[9]	$22,500[9]								
C, CT										
D	$15,000[9]	$15,000[9]							Not available	
E	$10,000[9]	$10,000[9]								

The footnotes on this page are applicable to numbered items on this page.

1. Either the Income Protection or Income Protection Accident Only benefit can be selected (not both).
2. Income Protection benefit or Income Protection Accident Only benefit must be purchased.
3. A 3-day qualifying period is not available.
4. Available under Income Protection benefit (not available under Income Protection Accident Only benefit).
5. Where a To Age 70 benefit period is selected, the rider benefits will expire at Age 65.
6. Cannot be purchased in conjunction with Advantage Optional.
7. Cannot be purchased in conjunction with PLUS Optional.
8. Super Extras is a non-superannuation income protection policy owned by the life insured and linked to the Superannuation Income Protection Plan. Super Extras will include a non-superannuation version of each benefit selected under the Superannuation Income Protection Plan together with any benefit selected from the range of optional benefits available under Super Extras (i.e. Plus Optional, Advantage Optional, Carer's Allowance and Income Protection Lump Sum).
9. The maximum combined total Insured Monthly benefit for Income Protection, Income Protection Accident Only, Income Protection Essentials and Business Expenses for each Occupation Category is listed on page 64.
10. Please speak to your adviser about the availability of this feature.

About Priority Protection

Priority Protection provides you with a range of insurance cover to cater for your life insurance needs.

Life Cover

We pay a lump sum in the event of death or Terminal Illness.

Life Cover is available under an Ordinary Plan when acquired by you or under a Superannuation Plan when acquired by the trustee of a superannuation fund.

Total and Permanent Disablement (TPD)

We pay a lump sum for total and permanent disablement (according to the definition that applies to you).

TPD cover is available under an Ordinary Plan when acquired by you or under a Superannuation Plan when acquired by the trustee of a superannuation fund.

Crisis Recovery

We pay a lump sum if you are diagnosed with certain medical conditions, such as Cancer, a Heart Attack or a Stroke.

Crisis Recovery cover is only available under an Ordinary Plan.

Income Protection

We pay a monthly amount if you are disabled due to Injury or Sickness and therefore unable to work.

For Income Protection Essentials benefits we will pay a monthly benefit if you are deemed to have met the definition of Loss of Independence.

Income Protection cover is available under an Ordinary Plan when acquired by you or under a Superannuation Plan when acquired by the trustee of a superannuation fund.

Business Expenses

We pay a monthly amount to reimburse your business (including an incorporated business) if you are disabled due to Injury or Sickness and therefore unable to work.

Business Expenses cover is only available under an Ordinary Plan.

Insurance through Superannuation

You can choose to structure your Priority Protection insurance through superannuation if you are a member of a complying superannuation fund. This means that the trustee would become the Policy Owner of a Superannuation Life Cover Plan and/or a Superannuation Income Protection Plan that covers you. You would make contributions to your superannuation account and the trustee would then pay the insurance premiums to us from your superannuation account. When insurance benefits are paid under the Plan, the trustee would receive them from us and pay them according to the governing rules of the superannuation fund and the superannuation law.

If you are not already a member of a complying superannuation fund or if your fund cannot pay insurance premiums to us from your superannuation account, you can become a member of the Scheme and the Trustee can acquire a Superannuation Life Cover Plan and/or a Superannuation Income Protection Plan that covers you.

There are some important differences when you structure your insurance through superannuation. For example:

- Some of the benefits available under an Ordinary Plan are not available under a Superannuation Plan or different definitions or amounts of benefit may apply. (We have noted where a benefit is not available or these differences apply under a Superannuation Plan throughout this PDS or where a benefit is only available by purchasing a linked Ordinary Plan policy outside of superannuation at an additional premium cost but you should refer to the relevant Superannuation Plan in the Superannuation Policy Document.)
- There may be taxation advantages where a Policy is owned by the trustee of a superannuation fund. (We have provided information about taxation of the Scheme on pages 72 – 73, but you should obtain your own advice for your personal circumstances before you make a decision.)
- If you cease to be a member of a complying superannuation fund, the Superannuation Life Cover Plan and Superannuation Income Protection Plan benefits will cease. Any applicable premium refund would be paid to the trustee and will be subject to preservation rules as required by superannuation legislation.

More information about the Scheme is on pages 68 – 73.
More information about linking a Superannuation Plan to an Ordinary Plan is on page 74.

Life Cover

The Life Cover benefit and the 5-year and 10-year Term Cover benefits will pay a lump sum if you die or are diagnosed with a terminal illness before the benefit expires.

The Accidental Death benefit will pay a lump sum if you die as a result of an accident only. The maximum total amount we will pay for accidental death benefits will be $1,000,000. Refer to pages 6–7 and 10–11 for Maximum Sum Insured limits.

Life Cover is available as an Ordinary Plan or as a Superannuation Plan (but the benefits marked **NS** do not apply under the Superannuation Life Cover Plan).

Benefit Overview

This table provides some important information about the benefits included with Life Cover. Please note that where there is no tick in this table, this means the benefit is not available. For the full terms and conditions, ask for a copy of the Policy Document.

	Life Cover Benefit	5-year Term	10-year Term	Accidental Death
Premium structure				
Level Premiums	✓	✓	✓	✓
Stepped Premiums	✓	✓	✓	
Optimum Premiums	✓			
Built-in benefits				
Death benefit We will pay a lump sum benefit equal to the Sum Insured if you die.	✓	✓	✓	✓
Terminal Illness benefit We will make an advance payment of your Sum Insured if you are diagnosed with a Terminal Illness.	✓	✓	✓	
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓			
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI Increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓	✓	✓	✓
Final Expenses[NS] On receipt of the life insured's death certificate, we will make an advance payment from the Sum Insured equal to the lesser of 10% of the Sum Insured and $25,000 to assist in dealing with immediate financial expenses.	✓	✓	✓	✓
Financial Planning Reimbursement[NS] If a claim is paid for death or Terminal Illness we will reimburse up to $3,000 of the cost of obtaining advice from a financial planner/s about management of the claim proceeds incurred within the first 12 months of the claim payment. Other conditions apply.	✓	✓	✓	✓
Guaranteed Future Insurability If you experience a significant Personal Event or Business Event before age 55, you can apply for increases in your Life Cover or Life Cover with Total and Permanent Disablement rider Sum Insured without supplying further evidence of health or insurability. A maximum number of increases and other conditions apply. *Not available if there is a medical loading on the Policy or if you are on a Premium Freeze.*	✓			

	Life Cover Benefit	5-year Term	10-year Term	Accidental Death
Complimentary Family Final Expenses[NS] We may pay a lump sum of 10% of the Sum Insured up to $20,000 per Child if your Child dies or is positively diagnosed with a Terminal Illness. A maximum total payment of $200,000 and other conditions apply to this complimentary benefit. *If you also hold Crisis Recovery Complimentary Family Protection benefit, we will make only one payment per Child under both benefits.*	✓	✓	✓	✓
Complimentary Interim Accidental Death Cover We may pay a lump sum in the event of your Accidental Death within a period of up to 90 days from your application date – see the certificate attached to this PDS.	✓	✓	✓	✓
Optional Benefits at an additional cost (Rider Benefits)				
Total and Permanent Disablement (see pages 16 – 20)	✓			
Accidental Total and Permanent Disablement (see pages 18 – 20)	✓			
Total and Permanent Disablement Buy-back (see page 22)	✓			
Double Total and Permanent Disablement (see pages 25 – 26)	✓			
Universal Total and Permanent Disablement (see page 21)	✓			
Double Universal Total and Permanent Disablement (see page 27)	✓			
Waiver of Premium (see page 23)	✓			
Crisis Recovery[SP] (see pages 28 – 32)	✓			
Crisis Recovery Buy-back[SP] (see page 33)	✓			
Crisis Reinstatement[SP] (see pages 34 – 35)	✓			
Double Crisis Recovery[SP] (see pages 36 – 40)	✓			
Family Protection[SP] (see pages 41 – 42)	✓			✓
Needlestick Injury[SP] (see page 43)	✓			
Forward Underwriting[NS] (see pages 45 – 46)	✓			
Business Safeguard Forward Underwriting[NS] (see page 47)	✓			
School Fees Protector[NS] (see page 44)	✓			

NS Not available under the Superannuation Life Cover Plan.
SP Available with the Superannuation Life Cover Plan only under a linked Superannuation PLUS policy outside of superannuation.

The benefits that apply to you will be shown on your Policy Schedule.
For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 82 – 86.
For the date when cover ends, see page 87.

TPD cover

We offer three main types of TPD benefits:
- Total and Permanent Disablement
- Accidental Total and Permanent Disablement
- Universal Total and Permanent Disablement

In addition, there are two optional 'Double' TPD benefits – Double Total and Permanent Disablement and Double Universal Total and Permanent Disablement. After payment of a full Double TPD benefit, the Life Cover Sum Insured is not reduced and future premiums for the Life Cover Sum Insured are waived.

You can purchase TPD cover as a stand alone benefit, as a rider benefit to either Life Cover or Crisis Recovery Stand Alone cover or as a linked 'Maximiser' benefit to a Superannuation Life Cover Plan (see pages 75–76). Limits apply to the total Sums Insured for all TPD cover.

The following table is a summary of various TPD benefits available and some key details according to your employment status:

Detail	Total and Permanent Disablement cover		
	Total and Permanent Disablement benefit	**Accidental Total and Permanent Disablement benefit**	**Universal Total and Permanent Disablement benefit**
What employment types are eligible?	• Full-time Employment[1] • Permanent Part-time Employee[2]	• Full-time Employment[1] • Permanent Part-time Employee[2]	• All employment types
Are any Occupation Categories not eligible for this benefit?	All of the Occupation Categories are eligible.	Yes, Occupation Category E is not eligible.	All of the Occupation Categories are eligible.
What are the weekly working requirements depending on my Occupation Category?	Occupation Categories – AAA, AA, A, B, C, CT and D • At least 15 hours worked per week Occupation Category – E • At least 20 hours worked per week Occupation Category – Home Duties[3] • No minimum, however you must meet the definition of Home Duties (refer to Definitions section).	Occupation Categories – AAA, AA, A, B, C, CT and D • At least 15 hours worked per week Occupation Category – Home Duties[3] • No minimum, however you must meet the definition of Home Duties (refer to Definitions section).	Occupation Categories – AAA, AA, A, B, C, CT and D • Working less than 15 hours per week. Occupation Category – E • Working less than 20 hours per week. Occupation Category – Home Duties[3] • No minimum, however you must meet the definition of Home Duties (refer to Definitions section).
Is cover available for self-employed people?	Yes	Yes	Yes
Which type of definition will apply?	Occupation Categories AAA, AA, A, B, C and CT – Own Occupation[SM] • Minimum hours worked per week is 20 Occupation Categories AAA, AA, A, B, C, CT and D – Any Occupation • Minimum hours worked per week is 15 Occupation Category E – All Duties • Minimum hours worked per week is 20 Occupation Category – Home Duties[3] • Total and Permanent Disablement (Home Duties)	Occupation Categories AAA, AA, A, B, C, CT and D – Accidental TPD Any Occupation • Minimum hours worked per week is 15 Occupation Category – Home Duties[3] • Accidental Total and Permanent Disablement (Home Duties)	All Occupation Categories – Universal TPD • Loss of Independence

Your premium varies depending on the disablement definition you select and your Occupation Category.

Detail	Double Total and Permanent Disablement cover	
	Double Total and Permanent Disablement benefit	**Double Universal Total and Permanent Disablement benefit**
What employment types are eligible?	• Full-time Employment[1] • Permanent Part-time Employee[2]	• All employment types
Are any Occupation Categories not eligible for this benefit?	• All of the Occupation Categories are eligible.	• All of the Occupation Categories are eligible.
What are the weekly working requirements depending on my Occupation Category?	Occupation Categories – AAA, AA, A, B, C, CT and D • At least 15 hours worked per week Occupation Category – E • At least 20 hours worked per week. Occupation Category – Home Duties[3] • No minimum, however you must meet the definition of Home Duties (refer to Definitions section).	Occupation Categories – AAA, AA, A, B, C, CT and D • Working less than 15 hours per week. Occupation Category – E • Working less than 20 hours per week. Occupation Category – Home Duties[3] • No minimum, however you must meet the definition of Home Duties (refer to Definitions section).
Is cover available for self-employed people?	Yes	Yes
Which type of definition will apply?	Occupation Categories – AAA, AA, A, B, C and CT – Own Occupation[SM] • Minimum hours worked per week is 20 Occupation Categories – AAA, AA, A, B, C, CT and D – Any Occupation • Minimum hours worked per week is 15 Occupation Category E – All Duties • Minimum hours worked per week is 20 Occupation Category – Home Duties[3] • Total and Permanent Disablement (Home Duties)	All Occupation Categories – Universal TPD • Loss of Independence

1 We classify full-time employment for this benefit as working at least 20 hours per week, for 48 weeks per year (excluding public holidays).
2 We classify part-time employment for this benefit as being employed (including self-employed) to undertake identifiable duties for at least 15 hours per week (in each and every week for 48 weeks per year (excluding public holidays) where the person accrues paid sick and holiday leave entitlements.
3 We classify Home Duties for this benefit as being wholly engaged in full-time unpaid domestic duties in your own residence.
SM Available with the Superannuation Life Cover Plan only under a linked Maximiser policy outside of superannuation.

Total and Permanent Disablement

The Total and Permanent Disablement benefit will pay a lump sum if you suffer Total and Permanent Disablement (according to the relevant definition) due to Injury or Sickness.

The Total and Permanent Disablement benefit is available under an Ordinary Plan or under a Superannuation Plan.

Benefit overview

This table provides some important information about the benefits included with the Total and Permanent Disablement benefit. Please note that where there is no tick in this table, this means the benefit is not available. For the full terms and conditions, ask for a copy of the Policy Document.

	Total and Permanent Disablement	Accidental Total and Permanent Disablement
Premium structure		
Level Premiums	✓	✓
Stepped Premiums	✓	
Optimum Premiums	✓	
Available as:		
Total and Permanent Disablement Stand Alone	✓	
Accidental Total and Permanent Disablement Stand Alone		✓
Rider benefit (to Life Cover benefit and Crisis Recovery Stand Alone)	✓	✓
Linked 'Maximiser' benefit to Total and Permanent Disablement Stand Alone or TPD rider benefit with 'Any Occupation' definition under the Superannuation Life Cover Plan. Please refer to the Maximiser section on pages 75 – 76.	✓ (Own Occupation definition)	
Built-in benefits		
Total and Permanent Disablement We will pay a lump sum equal to the Sum Insured if you are disabled according to the applicable Total and Permanent Disablement definition: • Own Occupation[SM] • Any Occupation • All Duties • Home Duties. If your applicable definition under an Ordinary Plan is 'Any Occupation' and you return to work in your own occupation or perform any other reasonable occupation and if your earning capacity is permanently restricted due to your disablement to the extent that the income you generate in the 12 month period following a return to work is less than 25% of the income you generated in the previous 12 months of performing your own occupation, we will pay the Total and Permanent Disablement benefit. This benefit will not apply under a Superannuation Plan. If you have the 'Own Occupation' definition under a linked Maximiser Policy, your claim will firstly be assessed under the 'Any Occupation' definition under the Superannuation Life Cover Plan.	✓	
Accidental Total and Permanent Disablement We will pay a lump sum equal to the Sum Insured if you are disabled according to the applicable Accidental Total and Permanent Disablement definition: • Any Occupation • Home Duties.		✓

	Total and Permanent Disablement	Accidental Total and Permanent Disablement
Partial and Permanent Disablement[NS] If you suffer the permanent loss of use of one arm, one leg or sight in one eye, we will make an advance payment from the Total and Permanent Disablement Sum Insured equal to the lesser of 25% of the Sum Insured and $750,000. We will only pay this benefit once during the lifetime of the Policy. *If you select the Total and Permanent Disablement Stand Alone benefit, you must survive for a period of 14 days from the date of the loss to be eligible for the Partial and Permanent Disablement benefit.*	✓	
Partial and Permanent Disablement – Accidental Total and Permanent Disablement[NS] If you suffer the permanent loss of use of one arm, one leg or sight in one eye as a result of an Accidental Injury, we will make an advance payment from the Accidental Total and Permanent Disablement Sum Insured equal to the lesser of 25% of the Sum Insured and $750,000. We will only pay this benefit once during the lifetime of the Policy. *If you select the Accidental Total and Permanent Disablement Stand Alone benefit, you must survive for a period of 14 days from the date of the loss to be eligible for the Partial and Permanent Disablement benefit.*		✓
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓	
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI Increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓	✓
Financial Planning Reimbursement[NS] If your total and permanent disablement claim is paid we will reimburse up to $3,000 of the cost of obtaining advice from a financial planner/s about management of the claim proceeds incurred within the first 12 months of the claim payment.	✓	✓
Day 1 TPD (removal of TPD qualifying period) We will not require you to be absent from employment for an uninterrupted period of three consecutive months if you suffer (and we confirm diagnosis of) one of the applicable 'Other Serious Crisis Events' listed below and as a result you would otherwise meet the definition of Total and Permanent Disablement applicable under your Policy. The applicable 'Other Serious Crisis Events' are: • Alzheimer's disease • Blindness • Paralysis – Diplegia – Hemiplegia – Paraplegia – Quadriplegia • Loss of Hearing • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Parkinson's Disease Not applicable to the Total and Permanent Disablement (All Duties) definition.	✓	

NS Not available under the Superannuation Life Cover Plan.
SM Available with the Superannuation Life Cover Plan only under a linked Maximiser benefit outside of superannuation.

	Total and Permanent Disablement	Accidental Total and Permanent Disablement
Conversion to Loss of Independence[NS] Instead of your TPD benefit expiring at the Policy Anniversary before the expiry age for your Occupation Category, we will convert the benefit to a Loss of Independence benefit until you reach the age of 100. If you make a claim after conversion: • The claim will be assessed under the Loss of Independence definition • The Sum Insured will be the lesser of: – The TPD Sum Insured at the expiry date; and – For Occupation Categories AAA, AA and A: $2,000,000; or – For Occupation Categories B, C, CT, D and Home Duties: $1,000,000. Conversion to Loss of Independence is not applicable to Occupation Category E. *Conversion to Loss of Independence does not apply if the TPD benefit is selected as a rider to the Crisis Recovery Stand Alone benefit.*	✓	
Conversion to Accidental Loss of Independence[NS] Instead of your Accidental TPD benefit expiring at the Policy Anniversary before the expiry age for your Occupation Category, we will convert the benefit to an Accidental Loss of Independence benefit until you reach the age of 100. If you make a claim after conversion: • The claim will be assessed under the Accidental Loss of Independence definition • The Sum Insured will be the lesser of: – The Accidental TPD Sum Insured at the expiry date; and – For Occupation Categories AAA, AA and A: $2,000,000; or – For Occupation Categories B, C, CT, D and Home Duties: $1,000,000. *Conversion to Accidental Loss of Independence does not apply if the Accidental TPD benefit is selected as a rider to the Crisis Recovery Stand Alone benefit.*		✓
Benefits at an additional cost (Rider Benefits)		
Total and Permanent Disablement Buy-back (see page 22)	✓ (Rider only)	
School Fees Protector[NS] (see page 44)	✓	
Family Protection[NS] (see pages 41 – 42)	✓ (Stand Alone only)	✓ (Stand Alone only)
Forward Underwriting[NS] (see pages 45 – 46)	✓ (Stand Alone only)	
Business Safeguard Forward Underwriting[NS] (see page 47)	✓ (Stand Alone only)	
Life Cover Purchase (see page 24)	✓ (Stand Alone and as a rider under the Crisis Recovery Stand Alone Plan only)	

NS Not available under the Superannuation Life Cover Plan.

The benefits that apply to you will be shown on your Policy Schedule.
For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 82 – 86.
For the date when cover ends, see page 87.

Universal Total and Permanent Disablement

The Universal Total and Permanent Disablement benefit will pay a lump sum if you suffer a Loss of Independence.

The Universal Total and Permanent Disablement benefit is available under an Ordinary Plan or a Superannuation Plan.

Benefit overview

This table provides some important information about the benefits included with the Universal Total and Permanent Disablement benefit. For the full terms and conditions, ask for a copy of the Policy Document.

	Universal Total and Permanent Disablement
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Available as:	
Universal Total and Permanent Disablement Stand Alone	✓
Rider benefit (to Life Cover benefit and Crisis Recovery Stand Alone)	✓
Built-in benefits	
Universal Total and Permanent Disablement We will pay a lump sum equal to the Sum Insured if you are disabled according to the Loss of Independence definition.	✓
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI Increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓
Financial Planning Reimbursement[NS] If your total and permanent disablement claim is paid we will reimburse up to $3,000 of the cost of obtaining advice from a financial planner/s about management of the claim proceeds incurred within the first 12 months of the claim payment.	✓
Benefits at an additional cost (Rider Benefit)	
Forward Underwriting[NS] (see pages 45 – 46)	✓ (Stand Alone only)
Business Safeguard Forward Underwriting[NS] (see page 47)	✓ (Stand Alone only)

NS Not available under the Superannuation Life Cover Plan.

The benefits that apply to you will be shown on your Policy Schedule.
For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 82 – 86.
For the date when cover ends, see page 87.

Total and Permanent Disablement Buy-back

The optional Total and Permanent Disablement Buy Back benefit is available under an Ordinary Plan or a Superannuation Plan.

Benefit overview

This table provides some important information about the Total and Permanent Disablement Buy-Back benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Total and Permanent Disablement Buy-back
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Available only as:	
Rider benefit to the Total and Permanent Disablement benefit when taken as an rider benefit with the Life Cover benefit	✓
Built-in benefits	
Total and Permanent Disablement Buy-back You have the option to re-purchase the Life Cover Sum Insured that is reduced after payment of 100% of your Total and Permanent Disablement claim. You must exercise the option within 30 days after the first anniversary of the date your claim was paid.*	✓
Benefit Indexation Your re-purchased Sum Insured will automatically increase each policy year by the higher of the CPI Increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your re-purchased Sum Insured reduces each policy year.	✓

* Premiums for this buy-back benefit must continue to be paid until the date the buy-back option is exercised or expires.

The benefits that apply to you will be shown on your Policy Schedule.
For the date when cover ends, see page 87.

Waiver of Premium

The optional Waiver of Premium benefit will waive the premiums (including any benefit indexation increases) for specified benefits up to the Policy Anniversary before your expiry age if you become permanently disabled. To be eligible for this benefit you must be in 'Full-time Employment', or a 'Permanent Part-time Employee' or 'Home Duties'.

The Waiver of Premium benefit is available under the Life Cover Plan, waiving premiums for benefits under the Life Cover Plan and Crisis Recovery Stand Alone Plan. It is also available under the Superannuation Life Cover Plan, waiving premiums for benefits under that plan. The premium for this benefit varies depending on the definition you select and your Occupation Category. (You must select the same definition as you selected for the Total and Permanent Disablement benefit.)

Benefit overview

This table provides some important information about the Waiver of Premium benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Waiver of Premium
Premium structure	
Level Premiums	✓
Available only as:	
Rider benefit under the Life Cover benefit	✓
Built-in benefits	
If you suffer: • Total and Permanent Disablement under the – Any Occupation definition – Own Occupation definition[NS] – All Duties definition – Home Duties definition; or • Partial and Permanent Disablement[NS] then after the qualifying period:	
Waives the premiums for the Life Cover benefit and rider benefits under the Life Cover benefit*	✓
Waives the premiums for Crisis Recovery Stand Alone benefit* and rider benefits under the Crisis Recovery Stand Alone benefit*[NS] (if purchased with a Life Cover benefit under the same policy)[SP]	✓
Waives the premiums for Accidental Death benefit (if purchased together with a Life Cover benefit under the same policy)	✓
Please note: The Waiver of Premium also applies to any benefit indexation increases but not to certain voluntary increases. Please refer to the terms and conditions in the Policy Document for further information. In the case of Total and Permanent Disablement each definition of Total and Permanent Disablement that you can choose for the Waiver of Premium benefit contains a qualifying period (either three or six months). During this qualifying period you must be absent from employment solely as a result of Injury or Sickness in order to be eligible to claim under the benefit. The premiums due on the policy must still be paid by the policy owner during the qualifying period. Upon acceptance of the Waiver of Premium claim, any premiums that have been paid will not be refunded. A Waiver of Premium benefit purchased under an Ordinary Plan will not waive premiums under the Superannuation Plan. In order to have premiums waived on both Ordinary and Superannuation Plans, two separate Waiver of Premium benefits must be purchased, one inside super and one outside super.	

* Excluding Universal Total and Permanent Disablement, Accidental Total and Permanent Disablement, Double Total and Permanent Disablement and Double Universal Total and Permanent Disablement (as applicable).
NS Not available under the Superannuation Life Cover Plan.
SP Also available under a linked Superannuation PLUS policy outside of superannuation.

The benefits that apply to you will be shown on your Policy Schedule.
For the date when cover ends, see page 87.

Life Cover Purchase

The optional Life Cover Purchase benefit is available under an Ordinary Plan or a Superannuation Plan. It allows you to purchase Life Cover after a Total and Permanent Disablement or Crisis Recovery claim in certain circumstances.

Benefit overview

This table provides some important information about the Life Cover Purchase benefit under a Total and Permanent Stand Alone benefit or a Crisis Recovery Stand Alone benefit or as a rider benefit under a Total and Permanent Disablement rider under a Crisis Recovery Stand Alone benefit. For the full terms and conditions, ask for a copy of the Policy Document.

	Life Cover Purchase
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Available with:	
Total and Permanent Disablement Stand Alone benefit	✓
Crisis Recovery Stand Alone benefit	✓
Total and Permanent Disablement rider under a Crisis Recovery Stand Alone benefit	✓
Built-in benefits	
Life Cover Purchase After 100% of your Total and Permanent Disablement Stand Alone benefit claim or Crisis Recovery Stand Alone benefit claim or Total and Permanent Disablement rider claim under the Crisis Recovery Stand Alone benefit (where selected) has been paid, you have the option to purchase Life Cover up to the Sum Insured after the first anniversary of the date your claim was paid without further medical underwriting.* This Life Cover benefit must be purchased within 30 days after the first anniversary of the date such a claim was paid. Note: If we paid the claim due to one of the following conditions: • Alzheimer's Disease • Blindness (excluding Blindness as a result of a stroke/cancer) • Dementia • Loss of Hearing • Multiple Sclerosis • Paralysis (excluding Paralysis as a result of a stroke/cancer) – Diplegia – Hemiplegia – Paraplegia – Quadriplegia • Parkinson's Disease we will offer the Life Cover Purchase benefit option to be exercised after 6 months of the date the claim was paid. You must exercise the option within 30 days after six months of the date your claim was paid.	✓
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your re-purchased Sum Insured reduces each policy year.	✓

* Premiums for this Life Cover Purchase option must continue to be paid until the date the Life Cover Purchase option is exercised or expires.

Double Total and Permanent Disablement

The optional Double Total and Permanent Disablement benefit will pay a lump sum if you suffer Total and Permanent Disablement according to the applicable definition. In addition, if a full Total and Permanent Disablement benefit is payable the Life Cover Sum Insured will not be reduced and future premiums on the Life Cover benefit will be waived up until the Policy Anniversary before your expiry age.

The Double Total and Permanent Disablement benefit will also pay a partial benefit if you suffer Partial and Permanent Disablement, however future premiums on the Life Cover will not be waived.[NS] Your Double Total and Permanent Disablement benefit Sum Insured will be reduced by any amount paid for a Partial and Permanent Disablement benefit.[NS]

The Double Total and Permanent Disablement benefit is available under an Ordinary Plan or under a Superannuation Plan. This Double Total and Permanent Disablement benefit cannot be purchased in conjunction with any other type of TPD benefit, the Double Crisis Recovery benefit or the Waiver of Premium benefit.

The minimum Sum Insured that can be selected is $50,000.

Benefit overview

This table provides some important information about the Double Total and Permanent Disablement benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Double Total and Permanent Disablement
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Available as:	
Rider benefit to Life Cover benefit	✓
Linked 'Maximiser' benefit to Double Total and Permanent Disablement rider benefit with 'Any Occupation' definition under the Superannuation Life Cover Plan. Please refer to the Maximiser section on pages 75 – 76.	✓ (Own Occupation definition)
Built-in benefits	
Total and Permanent Disablement We will pay a lump sum equal to the Sum Insured if you are disabled according to the applicable Total and Permanent Disablement definition: • Own Occupation[SM] • Any Occupation • All Duties • Home Duties If your applicable definition under an Ordinary Plan is 'Any Occupation' and you return to work in your own occupation or perform any other reasonable occupation and if your earning capacity is permanently restricted due to your disablement to the extent such that the income you generate in the 12 month period commencing from your return to work is less than 25% of the income you generated in the previous 12 months of performing your own occupation, we will pay the Total and Permanent Disablement benefit. This benefit will not apply under a Superannuation Plan. If you have the 'Own Occupation' definition under a linked Maximiser Policy, your claim will firstly be assessed under the 'Any Occupation' definition under the Superannuation Life Cover Plan. *The benefit is not payable if a Terminal Illness claim is in progress or has previously been paid by us or any other insurer or you die within 14 days of suffering the Injury or Sickness that directly or indirectly caused your Total and Permanent Disablement.*	✓

SM Available with the Superannuation Life Cover Plan only under a linked Maximiser policy outside of superannuation.

	Double Total and Permanent Disablement
No reduction of the Life Cover Sum Insured (after a full Double Total and Permanent Disablement payment).	✓
Waiver of Life Cover Premium (after a full Double Total and Permanent Disablement payment). Conditions apply. Refer to Policy Document.	✓
Partial and Permanent Disablement[NS] If you suffer the permanent loss of use of one arm, one leg or sight in one eye, we will make an advance payment from the Double Total and Permanent Disablement Sum Insured equal to the lesser of 25% of the Sum Insured and $750,000.	✓
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI Increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary. *Benefit Indexation of the Life Cover benefit will cease to apply after the Double Total and Permanent Disablement benefit becomes payable.*	✓
Financial Planning Reimbursement[NS] If your total and permanent disablement claim is paid we will reimburse up to $3,000 of the cost of obtaining advice from a financial planner/s about management of the claim proceeds incurred within the first 12 months of the claim payment.	✓
Conversion to Loss of Independence[NS] Instead of your Double Total and Permanent Disablement benefit expiring at the Policy Anniversary before the expiry age for your Occupation Category, we will convert the benefit to a Loss of Independence benefit until you reach the age of 100. If you make a claim after conversion: • The claim will be assessed under the Loss of Independence definition • The Sum Insured will be the lesser of: – The Double Total and Permanent Disablement Sum Insured at the expiry date; and – For Occupation Categories AAA, AA and A: $2,000,000; or – For Occupation Categories B, C, CT, D and Home Duties: $1,000,000. Conversion to Loss of Independence is not applicable to Occupation Category E.	✓

NS Not available under the Superannuation Life Cover Plan.

The benefits that apply to you will be shown on your Policy Schedule.
For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 82 – 86.
For the date when cover ends, see page 87.

Double Universal Total and Permanent Disablement

The optional Double Universal Total and Permanent Disablement benefit will pay a lump sum if you suffer a Loss of Independence. In addition, the Life Cover Sum Insured will not be reduced and future premiums on the Life Cover will be waived until the Policy Anniversary before your expiry age if a full Double Universal Total and Permanent Disablement benefit is payable.

The Double Universal Total and Permanent Disablement benefit is available under an Ordinary Plan or under a Superannuation Plan. The Double Universal Total and Permanent Disablement benefit cannot be purchased in conjunction with any other type of TPD benefit, the Double Crisis Recovery benefit or the Waiver of Premium benefit.

The minimum Sum Insured that can be selected is $50,000.

Benefit overview

This table provides some important information about the Double Universal Total and Permanent Disablement benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Double Universal Total and Permanent Disablement
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Available only as:	
Rider benefit (to Life Cover benefit)	✓
Built-in benefits	
Universal Total and Permanent Disablement We will pay a lump sum equal to the Sum Insured if you are disabled according to the Loss of Independence definition. *You must survive for a period of 14 days from the date of suffering the Injury or Sickness that directly or indirectly caused your Loss of Independence for a benefit to be payable.* *The benefit is not payable if a Terminal Illness claim is in progress or has previously been paid by us or any other insurer.*	✓
No reduction of the Life Cover Sum Insured (after a full Double Universal Total and Permanent Disablement payment).	✓
Waiver of Life Cover Premium (after a full Double Universal Total and Permanent Disablement payment). Conditions apply. Refer to Policy Document.	✓
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI Increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary. *Benefit indexation of the Life Cover benefit will cease to apply after the Universal Total and Permanent Disablement benefit becomes payable.*	✓
Financial Planning Reimbursement[NS] If your Universal total and permanent disablement claim is paid we will reimburse up to $3,000 of the cost of obtaining advice from a financial planner/s about management of the claim proceeds incurred within the first 12 months of the claim payment.	✓

NS Not available under the Superannuation Life Cover Plan.

The benefits that apply to you will be shown on your Policy Schedule.
For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 82 – 86.
For the date when cover ends, see page 87.

Crisis Recovery

The Crisis Recovery benefit will pay a lump sum if you are diagnosed with one or more of the serious illnesses listed within the Crisis Event groups of Cancer, Coronary and Other Serious Crisis Events.

You can purchase Crisis Recovery cover as a stand alone benefit, as a rider benefit to Life Cover or as a linked 'PLUS' benefit to a Superannuation Life Cover Plan. (If you select the rider benefit, the Sum Insured cannot be more than your Life Cover Sum Insured or Superannuation Life Cover Sum Insured.)

Crisis Recovery is only available as an Ordinary Plan.

Benefit overview

This table provides some important information about the Crisis Recovery benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Crisis Recovery
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Available as:	
Crisis Recovery Stand Alone	✓
Rider benefit (to Life Cover Plan or Superannuation Life Cover Plan under a linked Superannuation PLUS policy outside of superannuation)	✓
Built-in benefits	
Crisis Events benefit We will pay a lump sum equal to the full Crisis Recovery Sum Insured if you are diagnosed with a Cancer Event, a Coronary Event or an Other Serious Crisis Event (as listed in the table on page 30) after the applicable qualifying period. *If you select the Crisis Recovery Stand Alone benefit, you must survive for a period of 14 days from the date of diagnosis.*	✓
Partial payments We will make a partial payment from your Crisis Recovery Sum Insured (as set out in the table on page 31) if we are able to confirm diagnosis of the Crisis Events listed in that table. The amount of the partial payment cannot exceed the Sum Insured. *If you select the Crisis Recovery Stand Alone benefit, you must survive for a period of 14 days from the date of diagnosis.* *After a partial payment, if you sustain another Crisis Event we will pay the reduced Sum Insured but we will make a payment for Chronic Diagnosis Advancement only once.*	✓
Death Cover We will pay a lump sum benefit of up to $5,000 if you die and no benefit was payable for a Crisis Event.	✓ (Stand Alone only)
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI Increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓

	Crisis Recovery
Complimentary Interim Accidental Crisis Recovery Cover We may pay a lump sum in the event of certain Crisis Events due to an Accidental Injury within a period of up to 90 days from your signed application date – see the certificate attached to this PDS.	✓
Complimentary Interim Accidental Death Cover We may pay a lump sum in the event of your Accidental Death within a period of up to 90 days from your application date – see the certificate attached to this PDS.	✓ (Stand Alone only)
Financial Planning Reimbursement If a claim is paid for the full Crisis Recovery Sum Insured we will reimburse up to $3,000 of the cost of obtaining advice from a financial planner/s about management of the claim proceeds incurred within the first 12 months of the claim payment.	✓
Complimentary Family Protection If your Child is aged at least 2 years and younger than 18 years, we may pay a lump sum of $20,000 per Child if your Child dies or is positively diagnosed with a Terminal Illness or one of the other Crisis Events listed in the table on page 32 after the qualifying period (if any). The sum of all payments under this complimentary benefit cannot exceed the Crisis Recovery Sum Insured. There are exclusions for congenital conditions, pre-existing symptoms, intentional acts or where your Child has already suffered a particular Crisis Event. Other conditions also apply. This complimentary benefit does not include any conversion rights. *If you also hold a Complimentary Family Final Expenses benefit, we will make only one payment per Child under both benefits.*	✓
Conversion to Loss of Independence at age 70 Instead of your Crisis Recovery benefit expiring at the Policy Anniversary before you reach the age of 70, we will convert the benefit to a Loss of Independence benefit until you reach the age of 100. If you make a claim after conversion: • The claim will be assessed under the Loss of Independence definition • The Sum Insured will be the lesser of: – The Crisis Recovery Sum Insured at the expiry date; and – For Occupation Categories AAA, AA and A: $2,000,000; or – For Occupation Categories B, C, CT, D and Home Duties: $1,000,000.	✓ (Rider to Life Cover benefit only)
Benefits at an additional cost (Rider Benefits)	
Crisis Recovery Buy-back (see page 33)	✓ (Rider to Life Cover only)
Crisis Reinstatement (see pages 34 – 35)	✓
Family Protection (see pages 41 – 42)	✓
Forward Underwriting (see pages 45 – 46)	✓ (Stand Alone only)
Business Safeguard Forward Underwriting (see page 47)	✓ (Stand Alone only)
Total and Permanent Disablement (see pages 18 – 20)	✓ (Stand Alone only)
Accidental Total and Permanent Disablement (see pages 18 – 20)	✓ (Stand Alone only)
Universal Total and Permanent Disablement (see page 21)	✓ (Stand Alone only)
Life Cover Purchase (see page 24)	✓ (Stand Alone only)

The benefits that apply to you will be shown on your Policy Schedule.
For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 82 – 86.
For the date when cover ends, see page 87.

Crisis Events

The following table lists the Crisis Events covered by the Crisis Recovery.

Cancer Events	Other Serious Crisis Events
• Carcinoma in Situ of the Breast* • Hodgkin's Disease* • Invasive Cancer* • Leukaemia* • Malignant Bone Marrow Disorder* • Skin Cancer* • Prostate Cancer*	• Accidental HIV Infection* • Alzheimer's Disease • Aplastic Anaemia • Bacterial Meningitis • Benign Brain Tumour* • Blindness • Chronic Liver Disease • Chronic Lung Disease • Coma • Dementia • Diplegia • Hemiplegia • Intensive Care • Kidney Failure • Loss of Hearing • Loss of Independence • Loss of Use of Limbs and/or Sight • Loss of Speech • Major Burns • Major Head Trauma • Major Organ Transplant* • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Paraplegia • Parkinson's Disease • Pneumonectomy • Quadriplegia • Severe Diabetes* • Severe Rheumatoid Arthritis • Terminal Illness* (Stand Alone only) • Viral Encephalitis
Coronary Events	
• Cardiomyopathy • Coronary Artery Angioplasty* • Coronary Artery By-pass Surgery* • Heart Attack* • Heart Valve Surgery* • Other Serious Coronary Artery Disease* • Out of Hospital Cardiac Arrest • Pulmonary Arterial Hypertension (Primary)* • Stroke* • Surgery to the Aorta*	

***Qualifying period**

The Crisis Recovery and Crisis Recovery Stand Alone benefits are not payable if you suffer a Crisis Event within three months of the benefit being activated.

We will waive this three-month qualifying period if your policy replaces another policy from a previous insurer for the same Sum Insured or lower where the full qualifying period was already served.

Survival Period

If you select the Crisis Recovery Stand Alone benefit we will pay the benefit when you have survived for 14 days from diagnosis of the Crisis Event.

Partial benefit payments

The following table lists the Crisis Events for which we will make partial payments.

Crisis Event	Partial amount paid*
Carcinoma in situ – must be confirmed by histopathology	
Carcinoma in situ of the breast where no mastectomy is performed and is confirmed by a biopsy.	The greater of $10,000 and 10% of the Sum Insured
Carcinoma in situ – female cancers: • vagina, ovary, vulva and fallopian tube where the tumour must be classified as TIS according to the TNM staging method or FIGO Stage 0; and • cervix-uteri with a grading of either TNM stage TIS or CIN 3 or above.	The greater of $10,000 and 10% of the Sum Insured.
Carcinoma in situ – male cancers: • penis and testicle where the tumour must be classified as TIS according to the TNM staging method.	The greater of $10,000 and 10% of the Sum Insured.
Skin Cancer – where diagnosed by an appropriate specialist Medical Practitioner acceptable to us, we will pay:	
For any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion.	The greater of $10,000 and 15% of the Sum Insured.
For cutaneous squamous cell carcinomas where the tumour is diagnosed as stage T3N0M0 under the TNM Classification system.	10% of the Sum Insured.
Benign Brain Tumour – where diagnosed by a consultant neurologist/neurosurgeon	25% of the Sum Insured up to a maximum of $50,000.
Coronary Artery Angioplasty After any payment for coronary artery angioplasty the Sum Insured will be reduced by the payment made.	
Where one coronary artery is obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or the insertion of up to two stents.	25% of the Sum Insured up to a maximum of $25,000.
Where two coronary arteries are obstructed and corrected with the use of either angioplasty, atherectomy or laser therapy, or, the insertion of more than two stents (regardless of the number of coronary arteries involved).	50% of the Sum Insured up to a maximum of $50,000.
Chronic Diagnosis Advancement We will pay an advance payment of your Crisis Recovery or Crisis Recovery Stand Alone benefit if we are able to confirm the diagnosis of one of the below Crisis Events and an appropriate specialist Medical Practitioner acceptable to us must also confirm that you have suffered or been medically diagnosed with one of the following Crisis Events: • Motor Neurone disease, • Multiple Sclerosis, • Muscular Dystrophy, and • Parkinson's Disease, but have not yet met the definition of that Crisis Event (please refer to page 98 for the above definitions).	25% of the Sum Insured up to a maximum of $25,000.
Loss of use of limbs and/or sight A one-time partial benefit will be paid in the event of the total and permanent loss of use of: one hand, one foot or sight in one eye (to the extent of 6/60 or less).	25% of the Sum Insured up to a maximum of $10,000.
Rheumatoid Arthritis – as defined on page 101 of the PDS	25% of the Sum Insured up to a maximum of $25,000.

*After any partial payment the Sum Insured will be reduced by the payment made. The amount of the partial payment cannot exceed the Sum Insured. Refer to Policy Document.

Survival Period
If you select the Crisis Recovery Stand Alone benefit we will pay the partial benefit when you have survived for 14 days from diagnosis of the Crisis Event.

Complimentary Family Protection Crisis Events

The following table lists the Crisis Events covered by the Complimentary Family Protection benefit.

Complimentary Family Protection benefit Crisis Events	
• Death* • Terminal Illness*	
Cancer Events	**Other Serious Crisis Events**
• Hodgkin's Disease*† • Invasive Cancer*† • Malignant Bone Marrow Disorder*† • Skin Cancer*† • Leukaemia*†	• Aplastic Anaemia • Bacterial Meningitis • Benign Brain Tumour* • Blindness • Coma • Diplegia • Hemiplegia • Kidney Failure • Loss of Hearing • Loss of Use of Limbs and/or Sight # • Loss of Speech • Major Burns • Major Head Trauma • Major Organ Transplant* • Paraplegia • Quadriplegia • Viral Encephalitis
Coronary Events	
• Heart Attack* • Pulmonary Arterial Hypertension (Primary)* • Stroke*	

***Qualifying Period**
The Complimentary Family Protection benefit is not payable if your Child suffers a Crisis Event within three months of the benefit being activated.

†For Cancer
- No payment for carcinoma-in-situ of any organ.
- No payment for melanoma with a Breslow level <1 mm thickness and less than Clark Level 3 in depth of invasion.

#For Loss of Use of Limbs and/or Sight
No payment for loss of use of one limb or loss of sight in one eye.

Crisis Recovery Buy-back

The optional Crisis Recovery Buy-back benefit is available under an Ordinary Life Cover Plan or as a linked benefit to the Superannuation Life Cover Plan if you select the Crisis Recovery benefit as an optional rider under Superannuation PLUS (outside super).

Benefit overview

This table provides some important information about the Crisis Recovery Buy-back benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Crisis Recovery Buy-back*
Premium structure	
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Available as:	
Rider benefit (only to Crisis Recovery benefit under the Life Cover benefit, including under Superannuation PLUS)	✓
Built-in benefits	
Crisis Recovery Buy-back You have the option to re-purchase the Life Cover Sum Insured that is reduced after payment of your full Crisis Recovery benefit. You must exercise this option within 30 days of the first anniversary after the date your claim was paid.+	✓
Benefit Indexation Your re-purchased Sum Insured will automatically increase each policy year by the higher of the CPI Increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓
Benefit at an additional cost (Rider Benefit)	
Crisis Reinstatement	✓

* Not available with Crisis Recovery Stand Alone benefit.
\+ Premiums for this buy-back benefit must continue to be paid until the date the buy-back option is exercised or expires.

The benefits that apply will be shown on your Policy Schedule.
For the date when cover ends, see page 87.

Crisis Reinstatement

The optional Crisis Reinstatement benefit is only available under an Ordinary Plan.

Benefit overview

This table provides some important information about the Crisis Reinstatement benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Crisis Recovery Reinstatement
Premium structure	
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Available as:	
Rider benefit (to the Crisis Recovery Buy-back benefit and the Crisis Recovery Stand Alone benefit)	✓
Built-in benefits	
Crisis Reinstatement You have the option to re-purchase the Crisis Recovery Sum Insured that is reduced after payment of 100% of your Crisis Recovery claim (or after payment of a restricted benefit on diagnosis of Prostate Cancer). The tables on page 35 provide an overview of how the re-purchased cover will apply for specified Crisis Events. If your Crisis Recovery cover was purchased as a rider benefit you must re-purchase the Sum Insured within the first 30 days after the first anniversary of the date on which your claim was paid. You must notify us in writing during that 30 day period if you choose to reinstate your Crisis Recovery benefit otherwise the option will lapse. The Crisis Recovery Buy-back option must be exercised at the same time.* If your Crisis Recovery cover was purchased as a stand alone benefit, you must re-purchase the Sum Insured within the first 30 days after the date on which your claim was paid.* *You can only reinstate your Crisis Recovery Sum Insured once except in the case of a Restricted Reinstatement under the Prostate Cancer Crisis Event (see page 35).*	✓
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI Increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓

* Premiums for this reinstatement benefit must continue to be paid until the date the reinstatement option is exercised or expires.

The benefits that apply to you will be shown on your Policy Schedule.
For the date when cover ends, see page 87.

Heart Attack Crisis Event

Where the Crisis Recovery or Crisis Recovery Stand Alone Sum Insured has been reinstated following the full payment in respect of the Heart Attack Crisis Event, we will reinstate the Sum Insured covering;

- Cancer,
- all Other Serious Crisis Events (excluding Loss of Independence and Terminal Illness), and
- a second Heart Attack related to or caused by the same medical condition.

A partial benefit will be payable in respect of the second Heart Attack Crisis Event. The partial payment will be the lower of;

- $50,000; and
- 10% of the reinstated Crisis Recovery Sum Insured.

Prostate Cancer Crisis Event

Reinstatement

Where a Crisis Recovery or Crisis Recovery Stand Alone Sum Insured has been reinstated following the full payment or restricted payment (see below under the heading 'Restricted Reinstatement' for details of restricted payment) of the Sum Insured as a result of diagnosis of Prostate Cancer we will reinstate the Sum Insured covering;

- all Coronary Crisis Events,
- all Other Serious Crisis Events (excluding Loss of Independence and Terminal Illness), and
- a second Cancer Crisis Event related to or caused by the same medical condition where a partial payment will be payable in respect of a second Cancer Crisis Event. The partial payment will be the lower of;
  - $50,000; and
  - 10% of the reinstated Crisis Recovery Sum Insured.

Restricted Reinstatement

Where a Crisis Recovery or Crisis Recovery Stand Alone Sum Insured has been reinstated following a restricted $500,000 benefit payment as a result of diagnosis of Prostate Cancer at a stage of T1a (using the TNM classification system) we will reinstate the $500,000 Sum Insured covering;

- all Coronary Crisis Events,
- all Other Serious Crisis Events (excluding Loss of Independence and Terminal Illness), and
- a second Cancer Crisis Event related to or caused by the same medical condition where a partial payment will be payable in respect of a second Cancer Crisis Event. The partial payment will be the lower of;
  - $50,000; and
  - 10% of the reinstated Crisis Recovery Sum Insured.

Any benefit amount in excess of $500,000 is retained.

On the further diagnosis of Prostate Cancer of stage T1b (using the TNM classification system) or the undergoing of major interventionist therapy the retained Sum Insured amount in excess of $500,000 will be paid under the Crisis Recovery or Crisis Recovery Stand Alone benefit and this amount may be reinstated (as described under the heading 'Reinstatement' above).

Cancer Crisis Event (other than Prostate Cancer)

Where the Crisis Recovery or Crisis Recovery Stand Alone Sum Insured has been reinstated following the full payment of a Cancer Crisis Event we will reinstate the Sum Insured covering;

- all Coronary Crisis Events,
- all Other Serious Crisis Events (excluding Loss of Independence and Terminal Illness), and
- a second Cancer Crisis Event related to or caused by the same medical condition where a partial payment will be payable in respect of a second Cancer Crisis Event. The partial payment will be the lower of;
  - $50,000; and
  - 10% of the reinstated Crisis Recovery Sum Insured.

Coronary Crisis Event (other than Heart Attack)

Where the Crisis Recovery or Crisis Recovery Stand Alone Sum Insured has been reinstated following the full payment of a Coronary Crisis Event other than a Heart Attack, we will reinstate the Sum Insured covering;

- Cancer, and
- all Other Serious Crisis Events (excluding Loss of Independence and Terminal Illness).

Cover for all Coronary Crisis Events including a Heart Attack will be excluded.

Other Serious Crisis Events

Where the Crisis Recovery or Crisis Recovery Stand Alone Sum Insured has been reinstated following the full payment of an Other Serious Crisis Event, we will reinstate the Sum Insured covering;

- Cancer Crisis Event,
- all Coronary Crisis Events, and
- all Other Serious Crisis Events (excluding the Crisis Event for which the original claim was made, Loss of Independence and Terminal Illness).

Double Crisis Recovery

The optional Double Crisis Recovery benefit will pay a lump sum if you are diagnosed with one or more of the Crisis Events listed within the Crisis Event groups of Cancer, Coronary and Other Serious Crisis Events. In addition, if a full Crisis Recovery benefit is payable the Life Cover Sum Insured will not be reduced and future premiums on the Life Cover will be waived up until the Policy Anniversary before your expiry age.

The Double Crisis Recovery benefit is only available as an Ordinary Plan. The Double Crisis Recovery benefit cannot be purchased in conjunction with the Crisis Recovery benefit, any type of Double TPD benefit or the Waiver of Premium benefit.

The minimum Sum Insured that can be selected is $50,000.

Benefit summary

This table provides some important information about the Double Crisis Recovery benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Double Crisis Recovery
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Available as:	
Rider benefit (to Life Cover benefit)	✓
Built-in benefits	
Crisis Events benefits We will pay a lump sum equal to the full Double Crisis Recovery Sum Insured if you are diagnosed with a Cancer Event, a Coronary Event or a Serious Crisis Event (as listed in the table on page 38) after the qualifying period (if any). *You must survive for a period of 14 days from the date of suffering the Injury or Illness that directly or Indirectly caused your Crisis Event.* *The benefit is not payable if a Terminal Illness claim is in progress or has previously been paid by us or any other insurer.*	✓
No reduction of the Life Cover Sum Insured (after a full Double Crisis Recovery payment or after payment of a restricted benefit on diagnosis of Prostate Cancer)*	✓
Waiver of Life Cover Premium (after a full Double Crisis Recovery payment or after payment of a restricted benefit on diagnosis of Prostate Cancer). Refer to Policy Document.	✓
Partial Payments We will make a partial payment from your Double Crisis Recovery Sum Insured (as set out in the table on page 39) if we are able to confirm diagnosis of the Crisis Events listed in that table. The amount of the partial payment cannot exceed the Sum Insured. *You must survive for a period of 14 days from the date of suffering the Injury or Illness that directly or indirectly caused your Crisis Event.* *After a partial payment, if you sustain another Crisis Event we will pay the reduced Sum Insured but we will make a payment for Chronic Diagnosis Advancement only once.*	✓

	Double Crisis Recovery
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI Increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary. *Benefit indexation of the Life Cover Sum Insured will cease to apply after the Double Crisis Recovery benefit becomes payable.*	✓
Complimentary Interim Accidental Crisis Recovery Cover We may pay a lump sum in the event of certain Crisis Events due to an Accidental Injury within a period of up to 90 days from your application – see the certificate attached to this PDS.	✓
Financial Planning Reimbursement If a claim is paid for the full Double Crisis Recovery Sum Insured we will reimburse up to $3,000 of the cost of obtaining advice from a financial planner/s about management of the claim proceeds incurred within the first 12 months of the claim payment.	✓
Complimentary Family Protection If your Child is aged at least 2 years and younger than 18 years, we may pay a lump sum of $20,000 per Child if your Child dies or is positively diagnosed with a Terminal Illness or one of the other Crisis Events listed in the table on page 40 after the applicable qualifying period. The sum of all payments under this complimentary benefit cannot exceed the Double Crisis Recovery Sum Insured. There are exclusions for congenital conditions, pre-existing symptoms, intentional acts or where your Child has already suffered a particular Crisis Event. Other conditions also apply. This complimentary benefit does not include any conversion rights. *If you also hold a Complimentary Family Final Expenses benefit, we will make only one payment per Child under both benefits.*	✓
Conversion to Crisis Recovery Instead of your Double Crisis Recovery benefit expiring at the Policy Anniversary before the expiry age for your Occupation Category, we will convert the benefit to a Crisis Recovery benefit until you reach the age of 70.	✓
Benefit at an additional cost (Rider Benefit)	
Family Protection (see pages 41 –42)	✓

*Where a restricted $500,000 Double Crisis Recovery Sum Insured is payable as a result of diagnosis of Prostate Cancer at a stage of T1a (using the TNM classification system), the Life Cover Sum Insured amount will not be reduced. We will then retain any benefit amount in excess of the $500,000 amount paid as a restricted Double Crisis Recovery Sum Insured and premium payments will continue for this retained Double Crisis Recovery benefit.

The benefits that apply to you will be shown on your Policy Schedule.
For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 82 – 86.
For the date when cover ends, see page 87.

Crisis Events

The following table lists the Crisis Events covered by the Double Crisis Recovery benefit.

Cancer Events	Other Serious Crisis Events
• Carcinoma in Situ of the Breast* • Hodgkin's Disease* • Invasive Cancer* • Leukaemia* • Malignant Bone Marrow Disorder* • Skin Cancer* • Prostate Cancer*	• Accidental HIV Infection* • Alzheimer's Disease • Aplastic Anaemia • Bacterial Meningitis • Benign Brain Tumour* • Blindness • Chronic Liver Disease • Chronic Lung Disease • Coma • Dementia • Diplegia • Hemiplegia • Intensive Care • Kidney Failure • Loss of Hearing • Loss of Independence • Loss of Use of Limbs and/or Sight • Loss of Speech • Major Burns • Major Head Trauma • Major Organ Transplant* • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Paraplegia • Parkinson's Disease • Pneumonectomy • Quadriplegia • Severe Diabetes* • Severe Rheumatoid Arthritis • Viral Encephalitis
Coronary Events	
• Cardiomyopathy • Coronary Artery Angioplasty* • Coronary Artery By-pass Surgery* • Heart Attack* • Heart Valve Surgery* • Other Serious Coronary Artery Disease* • Out of Hospital Cardiac Arrest • Pulmonary Arterial Hypertension (Primary)* • Stroke* • Surgery to the Aorta*	

***Qualifying period**

The Double Crisis Recovery benefit is not payable if you suffer a Crisis Event within three months of the benefit being activated.

We will waive this three-month qualifying period if your policy replaces another policy from a previous insurer for the same Sum Insured or lower where the full qualifying period was already served.

Survival Period

If you select the Double Crisis Recovery benefit we will pay the benefit when you have survived for 14 days from diagnosis of the Crisis Event.

Partial benefit payments

The following table lists the Crisis Events for which we will make partial payments.

Crisis Event	Partial amount paid*
Carcinoma in situ – must be confirmed by histopathology	
Carcinoma in situ of the breast where no mastectomy is performed and is confirmed by a biopsy.	The greater of $10,000 and 10% of the Sum Insured.
Carcinoma in situ – female cancers: • vagina, ovary, vulva and fallopian tube where the tumour must be classified as TIS according to the TNM staging method or FIGO Stage 0; and • cervix-uteri with a grading of either TNM stage TIS or CIN 3 or above.	The greater of $10,000 and 10% of the Sum Insured.
Carcinoma in situ – male cancers: • penis and testicle where the tumour must be classified as TIS according to the TNM staging method.	The greater of $10,000 and 10% of the Sum Insured.
Skin Cancer – where diagnosed by an appropriate specialist Medical Practitioner acceptable to us, we will pay:	
For any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion	The greater of $10,000 and 15% of the Sum Insured.
For cutaneous squamous cell carcinomas where the tumour is diagnosed as stage T3N0M0 under the TNM Classification system.	10% of the Sum Insured.
Benign Brain Tumour – where diagnosed by a consultant neurologist/neurosurgeon	25% of the Sum Insured up to a maximum of $50,000.
Coronary Artery Angioplasty After any payment for coronary artery angioplasty the Sum Insured will be reduced by the payment made.	
Where one coronary artery is obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or the insertion of up to two stents.	25% of the Sum Insured up to a maximum of $25,000.
Where two coronary arteries are obstructed and corrected with the use of either angioplasty, atherectomy or laser therapy, or, the insertion of more than two stents (regardless of the number of coronary arteries involved).	50% of the Sum Insured up to a maximum of $50,000.
Chronic Diagnosis Advancement We will pay an advance payment of your Double Crisis Recovery benefit if we are able to confirm the diagnosis of one of the below Crisis Events and an appropriate specialist Medical Practitioner acceptable to us must also confirm that you have suffered or been medically diagnosed with one of the following Crisis Events: • Motor Neurone disease, • Multiple Sclerosis, • Muscular Dystrophy, and • Parkinson's Disease, but have not yet met the definition of that Crisis Event (please refer to page 98 for the above definitions).	25% of the Sum Insured up to a maximum of $25,000.
Loss of use of limbs and/or sight A one-time partial benefit will be paid in the event of the total and permanent loss of use of: one hand, one foot or sight in one eye (to the extent of 6/60 or less).	25% of the Sum Insured up to a maximum of $10,000.
Rheumatoid Arthritis – as defined on page 101 of the PDS	25% of the Sum Insured up to a maximum of $25,000.

*After any partial payment the Sum Insured will be reduced by the payment made. The amount of the partial payment cannot exceed the Sum Insured. Refer to Policy Document.

Survival Period
If you select the Crisis Recovery Stand Alone benefit we will pay the partial benefit when you have survived for 14 days from diagnosis of the Crisis Event.

Complimentary Family Protection Crisis Events

The following table lists the Crisis Events covered by the Complimentary Family Protection benefit.

Complimentary Family Protection benefit Crisis Events	
• Death* • Terminal Illness*	
Cancer Events	**Other Serious Crisis Events**
• Hodgkin's Disease*† • Invasive Cancer*† • Malignant Bone Marrow Disorder*† • Skin Cancer*† • Leukaemia*†	• Aplastic Anaemia • Bacterial Meningitis • Benign Brain Tumour* • Blindness • Coma • Diplegia • Hemiplegia • Kidney Failure • Loss of Hearing • Loss of Use of Limbs and/or Sight# • Loss of Speech • Major Burns • Major Head Trauma • Major Organ Transplant* • Paraplegia • Quadriplegia • Viral Encephalitis
Coronary Events	
• Heart Attack* • Pulmonary Arterial Hypertension (Primary)* • Stroke*	

***Qualifying Period**
The Complimentary Family Protection benefit is not payable if your Child suffers a Crisis Event within three months of the benefit being activated.

†For Cancer
- No payment for carcinoma-in-situ of any organ.
- No payment for melanoma with a Breslow level <1 mm thickness and less than Clark Level 3 in depth of invasion.

#For Loss of Use of Limbs and/or Sight
No payment for loss of use of one limb or loss of sight in one eye.

Family Protection

The optional Family Protection benefit will pay a lump sum if your Child suffers one of the listed Crisis Events up to the full Family Protection Sum Insured. The maximum Sum Insured on commencement of the benefit is $200,000.

To become insured under this benefit, your Child needs to be between two and 15 years of age. The Child's benefit will expire on the policy anniversary before the Child turns 21 or the Life Insured turns 70, whichever is earlier. You can insure a maximum of 10 Children under the one benefit.

The Family Protection benefit is available under an Ordinary Plan.

Benefit overview

This table provides some important information about the Family Protection benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Family Protection
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Available as:	
Rider benefit to Life Cover benefit	✓
Rider benefit to Accidental Death benefit	✓
Rider benefit to Total and Permanent Disablement Stand Alone benefit	✓
Rider benefit to Accidental Total and Permanent Disablement Stand Alone benefit	✓
Rider benefit to Crisis Recovery benefit (both as a stand alone or a rider benefit)	✓
Rider benefit to Double Crisis Recovery benefit	✓
Built-in benefits	
Crisis Events We will pay a lump sum if your Child is positively diagnosed with: • a Cancer Event, • a Coronary Event or • an Other Serious Crisis Event as listed in the table on page 42 after any applicable qualifying period.	✓
Death benefit We will pay a lump sum if your Child dies.	✓
Terminal Illness benefit We will pay a lump sum if your Child dies or is positively diagnosed with a Terminal Illness.	✓
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI Increase and 5% up to a maximum Sum Insured of $500,000 only if this option has been selected on your main benefit. For limitations please refer to the Policy Document. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓
Conversion Option If no claim has been made for a Family Protection benefit, an insured Child can purchase a separate policy with a Crisis Recovery benefit in their own name up to the amount of cover in place at conversion without additional medical underwriting upon reaching the Policy Anniversary prior to age 21 (years).	✓

The benefits that apply to you will be shown on your Policy Schedule.
For the date when cover ends, see page 87.

Crisis Events

The following table lists the Crisis Events included in the Family Protection benefit.

• **Death**
• **Terminal Illness**
• **Cancer Events** (excluding Carcinoma in Situ of the Breast) – Invasive Cancer* – Hodgkin's Disease* – Leukaemia* – Malignant Bone Marrow Disorder* – Skin Cancer*
• **Coronary Events** – Cardiomyopathy – Heart Attack* – Stroke*
• **Other Serious Crisis Events** – Accidental HIV infection* – Aplastic Anaemia – Bacterial Meningitis – Blindness – Coma – Kidney Failure – Loss of Hearing – Loss of Use of Limbs and/or Sight – Loss of Speech – Major Burns – Major Head Trauma – Major Organ Transplant* – Paralysis - Diplegia - Hemiplegia - Paraplegia - Quadriplegia – Viral Encephalitis
***Qualifying Period**: The Family Protection benefit is not payable if your Child suffers a Crisis Event within three months of the benefit being activated. We will waive this three-month qualifying period if your policy replaces another policy from a previous insurer for the same Sum Insured or lower where the full qualifying period was already served.

Needlestick Injury

The optional Needlestick Injury benefit is specifically designed for individuals in the medical and allied occupations (e.g. doctors and dentists). To be eligible for this rider benefit, your Occupation Category must be AA.

The Needlestick Injury Sum Insured cannot exceed the Life Cover Sum Insured calculated at the Date of Loss.

The Needlestick Injury benefit is available under an Ordinary Plan.

Benefit overview

This table provides some important information about the Needlestick benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Needlestick Injury
Premium structure	
Level Premiums	✓
Available as:	
Rider benefit to Life Cover benefit	✓
Built-in benefit	
Needlestick Injury benefit We will pay the Needlestick Injury Sum Insured if you accidentally become infected with occupationally acquired Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C while working in your normal occupation. *You must report the accident to us and the relevant licensing body within 30 days and have a negative HIV, Hepatitis B or Hepatitis C antibody test taken within 7 days of the accident, with sero-conversion evidence to occur within six months of the accident.* If 'Accidental HIV Infection' under Other Serious Crisis Events is payable in conjunction with a payment from the Needlestick Injury benefit, then both benefits will be paid up to a maximum of $2 million in total. Where the total payment under both benefits would exceed $2 million, the full Needlestick Injury benefit will be paid first and a portion of the 'Accidental HIV Infection' under Other Serious Crisis Events will be paid to bring the total payment up to $2 million. Refer to Policy Document for full conditions and limitations.	✓

The benefits that apply to you will be shown on your Policy Schedule.
For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 82 – 86.
For the date when cover ends, see page 87.

School Fees Protector

The optional School Fees Protector benefit will pay a lump sum towards your Child's school tuition fees if you become totally and permanently disabled, terminally ill or die (as applicable).

The School Fees Protector benefit can be selected for each eligible Child. You must apply to add an eligible Child.

The School Fees Protector benefit is only available as an Ordinary Plan.

Benefit overview

This table provides some important information about the School Fees Protector benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	School Fees Protector
Premium structure	
Level Premiums	✓
Available as:	
Rider benefit (to Life Cover benefit*)	✓
Rider benefit (to Life Cover and Total and Permanent Disablement benefits*)	✓
Rider benefit (to Total and Permanent Disablement Stand Alone benefit*)	✓
Built-in benefit	
School Fees Protector If the full Sum Insured is paid for the principal benefit (*as asterisked above), we will pay an annual amount to reimburse your Child's annual tuition fees of an Australian School approved by the relevant State or Territory education department up to the maximums in the table below.+ The annual amount will be paid until your Child completes secondary school or the end of the school year in which your Child reaches 18 years (whichever is earlier). Only one claim can be made per Child. Conditions apply if a Child repeats a school year.	✓

+ Reimbursement is subject to satisfactory evidence of payment. If a benefit payment is required for part of the year we will pay a pro-rata reimbursement for that part of your Child's annual tuition fees.

The benefits that apply to you will be shown on your Policy Schedule.
For the date when cover ends, see page 87.

Maximum Annual Limits

Primary school	Secondary school
Lesser of: • $8,000, • the Child's tuition fees paid, and • 10% of the Sum Insured of the principal benefit	Lesser of: • $16,000, and • the Child's tuition fees paid, and • 10% of the Sum Insured of the principal benefit
Note: For the purposes of this benefit the primary/secondary school is defined by the education department within the State or Territory where your Child attends school.	

Forward Underwriting

The optional Forward Underwriting benefit allows you to increase your future cover for certain benefits without providing further evidence of health when a 'business event', 'personal event' or 'other event' has occurred.

The Forward Underwriting benefit is only available under an Ordinary Plan.

The minimum level of cover that can be selected when exercising an option is $10,000.

Benefit overview

This table provides some important information about the Forward Underwriting benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

Detail	Forward Underwriting
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Available with:	
Life Cover benefit	✓
Total and Permanent Disablement Stand Alone benefit	✓
Universal Total and Permanent Disablement Stand Alone benefit	✓
Crisis Recovery Stand Alone benefit	✓
Built-in benefit	
Forward Underwriting You can exercise the option to obtain new or additional cover for a benefit you hold (as set out above) within 60 days of the occurrence of a: • Personal Event • Business Event • Other Event up to the maximums set out in the table on page 46 or the maximum Sum Insured for the relevant benefit. This benefit secures the option to buy cover for the additional benefits. Please refer to the Policy Document for a list of these benefits. Conditions apply.	✓

Forward Underwriting Cover Amount

When exercising your option under the Forward Underwriting benefit, you can apply for a new or an additional Life Cover benefit, Total and Permanent Disablement benefit, Universal Total and Permanent Disablement benefit or Crisis Recovery benefit up to the amounts specified in the table on page 46.

The total amount of new or additional cover you can apply for under the Forward Underwriting benefit is equal to the Forward Underwriting cover amount.

The benefits that apply to you will be shown on your Policy Schedule.
For the date when cover ends, see page 87.

Forward Underwriting Events

Type of Event	Maximum new or additional cover that can be purchased
Business Event options*	
Increase in personal liability	The lesser of: • 50% Forward Underwriting cover amount; and • the amount of increase in your monetary liabilities, shareholder value or value to business as a result of the business activity.
Increase in shareholder value	
Increase in your value to the business	
Personal Event options	
Marriage • A marriage or customary union as recognised in terms of the laws of Australia. • A union recognised as a marriage in accordance with the tenets of any religion. • Two adults who are in a relationship as a couple (whether or not legally married to each other), regardless of their sex, where the two adults live with each other on a permanent and genuine domestic basis and have done so for a continuous period of at least two years. • An option under the marriage event can only be exercised once. The event must not have occurred within six months of a permanent separation. • The life insured must be a party to the marriage/union.	Up to 25% Forward Underwriting cover amount
Permanent separation • A permanent separation of two parties to a marriage as defined above. • An option under the Permanent Separation event can only be exercised once. The event must not have occurred within six months of the marriage event, as defined above. • The life insured must be a party to the permanent separation. • Permanent Separation to be evidenced by an order of divorce or a statutory declaration signed by both parties.	Up to 25% Forward Underwriting cover amount
Mortgage • The registration of a mortgage in respect of property owned by the life insured.	The lesser of: • 50% Forward Underwriting cover amount; and • the value of the mortgage.
New child dependant • The birth or legal adoption of a child. • The life insured must be a parent of the child. • Adoption of a child can be by same sex or heterosexual couples.	Up to 25% Forward Underwriting cover amount
Child dependant's education cost • A child is registered for study at a private school or tertiary education institution. – This includes a University degree.	The lesser of: • 25% Forward Underwriting cover amount; and • the number of years of future attendance at an institution, multiplied by the first year's tuition fees PLUS the number of years of future attendance at an institution, multiplied by the first year's fees for accommodation provided by the institution.
Child born with Spina Bifida • The protrusion of a sac containing tissue, cerebrospinal fluid, nerves and part of the spinal cord through an opening in one or more of the vertebrae of the spinal column. • The life insured must be a parent of the child.	Up to 25% Forward Underwriting cover amount
Child born with Cerebral Palsy • The diagnosis of Cerebral Palsy by a neurologist or paediatrician. • The life insured must be a parent of the child.	Up to 25% Forward Underwriting cover amount
Other Event option	
Every third benefit anniversary	Up to 25% Forward Underwriting cover amount

*The life insured incurs additional monetary liability as a result of the following business activity:
– Life insured starts a new business.
– Life insured increases his/her personal liability for business debts.
– Life insured's shareholding/value in the business/value to the business increases.

Business Safeguard Forward Underwriting

The optional Business Safeguard Forward Underwriting benefit allows you to increase your future cover for certain benefits without providing further evidence of health when a specified business event has occurred. The minimum level of cover that can be selected when exercising an option is $10,000.

The Business Safeguard Forward Underwriting benefit is only available under an Ordinary Plan.

Refer to pages 7–8 for Maximum Sum Insured limits.

Benefit overview

This table provides some important information about the Business Safeguard Forward Underwriting benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

Detail	Business Safeguard Forward Underwriting
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Available with:	
Life Cover benefit	✓
Total and Permanent Disablement Stand Alone benefit	✓
Universal Total and Permanent Disablement Stand Alone benefit	✓
Crisis Recovery Stand Alone benefit	✓
Built-in benefit	
Business Safeguard Forward Underwriting You can exercise the option to obtain new or additional cover within 60 days of the occurrence of one of the following Business Events: • Increase in personal liability; • Increase in shareholder value; • Increase in your value to the business; up to the maximum Sum Insured for the relevant benefit without providing further evidence of health at the time of the Business Event. Please refer to the Policy Document for a list of these benefits. Conditions apply.	✓

Business Safeguard Forward Underwriting Cover Amount

When exercising your option under the Business Safeguard Forward Underwriting benefit, you can apply for a new or an additional Life Cover benefit, Total and Permanent Disablement benefit, Universal Total and Permanent Disablement benefit or Crisis Recovery benefit up to the amounts specified in the table on page 48. The total amount of new or additional cover you can apply for under the Business Safeguard Forward Underwriting benefit is equal to the Business Safeguard Forward Underwriting cover amount.

The benefits that apply to you will be shown on your Policy Schedule.
For the date when cover ends, see page 87.

Business Safeguard Forward Underwriting Events

Type of Event	Maximum new or additional cover that can be purchased
Business Event options*	
Increase in personal liability	The lesser of: • 50% Business Safeguard Forward Underwriting cover amount; and • the amount of increase in your monetary liabilities, shareholder value or value to business as a result of the business activity.
Increase in shareholder value	
Increase in your value to the business	

* The life insured incurs additional monetary liability as a result of the following business activity:
- Life insured starts a new business.
- Life insured increases his/her personal liability for business debts.
- Life insured's shareholding/value in the business/value to the business increases.

Income Protection cover

We offer three main types of Income Protection benefits:
- Income Protection
- Income Protection Accident Only
- Income Protection Essentials.

Income Protection and Income Protection Accident Only are available under an Ordinary Plan or a Superannuation Plan. Income Protection Essentials is available only under an Ordinary Plan.

With the Superannuation Income Protection Plan we offer a choice of:
- Income Protection or Income Protection Accident Only on an Indemnity or Extended Indemnity# basis (superannuation only);
- Income Protection or Income Protection Accident Only on an Agreed Value, Indemnity or Extended Indemnity# basis, together with a linked Super Extras policy outside of the superannuation environment.

Only those benefits which are consistent with a permitted condition of release (see pages 68–69) may be paid under the Superannuation Income Protection Plan. Super Extras allows you to receive benefits (including additional income protection benefits) which are provided under a separate policy, outside of the superannuation environment. Please see page 77 for further information about Super Extras.

You can choose to add the Advantage Optional or the PLUS Optional rider benefit to the Income Protection benefit under an Ordinary Plan or via Super Extras linked to a Superannuation Plan if you are in Full-time Employment[1] other than Occupation Category E.

The following table is a summary of various Income Protection benefits available and some key details according to your employment status:

Detail	Income Protection benefit	Income Protection Accident Only benefit	Income Protection Essentials benefit
What employment types are eligible?	• Full-time Employment[1] • Permanent Part-time Employee[2]	• Full-time Employment[1] • Permanent Part-time Employee[2]	• Home Duties[3] • Employee
Are any Occupation Categories not eligible for this benefit?	Yes, Occupation Category Home Duties is not eligible	Yes, Occupation Category Home Duties is not eligible	All of the Occupation Categories are eligible.
What are the minimum hourly working requirements depending on my Occupation Category?	Occupation Categories – AAA, AA and A • At least 20 hours worked per week Occupation Categories – B, C, CT, D and E • At least 25 hours worked per week	Occupation Categories – AAA, AA and A • At least 20 hours worked per week Occupation Categories – B, C, CT, D and E • At least 25 hours worked per week	Home Duties[3] • No minimum, however you must meet the definition of Home Duties (refer to Definitions section). Employee • No minimum, however you must meet the definition of Employee (refer to Definitions section).
Is cover available for self-employed people?	Yes, however you must be working on a Full-time[1] basis	Yes, however you must be working on a Full-time[1] basis	No
Which type of definition will apply?	Duties based definition • Total Disablement (Income Protection) • Total Disablement (Income Protection – Occupation E) Multi Definition • Where a PLUS Optional or Advantage Optional rider benefit has been purchased, a Multi Definition applies	Accident Only duties based definition • Total Disablement (Income Protection Accident Only) • Total Disablement (Income Protection Accident Only – Occupation E)	Home Duties[3] • Total Disablement (Income Protection Essentials – Home Duties) Employee • Income Protection Loss of Independence
Are Agreed Value and/or Indemnity or Extended Indemnity# benefit types available?	• Agreed value* • Indemnity* • Extended Indemnity#*	• Agreed value* • Indemnity* • Extended Indemnity#*	• Agreed value[4]

1 We classify full-time employment for this benefit as working at least 25 hours per week, for 48 weeks per year (excluding public holidays).
2 We classify permanent part-time employment for this benefit as being employed (not self-employed) to undertake identifiable duties for at least 20 hours per week for 48 weeks per year (excluding public holidays) where the person accrues paid sick and holiday leave entitlements.
3 We classify Home Duties for this benefit as being wholly engaged in full-time unpaid domestic duties in your own residence.
4 The Indemnity or Extended Indemnity basis is not available for this benefit.
* Under the Superannuation Income Protection Plan, the monthly benefit may be reduced so that it does not exceed 100% of your pre-disablement income. The amount of such reduction can be paid under the linked Super Extras policy (if relevant).
\# **Please speak to your adviser about the availability of this feature.**

Your premium varies depending on the benefit you choose and your Occupation Category, including other factors (see page 78).

Income Protection and Income Protection Accident Only

The Income Protection benefit (including the Advantage Optional and PLUS Optional rider benefits) will provide you with a monthly income if you become disabled due to Injury or Sickness. The Income Protection Accident Only benefit will provide you with a monthly income if you become disabled as a result of an Accidental Injury only.

You can purchase a Superannuation Income Protection benefit or a Superannuation Income Protection Accident Only benefit. You can purchase these benefits on their own (Super Only) or you can also choose to purchase a Super Extras policy linked to those benefits. The linked Super Extras policy allows you to purchase additional benefits (such as Advantage Optional, PLUS Optional, Carer's Allowance and Income Protection Lump Sum).

You have a choice of Waiting Periods and Benefit Periods depending on your Occupation Category. The maximum Insured Monthly benefit also varies depending on your Occupation Category.

Benefit overview

This table provides some important information about the Income Protection and Income Protection Accident Only benefits, including the Advantage Optional and PLUS Optional rider benefits. Please note that where there is no tick in this table, this means the benefit is not available. For the full terms and conditions, ask for a copy of the Policy Document.

	Income Protection		Income Protection with Advantage Optional		Income Protection with PLUS Optional		Income Protection Accident Only	
	Non-Super and Super Extras	Super Only	Non-Super	Super Extras	Non-Super	Super Extras	Non-Super and Super Extras	Super Only
Premium structure								
Level Premiums	✓	✓	✓	✓	✓	✓	✓	✓
Stepped Premiums	✓	✓	✓	✓	✓	✓	✓	✓
Optimum Premiums	✓	✓	✓	✓	✓	✓	✓	✓
Type of Cover								
Agreed Value[#] Your Insured Monthly Benefit is agreed with you at the time of your application based on your income at that time. The monthly benefit we will pay may be subject to claim offsets (see page 85).	✓		✓	✓	✓	✓	✓	
Indemnity* Your monthly benefit (subject to applicable claim offsets – see page 85) is the lesser of: • your Insured Monthly Benefit; and • 75% of your monthly Pre-disablement Income (Indemnity) at the time of becoming Totally Disabled. Your Pre-disablement Income (Indemnity) is the greater of your average monthly income for: • the 12 consecutive months preceding the commencement of disablement; and • the latest financial year preceding the commencement of disablement.	✓	✓	✓	✓	✓	✓	✓	✓

[#] Agreed Value can apply under the Superannuation Income Protection Plan only when purchased with a linked Super Extras policy. In these circumstances, the monthly benefit under the Superannuation Income Protection Plan may be reduced so that it does not exceed 100% of your Pre-disablement Income (Agreed Value). The amount of such reduction can be paid under the linked Super Extras policy (if relevant).

* Under the Superannuation Income Protection Plan, the monthly benefit may be reduced so that it does not exceed 100% of your Pre-disablement Income (Indemnity). The amount of such reduction can be paid under the linked Super Extras policy (if relevant).

	Income Protection		Income Protection with Advantage Optional		Income Protection with PLUS Optional		Income Protection Accident Only	
	Non-Super and Super Extras	Super Only	Non-Super	Super Extras	Non-Super	Super Extras	Non-Super and Super Extras	Super Only
Extended Indemnity#* Your monthly benefit (subject to applicable claim offsets – see page 85) is the lesser of: • your Insured Monthly Benefit; and • 75% of your monthly Pre-disablement Income (Extended Indemnity) at the time of becoming Totally Disabled. Your Pre-disablement Income (Extended Indemnity) is your highest average of monthly Income in any consecutive 12 month period in the three years immediately prior to you becoming Totally Disabled. #**Please speak to your adviser about the availability of this feature.**	✓	✓#	✓	✓	✓	✓	✓	✓#
Worldwide Protection If you travel overseas full cover is provided anytime anywhere in the world.	✓	✓	✓	✓	✓	✓	✓	✓
AIDS Cover Includes cover if you become disabled directly or indirectly due to HIV or AIDS.	✓	✓	✓	✓	✓	✓		
Built-in benefits								
Total Disablement We will pay a total disablement monthly benefit if you meet the definition of Total Disablement after the Waiting Period.^ Payments (monthly in arrears) will commence after the Waiting Period and will continue until the end of the Benefit Period as long as you remain Totally Disabled. *If you have other sources of income, your monthly benefit may be reduced.*	✓	✓	✓	✓	✓	✓	✓	✓
Partial Disablement We will pay a partial disablement monthly benefit if you continuously meet the definition of Total Disablement for at least 7 consecutive days^ from the start of the Waiting Period and you then meet the definition of disablement (total or partial) for the balance, and you are Partially Disabled at the end, of the Waiting Period. Payments (monthly in arrears) will commence after the Waiting Period and will continue until the end of the Benefit Period as long as you remain Partially Disabled. Under an Ordinary Income Protection Plan, if you are earning less than 25% of your pre-disablement income while Partially Disabled during any of the first three months after the Waiting Period, we will pay the total disablement monthly benefit for that month. *If you have other sources of income, your monthly benefit may be reduced.*	✓	✓	✓	✓	✓	✓	✓	✓
Benefit Indexation* Your Insured Monthly Benefit will automatically increase each policy year by the higher of the CPI Increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓	✓	✓	✓	✓	✓	✓	✓
Waiver of Premium We waive your Income Protection premiums while a monthly benefit is payable for Total Disablement or Partial Disablement.	✓	✓	✓	✓	✓	✓	✓	✓

* Under the Superannuation Income Protection Plan, the monthly benefit may be reduced so that it does not exceed 100% of your pre-disablement income. The amount of such reduction can be paid under the linked Super Extras policy (if relevant).

^ If you are in Occupation Category AAA, AA or A under the Ordinary Plan, it is sufficient if you are only partially disabled during the Waiting Period as long as you meet the relevant definition at the end of the Waiting Period.

	Income Protection		Income Protection with Advantage Optional		Income Protection with PLUS Optional		Income Protection Accident Only	
	Non-Super and Super Extras	Super Only	Non-Super	Super Extras	Non-Super	Super Extras	Non-Super and Super Extras	Super Only
Rehabilitation Expenses We reimburse the cost of your participation in a pre-approved rehabilitation program (as part of your structured return to work) to a maximum of 12 times your Insured Monthly Benefit. This benefit is only available under an Ordinary Plan (including under a Super Extras policy that is linked to a Superannuation Income Protection Plan).	✓		✓	✓	✓	✓	✓	
Recurrent Disablement If you return to full-time work after payment of a disablement benefit and the same or a related disablement recurs within 12 months, we treat it as a continuation of the most recent claim and recommence payments without a further Waiting Period. Both periods of disablement are then counted towards the maximum Benefit Period.	✓	✓	✓	✓	✓	✓	✓	✓
Severity benefit If we have been paying a benefit for more than six consecutive months after the Waiting Period and you are then totally disabled to the point where you cannot perform at least two Activities of Daily Living and you are under the constant care and supervision of another adult, we will pay an additional third of your monthly benefit until the end of the Benefit Period as long as we are satisfied that you continue to be totally disabled to the extent that you are unable to perform at least two of the Activities of Daily Living. This benefit is only available under an Ordinary Plan (including under a Super Extras policy that is linked to a Superannuation Income Protection Plan). *The sum of the Total Disablement and Severity benefit cannot exceed $30,000 per month. Claim offsets may apply.*	✓		✓	✓	✓	✓	✓	
Death benefit We will pay a lump sum benefit of six times your Insured Monthly Benefit up to a maximum of $60,000 if you die before the Policy Anniversary preceding your expiry age (Expiry Date).	✓	✓	✓	✓	✓	✓	✓	✓
Terminal Illness benefit If you are receiving an Income Protection benefit and are diagnosed with a Terminal Illness before the Expiry Date we will make an advance payment of the Death benefit.	✓	✓	✓	✓	✓	✓		
Complimentary Interim Accidental Death Cover We may pay a lump sum of up to $30,000 in the event of your Accidental Death within a period of up to 90 days from your application – see the certificate attached to this PDS.	✓	✓	✓	✓	✓	✓	✓	✓
Complimentary Interim Accidental Income Protection Cover We may pay a monthly benefit of up to $10,000 for up to six months after the proposed Waiting Period if you become Totally Disabled due to an Accidental Injury after applying for the Income Protection benefit and remain Totally Disabled after the proposed Waiting Period. Conditions apply – see the certificate attached to this PDS.	✓	✓	✓	✓	✓	✓	✓	✓
Involuntary Unemployment Waiver of Premium Premiums will be waived for a period of up to 3 months if you become involuntarily unemployed and suitable evidence is provided to us as per the definition of 'Involuntary Unemployment'. Cover will not cease during this period. We will only provide this benefit once in any 12 month period. After we have finished providing the benefit, we will not provide it again unless you return to Full-time Employment for at least 12 consecutive months and are then able to satisfy the requirements described in the definition of 'Involuntary Unemployment' of this benefit again. The policy must also be in force for a further 12 consecutive months after we have finished providing this benefit before we will provide the benefit again. Other conditions apply. Refer to the Policy Document.	✓+		✓		✓		✓+	

+ Not available under the Superannuation Income Protection Plan or under a linked Super Extras policy.

	Income Protection		Income Protection with Advantage Optional		Income Protection with PLUS Optional		Income Protection Accident Only	
	Non-Super and Super Extras	Super Only	Non-Super	Super Extras	Non-Super	Super Extras	Non-Super and Super Extras	Super Only
Needlestick Injury benefit (Occupation AA only) After the Waiting Period (Needlestick), we will pay a monthly benefit to top up any reduction in your monthly income (including if your relevant licensing body advises you to cease work or if you have disclosed this infection to your patients) as at the Date of Loss (Needlestick) due to your accidentally becoming infected with HIV, AIDS, Hepatitis B or Hepatitis C as a result of a needlestick injury or splash injury while performing the duties of your normal occupation. *You must report the accident to us and the relevant licensing body within 30 days and have a negative HIV, Hepatitis B or Hepatitis C antibody test taken within seven days of the accident, with sero-conversion evidence to occur within six months of the accident.* This benefit is only available under an Ordinary Plan (including under a Super Extras policy that is linked to a Superannuation Income Protection Plan). Note: This benefit is not payable together with the Accidental HIV Infection Crisis Event under the Crisis Recovery benefit or the Occupationally Acquired Hepatitis B or Hepatitis C infection under the PLUS Optional benefit.	✓		✓	✓	✓	✓		
Cosmetic or Elective Surgery benefit We will pay a Total Disablement benefit if you remain totally disabled after the Waiting Period as a result of cosmetic or other elective surgery or as a result of surgery to transplant an organ from you into the body of another person. Note: This benefit does not apply if the surgery or transplant takes place within six months of Income Protection benefit commencing, increasing or being reinstated. Normal post-surgery recovery is excluded.	✓	✓	✓	✓	✓	✓		
Multi Definition for Total Disablement Instead of your Total Disablement claim being assessed under the Total Disablement definition, your claim will be assessed under the Total Disablement – Multi Definition. Must be in Full-time Employment other than Occupation Category E.			✓	✓	✓	✓		
Multi Definition for Partial Disablement Instead of your Partial Disablement claim being assessed under the Partial Disablement definition, your claim will be assessed under the Partial Disablement – Multi Definition. Must be in Full-time Employment other than Occupation Category E.			✓	✓	✓	✓		
Specified Injury benefit If you suffer a listed event as a result of an Injury, we will pay the Insured Monthly Benefit monthly in advance for a specific period even if you are working and regardless of your Waiting Period. (See the table on page 58 for details.) If this benefit is payable it will be paid instead of a Total or Partial Disablement benefit, a Bed Confinement benefit or a Day 1 Accident benefit. If you are still disabled at the end of the payment period for that event and before the Benefit Period or the Plan expires, any other applicable benefit will then become payable in accordance with the Policy. Other conditions apply.			✓	✓	✓	✓		

	Income Protection		Income Protection with Advantage Optional		Income Protection with PLUS Optional		Income Protection Accident Only	
	Non-Super and Super Extras	Super Only	Non-Super	Super Extras	Non-Super	Super Extras	Non-Super and Super Extras	Super Only
Crisis Recovery benefit Subject to any qualifying period, if you are diagnosed with a Crisis Event (as listed on page 30) including the diagnosis of prostate cancer at T1a and survive for 14 days, we will pay a lump sum benefit equal to six times your Insured Monthly Benefit (or you can elect to receive the payment in monthly instalments). If this benefit is payable, it will be paid instead of a Total or Partial Disablement benefit or a Bed Confinement benefit. However, if you are still unable to work due to disablement six months after the Crisis Recovery benefit became payable, your Total Disablement benefit will then become payable (unless your Waiting Period is one or two years, in which case you must still be unable to work due to disablement at the end of the Waiting Period to receive your Total Disablement benefit). Note: A benefit for the Accidental HIV Infection Crisis Event under the Crisis Recovery benefit or for Occupationally Acquired Hepatitis B or Hepatitis C infection under the PLUS Optional benefit will not be payable together with the Needlestick Injury benefit. Also, if you suffer more than one Crisis Event simultaneously we will only pay for one event at a time. Please note that no partial payments will be made under the Crisis Recovery benefit under the Income Protection benefit.					✓	✓		
Bed Confinement benefit We will pay 1/30 of your Insured Monthly Benefit for each complete day during your Waiting Period that you are Totally Disabled, confined to bed and requiring the full-time care of a registered nurse (as confirmed by your Medical Practitioner). We will pay the benefit after you have been confined to bed for more than three days and up to the earlier of 90 days or the end of the Waiting Period.					✓	✓		
Accommodation benefit We will reimburse accommodation costs for your immediate family member of up to $250 a day for up to 30 days in any 12 month period if you become Totally Disabled, are confined to a bed and are more than 100 kilometres from your home or, on the advice of your practitioner, need to travel to a place more than 100 kilometres from your home.					✓	✓		
Family Care benefit We will pay a monthly benefit of up to 50% of your Insured Monthly Benefit for up to three months after the end of your Waiting Period if an immediate family member's monthly income is reduced as a result of looking after you while you are Totally Disabled and totally dependent on that person for your essential everyday needs. Other conditions apply. You could choose to use the benefit payment to cover any household expenditures including any childcare assistance.					✓	✓		
Home Care benefit We will reimburse the lesser of $150 a day or 100% of your Insured Monthly Benefit for up to six months after the end of your Waiting Period while you are totally disabled, confined to or in the near vicinity of a bed, other than in a hospital or a similar institution that provides nursing care, and totally dependent upon a paid professional home carer. Note: This benefit will not be paid if you are already receiving the Family Care benefit or the Accommodation benefit.					✓	✓		
No Claim Bonus We will increase your Insured Monthly Benefit at no additional cost to you if you do not make a claim for at least three years after purchasing the PLUS Optional benefit: • by 5% for three claim free years • by 10% for four claim free years • by 15% for five claim free years The increased benefit will be paid for up to 12 months once payments for your first claim are being made. We will only pay this benefit once during the life of your policy.					✓	✓		

	Income Protection		Income Protection with Advantage Optional		Income Protection with PLUS Optional		Income Protection Accident Only	
	Non-Super and Super Extras	Super Only	Non-Super	Super Extras	Non-Super	Super Extras	Non-Super and Super Extras	Super Only
Relocation benefit We will reimburse the cost of a single standard economy airfare to Australia (up to three times your Insured Monthly Benefit) if you become Totally Disabled for over three months while travelling or residing outside of Australia. Offsets for other transport reimbursements and other conditions apply.					✓	✓		
Rehabilitation Incentive benefit We will pay a once-off benefit of three times your Insured Monthly Benefit if you return to full-time paid employment for six consecutive months after attending a pre-approved rehabilitation program.					✓	✓		
Guaranteed Future Insurability benefit This benefit allows you to increase your Insured Monthly Benefit by 10% of the Sum Insured up to $1,500 without medical underwriting whenever your salary package increases.					✓	✓		
Benefits at an additional cost (Optional Benefits)								
Day 1 Accident benefit* If you are Totally Disabled for the selected qualifying period (3 days or 30 days) from when an Accidental Injury occurs, we will pay monthly in arrears 1/30 of your Insured Monthly Benefit for each complete day that you are Totally Disabled until the end of the selected Day 1 Accident Benefit Period (30, 60 or 90 days). Amounts payable under the Bed Confinement, Specified Injury or Crisis Recovery benefit will be deducted from the benefit amount. Note: This benefit is not available with a 14 day Waiting Period. The 3 day qualifying period is not available for Occupation Category E.	✓	✓	✓	✓	✓	✓	✓	✓
Claim Escalation benefit* Under an Ordinary Income Protection Plan, if your claim is paid for more than 12 consecutive months, we will increase your claim payments by the CPI Increase. Under a Superannuation Income Protection Plan, if your claim is paid for more than 12 consecutive months, we will increase your claim payments by the CPI Increase, up to a maximum of 5%. However, if the CPI Increase amount is greater than 5%, the additional amount can be paid under a linked Super Extras policy. Under both Plans your claim payments will continue to increase each year while you remain disabled until the earlier to occur of the end of your Benefit Period and the latest Policy Anniversary prior to your 65th birthday. Other conditions apply.	✓	✓	✓	✓	✓	✓	✓	✓
Income Protection Lump Sum benefit You can apply for, or we may offer you, a lump sum benefit of up to the lesser of $3,000,000 and 180 times your Insured Monthly Benefit if we are satisfied that your disablement meets the Total and Permanent Disablement (Own Occupation) definition. The lump sum payable depends on your age at time of claim and offsets may apply. If we pay this benefit, no further Income Protection rider benefits will be payable and the Income Protection benefit will end. This benefit is only available under an Ordinary Plan (including under a Super Extras policy that is linked to a Superannuation Income Protection Plan). Note: This benefit is only available for 'To Age 65' and 'To Age 70' Benefit Periods with Waiting Periods other than 1 or 2 years.	✓		✓	✓	✓	✓		

* Under the Superannuation Income Protection Plan, the monthly benefit may be reduced so that it does not exceed 100% of your pre-disablement income. The amount of such reduction can be paid under the linked Super Extras policy (if relevant).

	Income Protection		Income Protection with Advantage Optional		Income Protection with PLUS Optional		Income Protection Accident Only	
	Non-Super and Super Extras	Super Only	Non-Super	Super Extras	Non-Super	Super Extras	Non-Super and Super Extras	Super Only
Carer's Allowance benefit If you are not earning any income because your nominated Child aged between 3 and 16 next birthday becomes totally dependent on you solely and directly due to Accidental Injury or Sickness, we will pay a benefit of 25% of the Insured Monthly Benefit (excluding any Retirement Optimiser) up to $2,000 per month for up to six months while the Child remains totally dependent on you for their essential everyday needs. The benefit is payable only once in a 12 month period per insured child. Up to 10 Children can be insured and a separate benefit will apply to each Child. The benefit will terminate on the Policy Anniversary before the Child turns 18. Different qualifying and waiting periods apply in the event of the Child's Sickness and Accidental Injury. This benefit is only available under an Ordinary Plan (including under a Super Extras policy that is linked to a Superannuation Income Protection Plan).	✓		✓	✓	✓	✓	✓	
Retirement Optimiser You can insure up to 5% of your average monthly Income so the superannuation account you nominate will continue to accumulate contributions while you are paid an Income Protection benefit. This means that, when we pay your monthly benefit for Total Disablement or Partial Disablement (or under the Day 1 Accident, Specified Injury or Crisis Recovery benefits, if applicable) we will also pay an additional amount into your nominated superannuation account. The additional amount we pay depends on whether your Income Protection benefit is on an Agreed Value, Indemnity or Extended Indemnity# basis and will be affected by reductions for partial disablement and any claim offsets. Benefit Indexation and Claim Escalation (if applicable) will also apply to the Retirement Optimiser benefit. *We will pay the Retirement Optimiser benefit as a non-concessional contribution to your nominated superannuation fund on your behalf. You must provide us with the information we request to enable us to pay this benefit. We cannot pay the Retirement Optimiser benefit to you in cash.* *Under the Superannuation Income Protection Plan the total of the Income Protection or Income Protection Accident Only monthly benefit and the Retirement Optimiser monthly benefit cannot exceed 100% of your pre-disablement income. These benefits will be reduced by the same proportion, if necessary to comply with this rule.* *The whole amount including the Retirement Optimiser payment is included in the annual tax statement as assessable income.* #Please speak to your adviser about the availability of this feature.	✓	✓#	✓	✓	✓	✓	✓	✓#
Business Expenses benefit This benefit is designed to cover fixed business expenses during a period of disablement for self-employed practitioners, whether working alone, in partnership or as a working director (see pages 62 – 64).	✓+		✓		✓			

+Not available under the Superannuation Income Protection Plan or under a linked Super Extras policy.

The benefits that apply to you will be shown on your Policy Schedule.
For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured or claim offsets may apply, see pages 82 – 86.
For the date when cover ends, see page 87.

Waiting Periods

Occupation Categories	Income Protection	Income Protection with Advantage Optional	Income Protection with PLUS Optional	Income Protection Accident Only
AAA, AA, A, B, C and CT (Agreed Value, Indemnity or Extended Indemnity)	14, 30, 60, 90 days 1 and 2 years	14, 30, 60, 90 days 1 and 2 years	14, 30, 60, 90 days 1 and 2 years	14, 30, 60, 90 days 1 and 2 years
D (Indemnity or Extended Indemnity only)	30, 60, 90 days 1 and 2 years	30, 60, 90 days 1 and 2 years	30, 60, 90 days 1 and 2 years	30, 60, 90 days 1 and 2 years
E (Indemnity or Extended Indemnity only)	30, 60, 90 days 1 and 2 years	Not available	Not available	30, 60, 90 days 1 and 2 years

Benefit Periods

Occupation Categories	Income Protection	Income Protection with Advantage Optional	Income Protection with PLUS Optional	Income Protection Accident Only
AAA, AA and A (Agreed Value, Indemnity or Extended Indemnity)	To age 70*	To age 70*	To age 70*	Not available
AAA, AA, A, B, C and CT (Agreed Value, Indemnity or Extended Indemnity)	2 years 5 years To age 65	2 years 5 years To age 65	2 years 5 years To age 65	2 years 5 years To age 65
AAA, AA and A (Indemnity or Extended Indemnity only)	2 year Benefit Period to age 70*	Not available for 2 year Benefit Period to age 70	Not available for 2 year Benefit Period to age 70	Not available for 2 year Benefit Period to age 70
D (Indemnity or Extended Indemnity only)	2 years 5 years	2 years 5 years	2 years 5 years	2 years 5 years
E (Indemnity or Extended Indemnity only)	2 years	Not available	Not available	2 years

* Conditions apply to the 'To age 70 Benefit Period' and the '2 year Benefit Period to age 70' – see opposite.

Maximum Insured Monthly Benefit

Occupation Categories	Maximum Insured Monthly Benefit
AAA and AA+ (Entry age between 16–54)	$60,000#
AAA and AA (Entry age between 55–60)	$40,000#
A	$30,000
B	$22,500
C and CT	$22,500
D	$15,000
E	$10,000

+ Not available to all occupations.
# Where the insured monthly benefit exceeds $30,000, any excess must be written with a 2 year Benefit Period and a maximum expiry age of 65.

Conditions for To age 70 Benefit Period

The maximum Insured Monthly Benefit is $30,000. Benefit reductions apply between ages 65 – 70, see page 85.

- Optional rider benefits are:
  - Claim Escalation#
  - PLUS OptionalSE
  - Advantage OptionalSE
  - Day 1 Accident#
  - Income Protection Lump SumSE
  - Carer's AllowanceSE
  - Retirement Optimiser+
- The following will cease at the latest Policy Anniversary prior to age 65 years:
  - Benefit indexation#
  - Claim Escalation#
  - PLUS OptionalSE
  - Advantage OptionalSE
  - Day 1 Accident#
  - Income Protection Lump SumSE
  - Carer's AllowanceSE
  - Level premiums
  - Optimum premiums

If you are being paid a government age pension, this payment will be offset against any claim payments made under this benefit.

SE Available with the Superannuation Income Protection Plan only under a linked Super Extras policy outside of superannuation, see page 77 for more information.
Under a Superannuation Income Protection Plan, the monthly benefit cannot exceed 100% of your pre-disablement income.
+ Under the Superannuation Income Protection Plan the total of the Income Protection or Income Protection Accident Only monthly benefit and the Retirement Optimiser monthly benefit cannot exceed 100% of your pre-disablement income. These benefits will be reduced by the same proportion, if necessary to comply with this rule.

Conditions for 2-year Benefit Period to age 70

The maximum Insured Monthly Benefit is $20,000.

- Only available if you are between 61 and 65 years of age next birthday.
- Indemnity only (Extended Indemnity is not available).
- Stepped premiums only.
- Benefit Indexation will apply only until the Policy Anniversary prior to age 65.
- If you are being paid a government age pension, this payment will not be offset against any claim payments made under this benefit.
- Expiry Date is the latest Policy Anniversary prior to your 70th birthday. Any claim under this benefit, in course of payment at the benefit Expiry Date will cease at that date.

Advantage Optional and PLUS Optional benefits

Specified Injury Events and Payment Periods

Listed Event	Payment Period (in months)
Paralysis (Quadriplegia, Paraplegia, Diplegia and Hemiplegia)	60*
Loss^ of:	
• both feet or both hands or sight in both eyes	24*
• any two of a foot, a hand and sight in one eye	24*
• one leg or one arm	18
• one foot or one hand	12
• sight in one eye	12
• the thumb and index finger of one hand	6
Fracture# of the:	
• thigh (femur)	3
• pelvis	3
• leg (below the knee and above the ankle – tibia and fibula)	2
• knee cap (patella)	2
• upper arm (humerus)	2
• shoulder bone (scapula)	2
• jaw (maxilla and mandible)	2
• forearm (above the wrist – radius and ulna)	1.5
• collarbone (clavicle)	1.5
• heel (calcaneous)	1
or the balance of the Benefit Period if less	

Refer to page 53 for the Specified Injury benefit description.

* If you have selected a 2 year Benefit Period, claim payments will cease at the end of the Benefit Period.

^ 'Loss' means the total and permanent loss of:
- the use of the hand from the wrist or the foot from the ankle joint; or
- the use of the arm from the elbow or the leg from the knee joint; or
- the use of the thumb and index finger from the first phalange joint; or
- the sight (to the extent of 6/60 or less) in the eye.

\# 'Fracture' means any bone fracture requiring the application of a plaster cast or an immobilising device.

PLUS Optional benefit only

Crisis Recovery benefit

In addition to the Crisis Events listed on page 30 the PLUS Optional Crisis Recovery benefit also includes:
- **Occupationally Acquired Hepatitis B**
- **Occupationally Acquired Hepatitis C**

If a Medical Practitioner diagnoses you with one of the listed Crisis Events, we will pay a lump sum benefit, equal to six times your Insured Monthly Benefit. You can also choose to receive the payment in monthly instalments.

The lump sum payment is in effect the payment of the first six monthly benefit payments under the Income Protection benefit which otherwise may have become payable as a result of the life insured's disablement.

Please note that no partial payments will be made under the Crisis Recovery benefit under the Income Protection benefit.

If you are eligible to claim a Specified Injury benefit at the same time as a Crisis Recovery benefit, we will pay the benefit with the longest payment period.

The Crisis Recovery benefit will be paid instead of the Total or Partial Disablement benefit or the Bed Confinement benefit under the Plan.

Once the Crisis Recovery benefit has been paid for one of the listed Crisis Events, we will not pay for a second Crisis Event that is related to, or caused by, the medical condition resulting in any previous claim under the Crisis Recovery benefit.

If the Income Protection Waiting Period is 14, 30, 60 or 90 days, payment of the disablement monthly benefit may commence six months after the assessed date of loss if you are still unable at that time to work due to disablement. If the Income Protection Waiting Period is one or two years, payment of the disablement monthly benefit may commence at the end of the Income Protection Waiting Period if you are still unable at that time to work due to disablement.

We must receive written confirmation from a Medical Practitioner and/or a legally qualified pathologist to enable us to pay your claim under the Crisis Event. Your Medical Practitioner and/or pathologist will need to base their diagnosis on the definition of the particular Crisis Event.

Any such diagnosis must be accepted by us.

The Accidental HIV Infection Crisis Event under the Crisis Recovery benefit, and the Occupationally Acquired Hepatitis B or Hepatitis C infection under the PLUS Optional benefit, are not payable in conjunction with the Needlestick Injury benefit.

Survival period

Any benefit payable under the Crisis Recovery benefit will only be paid when you have survived 14 days from the date of diagnosis.

Qualifying Period

The Crisis Recovery benefit is not payable if you suffer one of the following Crisis Events within three months of the benefit being activated, or after any increases or reinstatement.
- Accidental HIV Infection
- Benign Brain Tumour
- Cancer
- Coronary Artery By-pass Surgery
- Heart Attack
- Heart Valve Surgery
- Major Organ Transplant
- Occupationally Acquired Hepatitis B or Hepatitis C Infection
- Other Serious Coronary Artery Disease
- Pulmonary Arterial Hypertension (primary)
- Severe Diabetes
- Stroke
- Surgery to the Aorta

We will waive this three-month qualifying period if your policy is a replacement policy from a previous insurer for the same Sum Insured or lower and the full qualifying period under that policy has been served.

Qualifying Period following last claim payment

After a claim has been paid under the Crisis Recovery benefit, the Crisis Recovery benefit is not payable if you suffer another unrelated Crisis Event within 12 months from the date the Crisis Recovery claim was paid.

If the Crisis Event first occurs or is first diagnosed, or symptoms leading to the condition occurring or being diagnosed first become reasonably apparent before the date of the end of the qualifying period, it will not be covered and no benefit will be payable.

Multiple Crisis Conditions

If you suffer from more than one of the specific injuries or sicknesses at the same time, we will only pay you for one injury or one sickness at a time.

Income Protection Essentials

The Income Protection Essentials benefit provides Employees not working full-time and people working in Home Duties with a monthly income if they become totally disabled. Income Protection Essentials is only available under the Income Protection Plan.

Benefit overview

This table provides some important information about the Income Protection Essentials benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Income Protection Essentials
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Type of Cover	
Agreed Value Your Insured Monthly Benefit is agreed with you at the time of your application and is limited to a maximum of $4,000.	✓
Worldwide Protection If you travel overseas full cover is provided anytime anywhere in the world.	✓
AIDS Cover Includes cover if you become disabled directly or indirectly due to HIV or AIDS.	✓
Built-in benefits	
Total Disablement – Employees If you are an Employee, we will pay a total disablement benefit it you meet the definition of Total Disablement (Income Protection Essentials – Employees) after the Waiting Period. Payments (monthly in arrears) will commence after the Waiting Period and will continue until the end of the Benefit Period as long as you remain totally disabled.	✓
Total Disablement – Home Duties If your Occupation Category is Home Duties, we will pay a total disablement benefit it you meet the definition of Total Disablement (Income Protection Essentials – Home Duties) after the Waiting Period. Payments (monthly in arrears) will commence after the Waiting Period and will continue until the end of the Benefit Period as long as you remain totally disabled.	✓
Benefit Period of 24 months Where a claim has been paid for the maximum 24 month period, the benefit will end and no subsequent claims will be accepted.	✓
Waiting Period of 90 days The Waiting Period for this benefit is 90 days.	✓
Benefit Indexation Your Insured Monthly Benefit will automatically increase each policy year by the higher of the CPI Increase and 5% up to a maximum Insured Monthly Benefit of $4,000. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓

	Income Protection Essentials
Waiver of Premium We will waive your Income Protection Essentials premiums while a monthly benefit is payable.	✓
Crisis Recovery benefit Subject to any qualifying period, if you are diagnosed with a Crisis Event (as listed on page 30) including the diagnosis of prostate cancer at T1a and survive for 14 days, we will pay a lump sum benefit equal to six times your Insured Monthly Benefit (or you can elect to receive the payment in monthly instalments). If this benefit is payable, it will be paid instead of a total disablement benefit. However, if you are still totally disabled six months after the Crisis Recovery benefit became payable, your total disablement benefit will then become payable. Note: If you suffer from more than one Crisis Event simultaneously, we will only pay you for one Crisis Event at a time. Please note that no partial payments will be made under the Crisis Recovery benefit under the Income Protection Essentials benefit.	✓
Rehabilitation Expenses We will reimburse the cost of your participation in a pre-approved rehabilitation program (as part of your structured return to work) to a maximum of 12 times your Insured Monthly Benefit.	✓
Recurrent Disablement If • you were working in Home Duties before your disablement and have returned to Home Duties; or • you were an Employee before your disablement and have returned to work for at least the same number of hours you were working just before the start of the Waiting Period, and the same or a related disablement recurs within 12 months of returning to Home Duties or Employment (as applicable), we will treat it as a continuation of the original claim and recommence payments without a further Waiting Period. Both periods of disablement will then be counted towards the maximum Benefit Period of 24 months.	✓
Death benefit We will pay a lump sum benefit of six times your Insured Monthly Benefit up to a maximum of $24,000 if you die before the Policy Anniversary preceding your expiry age (Expiry Date).	✓
Terminal Illness benefit If you are receiving an Income Protection Essentials benefit and are positively diagnosed with a Terminal Illness before the Expiry Date we will make an advance payment of the death benefit.	✓
Complimentary Interim Accidental Death Cover We may pay a lump sum of up to $12,000 in the event of your Accidental Death within a period of up to 90 days from your application date. Conditions apply – see the certificate attached to this PDS.	✓
Complimentary Interim Accidental Income Protection Cover We may pay a monthly benefit of up to $4,000 for up to six months after the proposed Waiting Period if you become Totally Disabled due to an Accidental Injury after applying for the Income Protection Essentials benefit and remain Totally Disabled after the proposed Waiting Period. Conditions apply – see the certificate attached to this PDS.	✓

The benefits that apply to you will be shown on your Policy Schedule.

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured or claim offsets may apply, see pages 82 – 86.

Crisis Recovery benefit

The Crisis Events are listed on page 30.

If a Medical Practitioner diagnoses you with one of the listed Crisis Events, we will pay a lump sum benefit, equal to six times your Insured Monthly Benefit. You can also choose to receive the payment in monthly instalments.

The lump sum payment is in effect the payment of the first six monthly benefit payments under the Income Protection Essentials benefit which otherwise may have become payable as a result of your disablement.

Please note that no partial payments will be made under the Crisis Recovery benefit under the Income Protection Essentials benefit.

The Crisis Recovery benefit will be paid instead of the Income Protection Essentials benefit under the Plan.

Once the Crisis Recovery benefit has been paid for one of the listed Crisis Events, we will not pay for a second Crisis Event that is related to, or caused by, the medical condition resulting in any previous claim under the Crisis Recovery benefit.

Payment of the total disablement monthly benefit may commence six months after the assessed date of loss if you are still unable at that time to work due to disablement.

We must receive written confirmation from a Medical Practitioner and/or a legally qualified pathologist to enable us to pay your claim under the Crisis Event.

Your Medical Practitioner and/or pathologist will need to base their diagnosis on the definition of the particular Crisis Event. Any such diagnosis must be accepted by us.

Survival period

Any benefit payable under the Crisis Recovery benefit will only be paid when you have survived 14 days from the date of diagnosis.

Qualifying Period

The Crisis Recovery benefit is not payable if you suffer one of the following Crisis Events within three months of the benefit being activated, or after any increases or reinstatement.

- Accidental HIV Infection
- Benign Brain Tumour
- Cancer
- Coronary Artery By-pass Surgery
- Heart Attack
- Heart Valve Surgery
- Major Organ Transplant
- Occupationally Acquired Hepatitis B or Hepatitis C Infection
- Other Serious Coronary Artery Disease
- Pulmonary Arterial Hypertension (primary)
- Severe Diabetes
- Stroke
- Surgery to the Aorta

We will waive this three-month qualifying period if your policy is a replacement policy from a previous insurer for the same Sum Insured or lower and the full qualifying period under that policy has been served.

Qualifying Period following last claim payment

After a claim has been paid under the Crisis Recovery benefit, the Crisis Recovery benefit is not payable if you suffer another unrelated Crisis Event within 12 months from the date the Crisis Recovery claim was paid.

If the Crisis Event first occurs or is first diagnosed, or symptoms leading to the condition occurring or being diagnosed first become reasonably apparent, before the date of the end of the qualifying period, it will not be covered and no benefit will be payable.

Multiple Crisis Conditions

If you suffer from more than one of the specific injuries or sicknesses at the same time, we will only pay you for one injury or one sickness at a time.

Business Expenses

The Business Expenses benefit is specifically designed for self-employed individuals who need to ensure that the fixed expenses of their business or practice will still be paid even if they cannot work due to Injury or Sickness. The benefit covers business expenses, less any amounts reimbursed from elsewhere.

To be eligible for this benefit, your occupation must be acceptable to us as a self-employed practitioner; whether alone, in partnership with others, or a working director and you must be in Full-time Employment.

The Business Expenses Plan is only available under an Ordinary Plan. You can purchase this benefit as a stand alone benefit or as an optional benefit with the Income Protection benefit. You cannot purchase this benefit as an optional benefit with the Income Protection Accident Only benefit or the Income Protection Essentials benefit.

You have a choice of Waiting Periods and the maximum Insured Monthly Benefit differs depending on your Occupation Category.

Benefit overview

This table provides some important information about the Business Expenses benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Business Expenses
Available as:	
Business Expenses Stand Alone	✓
Rider benefit (to Income Protection benefit)	✓
Premium structure	
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Type of Cover	
Indemnity Your monthly benefit is the lesser of: • your Insured Monthly Benefit; and • the Business Expenses* actually incurred that relate to the period of your total disablement, minus amounts reimbursed from elsewhere.	✓
Built-in benefits	
Total Disablement We will pay a total disablement monthly benefit if you are totally disabled and meet the definition of Total Disablement (Business Expenses) after your Waiting Period.+ Payments (monthly in arrears) will commence after the Waiting Period and continue until the end of the Benefit Period as long as you remain totally disabled. If this benefit is selected together with the Income Protection Advantage Optional or PLUS Optional benefits, the Total Disablement (Multi Definition) will apply. *Claim offsets may apply.*	✓

	Business Expenses
Partial Disablement We will pay a partial disablement monthly benefit if you continuously meet the definition of Total Disablement (Business Expenses) for at least seven consecutive days from the start of the Waiting Period and then meet the definition of Partial Disablement (Business Expenses) for the balance and after the end of your Waiting Period.+ Payments (monthly in arrears) will commence after the Waiting Period and continue until the end of the Benefit Period as long as you remain partially disabled. If this benefit is selected together with the Income Protection Advantage Optional or PLUS Optional benefits, the Partial Disablement (Multi Definition) will apply. *Claim offsets may apply.*	✓
Benefit Period of 12 months A Benefit Period of 12 months applies to this benefit but if you still meet the definition of Total Disablement (Business Expenses) at the end of the Benefit Period and the total benefit paid is less than 12 times your Insured Monthly Benefit, we will continue to pay your benefit for a further 12 months or until we have paid 12 times your Insured Monthly Benefit as long as you continue to meet the definition.	✓
Waiver of Premium We will waive your Business Expenses premiums if a monthly benefit in respect of Business Expenses becomes payable after the Waiting Period in respect of your total or partial disablement. We will waive premiums from the start of the Waiting Period. Any premiums paid during the Waiting Period will be refunded with the first benefit payment from us. The waiving of premiums will continue to apply until the earlier of the: – end of the Benefit Period; and – date your total or partial disablement ceases. Premium payments will recommence from the date on which the waiving of premium ceases.	✓
Benefit Indexation Your Insured Monthly Benefit will automatically increase each policy year by the higher of the CPI Increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓
Cosmetic or Elective Surgery We will pay a Total Disablement (Business Expenses) benefit if you remain totally disabled after the Waiting Period as a result of cosmetic or other elective surgery or as a result of surgery to transplant an organ from you into the body of another person. Note: This benefit does not apply if the surgery or transplant takes place within six months of the Business Expenses benefit commencing, increasing or being reinstated. Normal post-surgery recovery is excluded.	✓
Benefit at an additional cost	
Day 1 Accident benefit If you are Totally Disabled (Business Expenses) for the selected qualifying period (3 days or 30 days) from when an Accidental Injury occurs, we will pay monthly in arrears 1/30 of your Insured Monthly Benefit for each complete day during your Waiting Period that you are Totally Disabled (Business Expenses) up to a maximum of 30 days. Note: This benefit is not available with a 14 day Waiting Period.	✓

* See page 64 for types of Business Expenses covered.
\+ If you are in Occupation Category AAA, AA or A, it is sufficient if you are only partially disabled during the Waiting Period as long as you meet the relevant definition at the end of the Waiting Period.

The benefits that apply to you will be shown on your Policy Schedule.
For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured or claim offsets may apply, see pages 82 – 86.
For the date when cover ends, see page 87.

Business Expenses covered	Business Expenses not covered
These are the regular normal operating expenses of your business or practice. They include, but are not limited to, the following: • Accounting and audit fees. • Regular advertising costs, postage, printing and stationery. • Electricity, gas, heating, water, telephone and cleaning costs. • Security costs. • Rent, property rates and taxes. • Membership fees, publications and subscriptions to professional bodies. • Leasing costs of plant and equipment. • Bank charges and interest on business loans. • Business related insurance premiums but not including premiums for this policy. • Salaries and other related costs (e.g.: payroll tax, superannuation contributions, FBT) for non-income generating employees of your business. • Net costs associated with employing a locum. Please see policy terms and conditions for further details as contained in the Policy Document.	**Business Expenses not covered under this benefit include, but are not limited to, the following:** • Salaries and other related costs (e.g.: payroll, tax, superannuation, FBT) for yourself and income generating employees of the business other than a locum. • Salaries and other related costs for any of your relatives or the policy owner unless that person was employed for at least 60 consecutive days prior to your disablement. • Commissions or bonuses payable to yourself. • Repayments of principal of any loan or other finance agreement. • Any costs of a capital nature including the cost of any books, equipment, fittings, fixtures, furniture goods, implements, merchandise or stock. • Depreciation on real estate. • Losses on investments. • Taxes, other than in respect of related costs for non income generating employees as above. • Any payment which we determine on a fair and reasonable basis not to be a regular operating expense.

Waiting Periods

Occupation Categories	Waiting Periods
AAA, AA, A, B, C and CT	14 and 30 days
D	30 days
E	Not available

Maximum Insured Monthly Benefit

Occupation Categories	Maximum Business Expenses Insured Monthly Benefit
AAA, AA	$60,000
A	$30,000
B	$25,000
C, CT, D	$15,000

The maximum combined total Insured Monthly Benefit for Income Protection, Income Protection Accident Only and Business Expenses for each Occupation Category is listed as follows:

Occupation Categories	Maximum total Insured Monthly Benefit
AAA, AA	$90,000
A	$60,000
B	$40,000
C, CT, D	$25,000

Incorporated Business Expenses

The Incorporated Business Expenses benefit is specifically designed for business owners (i.e. partners or shareholders who are employed full-time in the business) who need to ensure that the fixed expenses of their business or practice will still be paid even if they cannot work due to Injury or Sickness. The benefit covers Business Expenses, less any amounts reimbursed from elsewhere. To be eligible for this benefit, the life insured's occupation must be acceptable to us as a self-employed professional or in the medical profession (Occupations AAA and AA only).

The Incorporated Business Expenses benefit is only available as an Ordinary Plan owned by the business entity (i.e. partnership or company) with the business owner as the life insured. There must be a minimum of three business owners in Full-time Employment with a maximum of 10, who will all purchase an Incorporated Business Expenses benefit at the same time.

Benefit overview

This table provides some important information about the Incorporated Business Expenses benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Incorporated Business Expenses
Premium structure	
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Type of Cover	
Agreed Value (1st 12 months) Your Insured Monthly Benefit is agreed with you at the time of your application. To do this, we will validate the Business Expenses for the entire corporate entity and ascertain each owner's share according to their business agreement. **Indemnity** (2nd 12 months) Your monthly benefit is the lesser of your Insured Monthly Benefit and your share of the Business Expenses* actually incurred that relate to the period of your total disablement, less any amount reimbursed from elsewhere.	✓
Built-in benefits	
Total Disablement We will pay a total disablement monthly benefit if you are totally or partially disabled for longer than your Waiting Period and meet the definition of Total Disablement (Business Expenses) after your Waiting Period.+ Payments (monthly in arrears) will commence after the Waiting Period and continue until the end of the Benefit Period as long as you remain totally disabled. If this benefit is selected together with the Income Protection Advantage Optional or PLUS Optional benefits, the Total Disablement (Multi Definition) will apply. *Claim offsets may apply.*	✓

	Incorporated Business Expenses
Partial Disablement We will pay a partial disablement monthly benefit if you are continuously disabled (totally or partially) for and after the Waiting Period and then meet the definition of Partial Disablement (Business Expenses).+ Payments (monthly in arrears) will commence after the Waiting Period and continue until the end of the Benefit Period as long as you remain partially disabled. If this benefit is selected together with the Income Protection Advantage Optional or PLUS Optional benefits, the Partial Disablement (Multi Definition) will apply. *Claim offsets may apply.*	✓
Choice of Waiting Period You can select a Waiting Period of 14 days or 30 days.	✓
Benefit Period A Benefit Period of 24 months applies to this benefit.	✓
Waiver of Premium We will waive your Incorporated Business Expenses premiums if a monthly benefit in respect of Incorporated Business Expenses becomes payable after the Waiting Period in respect of your total or partial disablement. We will waive premiums from the start of the Waiting Period. Any premiums paid during the Waiting Period will be refunded with the first benefit payment from us. The waiving of premiums will continue to apply until the earlier of the: • end of the Benefit Period; and • date your total or partial disablement ceases. Premium payments will recommence from the date on which the waiving of premium ceases.	✓
Benefit Indexation Your Insured Monthly Benefit will automatically increase each policy year by the higher of the CPI Increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓
Cosmetic or Elective Surgery We will pay a Total Disablement (Incorporated Business Expenses) benefit if you remain totally disabled after the Waiting Period as a result of cosmetic or other elective surgery or as a result of surgery to transplant an organ from you into the body of another person. Note: This benefit does not apply if the surgery or transplant takes place within six months of the Incorporated Business Expenses benefit commencing, increasing or being reinstated. Normal post-surgery recovery is excluded.	✓
Benefit at an additional cost	
Day 1 Accident benefit If you are Totally Disabled (Business Expenses) for the selected qualifying period (3 days or 30 days) from when an Accidental Injury occurs, we will pay monthly in arrears 1/30 of your Insured Monthly Benefit for each complete day during your Waiting Period that you are Totally Disabled (Business Expenses) up to a maximum of 30 days. Note: This benefit is not available with a 14 day Waiting Period.	✓

* See page 67 for types of Business Expenses covered.

+ If you are in Occupation Category AAA, AA or A, it is sufficient if you are only partially disabled during the Waiting Period as long as you meet the relevant definition at the end of the Waiting Period.

The benefits that apply to you will be shown on your Policy Schedule.

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured or claim offsets may apply, see pages 82 – 86.

For the date when cover ends, see page 87.

Business Expenses covered	Business Expenses not covered:
These are the regular normal operating expenses of your business or practice. They include, but are not limited to, the following: • Accounting and audit fees. • Regular advertising costs, postage, printing and stationery. • Electricity, gas, heating, water, telephone and cleaning costs. • Security costs. • Rent, property rates and taxes. • Membership fees, publications and subscriptions to professional bodies. • Leasing costs of plant and equipment. • Bank charges and interest repayments on business loans. • Business related insurance premiums but not including premiums for this policy. • Salaries and other related costs (e.g.: payroll tax, superannuation contributions, FBT) for non-income generating employees of your business. • Net costs associated with employing a locum. Please see policy terms and conditions for further details as contained in the Policy Document.	**Business Expenses not covered under this benefit include, but are not limited to, the following:** • Salaries and other related costs (e.g.: payroll, tax, superannuation, FBT) for yourself and income generating employees of the business other than a locum. • Salaries and other related costs for any of your relatives or the policy owner unless that person was employed for at least 60 consecutive days prior to your disablement. • Commissions or bonuses payable to yourself. • Repayments of principal of any loan or other finance agreement. • Any costs of a capital nature including the cost of any books, equipment, fittings, fixtures, furniture goods, implements, merchandise or stock. • Depreciation on real estate. • Losses on investments. • Taxes, other than in respect of related costs for non income generating employees as above. • Any payment which we determine on a fair and reasonable basis not to be a regular operating expense.

Maximum Insured Monthly Benefit

Occupation Categories	Maximum Insured Monthly Benefit
AAA, AA	$30,000

The maximum combined Insured Monthly Benefit for Income Protection, Income Protection Accident Only, Income Protection Essentials and Incorporated Business Expenses is:

Occupation Categories	Maximum Insured Monthly Benefit
AAA, AA	$60,000

AIA Insurance Super Scheme No2

Important: this section sets out some important information about the AIA Insurance Super Scheme No2 (**Scheme**). The Scheme is a product issued out of the Aon Master Trust that is a regulated superannuation fund under the Superannuation Industry (Supervision) Act 1993 and is governed by a trust deed. It is a separate risk-only superannuation product issued by the Trustee.

About AIA Insurance Super Scheme No2

The Trustee has delegated the administration of the insurance benefits within the Scheme to Insurance and Superannuation Administration Services Pty Ltd (ISAS) ABN 31 058 682 876. The Trustee has also delegated certain reporting and other functions relating to the Scheme to Aon Hewitt Limited ABN 48 002 288 646. At the date of this PDS, each of ISAS and Aon Hewitt Limited have given and not withdrawn their consent to be named in the form and context in which they have been named in the PDS. AIA Australia has agreed with the Trustee to pay the costs and expenses of operating the Scheme, including the costs payable to the service providers.

The Trustee and AIA Australia will refer claims related disputes and complaints to a claims review committee comprising a representative of the Trustee and AIA Australia and an independent chair agreed by the Trustee and AIA Australia and any other committee members as may be agreed between the Trustee and AIA Australia from time to time. The Trustee will only make a payment from the Scheme upon receipt of insurance proceeds from AIA Australia.

In the event that the Scheme is terminated, the Trustee will consult with AIA Australia to make provision for the transfer of members' benefits in the Scheme to another arrangement within the superannuation system, which could be by way of successor fund transfer to another regulated superannuation fund.

Membership of AIA Insurance Super Scheme No2

If you do not have an SMSF and want to obtain Priority Protection insurance benefits through superannuation, you can become a member of the Scheme. The Trustee of the Scheme will be the policy owner of the Policy for the purposes of providing access to insurance benefits under a Superannuation Plan. Any insurance benefit due under the Plan must be paid to the Trustee of the Scheme. The Trustee can only pay the benefit from the Scheme to you (or your beneficiaries) if it is permitted to do so under the Trust Deed governing the Scheme and superannuation law.

As a risk-only member of the Scheme, your only benefit/s in the Scheme will be any insurance benefits payable under a Superannuation Plan. The contributions paid by you or on your behalf to the Trustee of the Scheme will be used solely for the purpose of paying the premiums for your insurance benefits under the Plan. Contributions will not be invested on your behalf and will not earn investment returns. The Trustee does not guarantee payment of any benefit.

The first step is to apply for and be accepted for membership of the Scheme at the same time as you apply for insurance cover. The Trustee will not accept your application for membership of the Scheme until your application for cover has been accepted by AIA Australia. While your application is being assessed, your initial premium (or instalment premium) will be held in a trust account administered by the Trustee until the policy is issued. The Trustee will retain any interest earned on the money held in trust.

You must fund the cost of the entire premium for your policy by way of contribution to the Scheme or alternatively by way of a rollover or transfer from another complying superannuation fund.

Some special conditions apply in order to obtain insurance cover via the Scheme:

- You must meet (and continue to meet) eligibility requirements under the Trust Deed governing the Scheme and superannuation law.
- AIA Australia may ask for medical and other information about you. This evidence is required for AIA Australia to assess your application for insurance cover. AIA Australia will keep this information confidential.

Insurance cover will not commence until AIA Australia accepts the risk and issues the policy to the Trustee.

What are the eligibility requirements?

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

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

Making contributions

As long as you meet the eligibility requirements under superannuation legislation, the Scheme can accept contributions from you personally or from your employer on your behalf.

Your employer can make contributions from the time you become a member of the Scheme or it can start paying later. You must tell the Trustee when your employer takes over paying contributions or when it stops paying.

- All contributions go towards the payment of insurance premiums under the Plan – the Scheme is not an investment vehicle.
- Under superannuation law you can't withdraw contributions once they are paid – superannuation contributions are 'preserved' until you meet a 'condition of release' (see 'Payment of benefits' on page 69).
- Under superannuation law the Scheme cannot accept certain types of contributions unless the Trustee holds your Tax File Number (TFN). If the Trustee inadvertently receives a contribution that it cannot accept, it must refund the amount after deducting any permissible charges.

Can I transfer money from other superannuation funds?

Since the Scheme is not an investment vehicle, the Trustee will only accept transfers from other complying superannuation funds if the transferred amount is less or equal to the yearly premium for your insurance cover under the Plans.

If you fund the cost of the Superannuation Life Cover Plan or the Superannuation Income Protection Plan by rolling over or transferring amounts from an external complying superannuation fund (must be a taxed complying superannuation fund) yearly or half-yearly in advance, you will only need to rollover or transfer 85% of the premium requested by AIA Australia in connection with your cover. This is because you will be entitled to a 15% rollover rebate reducing premiums payable in connection with your Superannuation Life Cover Plan or the Superannuation Income Protection Plan cover. The benefit of the rebate may be withdrawn or changed. However, we will notify you if this occurs.

Does the Scheme accept co-contributions from the Government?

The Scheme does not accept co-contributions from the Government. If you are eligible for a co-contribution payment, you will need to nominate another superannuation fund to the Australian Taxation Office so that it can pay your entitlement.

Payment of benefits

The Superannuation Life Cover Plan will pay the Trustee of the Scheme a lump sum payment if you satisfy the conditions for the payment of an insured benefit under the Superannuation Life Cover Plan (for example, if you die, become Terminally Ill or if you become Totally and Permanently Disabled).

The Superannuation Income Protection Plan will pay the Trustee of the Scheme, a monthly payment if you satisfy the conditions for the payment of a monthly benefit under the Superannuation Income Protection Plan (for example, you become Totally Disabled).

Any benefit under the Superannuation Life Cover Plan or under the Superannuation Income Protection Plan cannot be paid if, in our opinion, a condition of release has not been satisfied under the Superannuation Industry (Supervision) Regulations 1994 at the time of the making of the claim. **(Any benefit which meets the conditions for payment under the Superannuation Income Protection Plan but which cannot satisfy a condition of release will be paid under the Super Extras linked non-superannuation income protection policy where Super Extras has been purchased. Where the Maximiser benefit is selected, and a total and permanent disablement claim is made, it will be assessed firstly under the Superannuation Life Cover Plan 'Any Occupation' definition. If the definition is met, a lump sum equal to the Sum Insured will be paid to the Trustee. If the definition is not met, the claim would then be assessed under the Ordinary Life Cover Plan 'Own Occupation' definition. If the definition is met a lump sum equal to the Sum Insured will be paid.)**

The Trustee cannot provide new members of the Scheme with cover for insured benefits unless the relevant insured event is consistent with one or more of the following conditions of release under superannuation law:

- death;
- permanent incapacity;
- temporary incapacity (income protection only); and
- terminal medical condition

(collectively referred to in this PDS as a 'permitted condition of release').

Superannuation benefits can be transferred to another complying superannuation fund at any time. This does not include death benefits.

You may have to provide proof of identity documents before your benefit is paid or transferred to another fund.

What is the definition of permanent incapacity under superannuation law?

Permanent incapacity means:

> 'a member of a superannuation fund is taken to be suffering permanent incapacity if a trustee of the fund is reasonably satisfied that the member's ill-health (whether physical or mental) makes it unlikely that the member will engage in gainful employment for which the member is reasonably qualified by education, training or experience.'

What is the definition of temporary incapacity under superannuation law?

Temporary incapacity means:

> 'in relation to a member who has ceased to be gainfully employed (including a member who has ceased temporarily to receive any gain or reward under a continuing arrangement for the member to be gainfully employed), means ill-health (whether physical or mental) that caused the member to cease to be gainfully employed but does not constitute permanent incapacity.'

If the temporary incapacity condition of release is met, income protection benefits may only be paid as a non-commutable income stream for the duration of the incapacity.

What is the definition of gainfully employed under superannuation law?

Gainfully employed means:

> 'employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.'

What is the definition of terminal medical condition under superannuation law?

Terminal medical condition means:

> 'a "terminal medical condition" exists in relation to a person at a particular time if the following circumstances exist:
>
> (a) two registered medical practitioners have certified, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the certification period) that ends not more than 24 months after the date of the certification;
>
> (b) at least one of the registered medical practitioners is a specialist practicing in an area related to the illness or injury suffered by the person;
>
> (c) for each of the certificates, the certification period has not ended.'

What benefit is payable if I die?

If you die, AIA Australia will pay a lump sum equal to the insured amount under the Life Cover, Term Cover, Accidental Death and/or Income Protection benefits (as applicable), to the Trustee of the Scheme, who will deal with the benefit in accordance with the rules of the superannuation fund. Superannuation law generally requires death benefits to be paid to your dependants or to the legal personal representative of your estate.

Who can receive the benefit if I die?

You can nominate the beneficiaries to receive your death benefit from the Scheme by completing Step 4 (Nomination of Beneficiary) in Section W of the Application Form. You may only nominate beneficiaries who are your dependants, in an interdependent relationship with you or your legal personal representative because these are the only people who are eligible to receive superannuation death benefits under superannuation law. These terms are explained below. The Trustee may request information or evidence to establish eligibility before making a death benefit payment from the Scheme.

How do I nominate my beneficiaries?

The nomination you make may be either a:
- Non-lapsing binding nomination, or a
- Non-binding nomination.

If the Trustee does not hold a binding nomination from you to the Trustee that is valid at the date of death, your benefit will be paid to your legal personal representative or dependants (or to your relatives if there is no legal personal representative or dependant) according to the Trustee's discretion.

Non-lapsing Binding Nomination

If you provide a valid non-lapsing binding nomination to the Trustee, the Trustee must pay the death benefit in accordance with your nomination as long as the person that you nominate to receive the benefit (or a share of the benefit) is eligible to receive it at the date of your death and the nomination is valid.

If anyone you nominate is not entitled to receive a share of your benefit, the Trustee may distribute that person's share according to the Trustee's discretion.

Some conditions apply to binding nominations. They are:
- To be a valid non-lapsing binding nomination it must be signed and dated by you in the presence of two witnesses who must each sign and date the declaration where indicated and set out their full name and date of birth. **Each witness must be 18 years of age or over and must not be one of your nominated beneficiaries**;
- A nomination is effective only when it is received by the Trustee;
- You may revoke or change your nomination at any time by completing a fresh, valid Nomination of Beneficiary form and lodging it with the Trustee. You may also change your nomination from binding to non-binding at any time;
- A valid non-lapsing binding nomination is valid for the entire term you are a member, unless one or more of the nominated beneficiaries is not an eligible beneficiary at the time of payment, another nomination is lodged with the Trustee or this nomination is revoked by you;
- An invalid non-lapsing binding nomination will be treated as a non-binding nomination by the Trustee but will not revoke or replace an existing, valid binding nomination; and
- The Trustee will contact you if your nomination is clearly invalid (completed incorrectly) and will give you the opportunity to re-submit a valid nomination.

Non-binding Nomination

If you provide a non-binding nomination to the Trustee, the Trustee will take your wishes into account, along with all other available information, but has complete discretion in deciding who will receive the benefit payable from the Scheme on your death. The Trustee may pay the death benefit to one or more of your dependants or a person who is in an interdependency relationship with you in whatever shares the Trustee decides or may pay it to your legal personal representative to be distributed as part of your deceased estate.

Some conditions apply to non-binding nominations. They are:
- A non-binding nomination does not need to be witnessed to be a valid nomination;
- A nomination is effective only when it is received by the Trustee;
- A non-binding nomination is valid for the entire time that you are a member of the Scheme, unless you lodge another valid nomination with the Trustee;
- You may revoke or change your nomination at any time by completing a fresh, valid Nomination of Beneficiary form and lodging it with the Trustee. You may also change your nomination from non-binding to binding at any time.

Eligible beneficiaries for superannuation purposes	
Dependants	• Your spouse (which includes a de facto spouse and certain same-sex partners) and children (including certain children of same-sex partners). • For this purpose, 'spouse' means: – a person to whom you are legally married; – a person (whether of the same or a different sex) who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple (such as a de facto spouse); or – a person (whether of the same or a different sex) with whom you are in a relationship that is registered under a relevant law of a State or Territory. • Another person who is financially dependent on you.
Legal Personal Representative	The person acting as executor or administrator of your deceased estate. If paid to your legal personal representative, a death benefit will form part of your deceased estate and be distributed according to your Will (or the laws of intestacy if you don't have a valid Will).
People in an interdependent relationship	An interdependent relationship will exist if you and the other person: • have a close personal relationship; • live together; and • one (or both) of you provides the other with financial support, domestic support and personal care. This may include same-sex couples, live-in adult carers of elderly parents and siblings with common finances. **Note:** Where you have a close personal relationship and either or both of you suffer from a physical, intellectual or psychiatric disability, the other requirements for an interdependent relationship do not apply.

When will interest be paid on insurance benefits?

If AIA Australia has paid a death, terminal illness or disablement benefit to the Trustee of the Scheme and the benefit remains in the Scheme for more than 14 days before it is paid, interest will be added to the benefit up to the date the benefit is eventually released. The amount of interest will be determined by the Trustee, and will be based on the net rate of interest earned by the Trustee on the benefit while held within the Scheme.

Transfers to an eligible rollover fund

Money held for you in the Scheme can be transferred to an Eligible Rollover Fund (ERF) in some circumstances. These circumstances include:

- if the Superannuation Life Cover Plan or Superannuation Income Protection Plan policy is cancelled and the Trustee is holding contributions that have not yet been applied towards payment of premiums; or
- the Trustee is unable to pay your benefit to you because you do not meet a condition of release.

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

The Trustee currently uses Aon Eligible Rollover Fund (Aon ERF) as the ERF to which it will make these transfers. The Trustee is also the trustee of Aon ERF. Its contact details are on page 115. The Trustee may review and alter this arrangement in future.

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

- You will stop being a Scheme member and become a member of the ERF, so your money will be governed by the ERF's rules, including the ERF's fee structure.
- The ERF may not be able to accept any ongoing contributions from you or your employer, but rollovers from other superannuation funds may be permitted.
- An ERF does not offer insurance benefits. Any insurance cover you had as part of the Scheme will lapse on transfer to an ERF.

What fees and charges are payable for Scheme membership?

The Trustee does not currently charge any fees for Scheme membership. You will be notified in advance of any fee changes.

Privacy – Scheme information

The Trustee is committed to safeguarding your privacy and the confidentiality of your personal information held by the Scheme.

What personal information does the Scheme hold?

In order to provide risk-only superannuation benefits and to properly manage the Scheme, the Trustee must collect and hold personal information about you. This information identifies you as a Scheme member and typically includes your name, address, date of birth, gender, occupation, tax file number and any other information required for your insurance cover under the Plan.

The Trustee generally collects this information from you or, in some cases, your employer.

How is personal information disclosed?

Your personal information may be disclosed to the Scheme's administrator and professional advisers, insurers, government bodies, your employer and others as required or permitted by law, including the trustee of any other superannuation fund you may transfer to.

By becoming a member of the Scheme, you agree to this handling of your personal information.

If you do not provide the Trustee with your personal information, the Trustee may not be able to provide all or some of your benefits and communicate with you about the Scheme.

Can members gain access to personal information?

A member can access his or her own personal information by contacting the Trustee's Privacy Officer. Certain information must be made available on request under superannuation law and there will be no charge for access to this information. The Privacy Officer will inform you of any charges (such as photocopying costs) before providing the requested information.

If the information held by the Trustee is inaccurate, incomplete or not up to date, a member may request the Trustee to correct the information.

There are some circumstances in which the Trustee is entitled to deny access to information. These include where the information is used in a confidential or commercially sensitive decision-making process, where the privacy of others may be breached if the information is accessed or where the law requires or authorises access to be denied. The Trustee's Privacy Officer will advise if any of these circumstances apply.

The Trustee has adopted a Privacy Policy detailing the way it handles personal information and how it will deal with complaints. If you would like a copy of the Trustee's Privacy Policy please contact the Trustee's Privacy Officer. Contact details on page 115.

Inquiries and complaints about the Scheme

If you are a member of the Scheme and have any questions about the Scheme, please contact the Scheme Administrator on 1800 333 613. If you have a complaint, please ask to speak to the Scheme Complaints Officer who will investigate your complaint and, if necessary, refer it to the Trustee. The Trustee will respond to any questions or complaints as soon as possible. Complaints will generally be handled within 90 days as required under superannuation law. In special circumstances, we may take longer, but this will be communicated to you in advance of the 90 days expiring.

If you are not satisfied with the Trustee's response to a complaint, you may refer your complaint to the Superannuation Complaints Tribunal (SCT). The SCT is an independent body set up by the Federal Government to help resolve superannuation complaints. The SCT can only accept complaints after you have made use of the Trustee's complaint handling process. Contact details are on page 115.

Website disclosures

The Trustee is required to disclose certain information about the Trustee and the Aon Master Trust on a website.

Accordingly, the Trustee's website www.aonmastertrust.com.au contains information and documentation such as the Aon Master Trust trust deed, this Product Disclosure Statement, the Trustee's most recent annual report and the names of each outsourced service provider to the Aon Master Trust.

What about tax?

Taxation laws can change from time to time. How they may affect you depends on your individual circumstances so you should obtain advice about your own taxation situation.

This general information about taxation of superannuation is based on tax laws effective as at the date of preparation of this PDS. Further information is available at www.ato.gov.au

Is tax payable on a death benefit?

Superannuation lump sum death benefits paid to a dependant of the deceased (for tax purposes) will be tax-free.

Superannuation lump sum death benefits paid to non dependants (for tax purposes) will be taxed at up to 15% plus any applicable levies (if paid from a taxed source) and up to 30% plus any applicable levies (if paid from an untaxed source). A non dependant for tax purposes includes an adult child aged 18 years or older.

Where a death benefit is paid to the legal personal representative of a deceased estate, tax is payable according to who is intended to benefit from the estate. It may be tax free if the benefit is payable from the estate to dependants of the deceased (for tax purposes). Otherwise it will be taxed as a benefit paid to non dependants.

Is tax payable on a total and permanent disablement benefit?

Lump sum benefits received from a superannuation fund are divided into two components – a tax-free component and a taxable component. The tax-free component is always tax free. The taxable component is taxed at concessional rates, depending on the person's age. In the case of a total and permanent disablement benefit, the tax-free component may be increased to reflect the period from the date of ceasing employment due to disablement until the member's 65th birthday.

Is tax payable on a terminal illness benefit?

Lump sum benefits paid from a superannuation fund to a person with a terminal medical condition are tax free.

Is tax payable on an Income Protection benefit?

PAYG tax is payable on income protection benefits and may be deducted before the monthly benefit is paid to you by the Trustee.

What taxes are payable by the AIA Insurance Super Scheme No2?

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

Individuals earning more than an adjusted total income of $300,000 will pay an additional 15% tax on superannuation contributions. This additional tax would be assessed by the Tax Office and payable by the individual personally.

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

Is there a tax deduction for superannuation contributions?

Yes, it may be possible, in limited circumstances, for an individual to claim a tax deduction on personal contributions paid to a superannuation fund. To be eligible, the person must be younger than 75 and less than 10% of the person's total income (assessable income plus reportable fringe benefits plus reportable employer superannuation contributions) must be derived from employment as an employee.

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

- the time of lodgement of the person's tax return, or
- the end of the financial year following the year the contribution was made,

and the fund must acknowledge a Deduction Notice. Please note: you can only submit a Deduction Notice while you are a Scheme member.

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

Are there any contribution limits?

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

Concessional contributions

A concessional tax rate of 15% generally applies to concessional contributions up to $30,000 per person per year for the 2016/2017 financial year (subject to indexation in future years). This tax is payable by the superannuation fund (after subtracting any allowable deductions). For the 2016/17 financial year, members aged 49 and over at 30 June 2016 have a higher cap of $35,000.

Concessional contributions in excess of these limits will generally incur tax payable directly by the individual at his or her marginal tax rate, plus an additional amount to take into account the delay in receipt by the Australian Taxation Office. A member may withdraw an amount to pay the additional tax from a superannuation fund (subject to the maximum available release amount for that superannuation interest) upon presentation of a release authority issued by the Tax Office. Any excess concessional contributions will also count towards the member's non concessional contributions limit, unless the member elects to withdraw the excess concessional contribution from a superannuation fund (holding an account balance/superannuation interest) using a release authority.

Non-concessional contributions

Non-concessional contributions are limited to $180,000 per person per year (for the 2016/2017 financial year). People under age 65 can bring forward two years of future non-concessional limits, giving them a cap of $540,000 over a three-year period. The $180,000 cap on non-concessional contributions will be indexed in future years so it is always six times the cap on concessional contributions.

If an individual exceeds the non-concessional contributions cap from 1 July 2014 they can elect to have up to the entire excess non-concessional contribution withdrawn from a superannuation fund (subject to the maximum available release amount for that

superannuation interest). If this election is made the individual will also be refunded with an associated earnings component which in turn will be taxed at the individual's marginal tax rate. A non-refundable tax offset equal to 15% of the associated earnings will be available to the individual to recognise any tax paid by the superannuation fund.

Collection of Tax File Numbers (TFN)

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

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

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

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

What is the cooling-off period?

A cooling-off period is a time period during which you can elect to cancel your insurance benefits under the Superannuation Life Cover Plan and the Superannuation Income Protection Plan and if the policy is acquired by the Trustee of the Scheme, the risk-only superannuation interest in the Scheme.

For more information about the cooling-off period for your insurance benefits, please refer to page 88.

Cancellation of Scheme membership

You can cancel your membership of the Scheme within 28 days of the day the Trustee confirms acceptance of your membership or the 5th day (if earlier) after the date your membership is accepted. You lose your right to cancel your membership if you exercise any rights or powers under the trust deed during the cooling off period. If you are a member of the Scheme, any premium you paid is a superannuation contribution and must be preserved and cannot be refunded to you directly. If you cancel the policy you must provide details of another complying superannuation fund so that the Trustee can transfer the preserved money into that fund. Otherwise the Trustee will transfer the preserved money to an ERF.

Insurance through Superannuation

Please note: The trustee of a superannuation fund (including an SMSF or the Scheme) can only have the following Priority Protection Plans:

- Superannuation Life Cover; and
- Superannuation Income Protection.

In addition to the insurance benefits available under the Superannuation Life Cover Plan there are three Priority Protection benefits that are available to help you make the most of your insurance cover when it is structured through superannuation: Superannuation PLUS, Maximiser and Super Extras.

Superannuation PLUS

If the trustee of your superannuation fund has purchased the Superannuation Life Cover Plan for you, you can acquire Superannuation PLUS benefits under a separate Ordinary Plan policy issued by AIA Australia in your name.

Benefit overview

This table provides some important information about the Superannuation PLUS benefit. For the full terms and conditions, ask for a copy of the Policy Document.

	PLUS (outside super)
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Built-in benefits	
Terminal Illness	✓
Premium Freeze	✓
Benefit Indexation	✓
Guaranteed Future Insurability	✓
Complimentary Interim Accidental Death Cover	✓
Benefits at an additional cost*	
Total and Permanent Disablement	✓
Accidental Total and Permanent Disablement	✓
Total and Permanent Disablement Buy-back	✓
Double Total and Permanent Disablement	✓
Universal Total and Permanent Disablement	✓
Double Universal Total and Permanent Disablement	✓
Crisis Recovery	✓
Crisis Recovery Buy-back	✓
Crisis Reinstatement	✓
Double Crisis Recovery	✓
Family Protection	✓
Waiver of Premium	✓
Needlestick Injury	✓

*Please refer to pages 16 – 43, for benefit descriptions.

The benefits that apply to you will be shown on your Policy Schedule.

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 82 – 86.

For the date when cover ends, see page 87.

How it works

The optional Superannuation PLUS benefits are structured outside of the superannuation environment and will be issued by AIA Australia under a separate policy in your name. This allows you to purchase eligible benefits outside of the superannuation fund and under a policy in your name.

The Superannuation PLUS benefits are linked to your Superannuation Life Cover Plan and are available only if the trustee of your superannuation fund has purchased the Superannuation Life Cover Plan for you. This means that if you purchase a total and permanent disablement benefit or a crisis recovery benefit and become permanently disabled or suffer a listed Crisis Event (as per the relevant definitions), we will pay the lump sum claim amount to you directly from the Ordinary Plan policy which provides the Superannuation PLUS benefit and subsequently we will reduce# the Life Cover benefit Sum Insured and any Total and Permanent Disablement, Universal Total and Permanent Disablement and Accidental Total and Permanent Disablement benefit Sum Insured provided under a Superannuation Life Cover Plan by the same claim amount.

Does not apply where Double Total and Permanent Disablement, Double Universal Total and Permanent Disablement or Double Crisis Recovery is purchased. Refer to the Policy Document.

Maximiser

Maximiser benefits are optional rider benefits linked to the Superannuation Life Cover Plan for all Occupation Categories except D and E. The Maximiser benefits may allow you to structure your Total and Permanent Disablement cover under superannuation in a tax-effective way. Speak to your financial adviser for further details.

Benefit overview

This table provides some important information about the Maximiser benefit.
For the full terms and conditions, ask for a copy of the Policy Document.

	Maximiser (outside super)
Available as:	
Rider benefit (to the Total and Permanent Disablement benefit where purchased as a rider benefit to the Life Cover benefit under the Superannuation Life Cover Plan)	✓ Occupation Categories AAA, AA, A, B, C and CT
Rider benefit (to the Total and Permanent Disablement Stand Alone benefit under the Superannuation Life Cover Plan)	✓ Occupation Categories AAA, AA, A, B, C and CT
Rider benefit (to the Double Total and Permanent Disablement benefit where purchased as a rider benefit to the Life Cover benefit under the Superannuation Life Cover Plan)	✓ Occupation Categories AAA, AA, A, B, C and CT
Premium structure:	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Built-in benefits	
Total and Permanent Disablement (Own Occupation)	✓
Benefit Indexation	✓
Premium Freeze	✓

The benefits that apply to you will be shown on your Policy Schedule.
For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 82 – 86.
For the date when cover ends, see page 87.

How it works

Two linked Priority Protection policies are purchased:

For Maximiser (Total and Permanent Disablement benefit)

1. One policy is a Superannuation Life Cover Plan containing a Life Cover benefit and a superannuation Total and Permanent Disablement benefit, with the 'Any Occupation' definition, owned by the trustee of your superannuation fund.
2. The other is the Maximiser benefit which is a non-superannuation Total and Permanent Disablement benefit with the 'Own Occupation' definition, under a non-superannuation Life Cover Plan owned by you.

If you purchase Maximiser with the Total and Permanent Disablement rider under your Life Cover benefit and you also want to purchase a linked Superannuation PLUS policy, the benefits available at an additional cost under the linked Superannuation PLUS policy are Crisis Recovery and its riders including Family Protection benefit and Needlestick Injury benefit (see 'Note:' in the right hand column on this page). The Maximiser and Total and Permanent Disablement Sums Insured must be the same at all times. If cover ceases under the Superannuation Policy, it will cease under the non-superannuation Life Cover Policy and vice versa.

For Maximiser (Double Total and Permanent Disablement benefit)

1. One policy is a Superannuation Life Cover Plan containing a Life Cover benefit and a superannuation Double Total and Permanent Disablement benefit, with the 'Any Occupation' definition, owned by the trustee of your superannuation fund.
2. The other is the Maximiser benefit which is a non-superannuation Double Total and Permanent Disablement benefit with the 'Own Occupation' definition, under a non-superannuation Life Cover Plan owned by you.

If you purchase Maximiser with the Double Total and Permanent Disablement benefit and you also want to purchase a linked Superannuation PLUS policy, the benefits available at an additional cost under the linked Superannuation PLUS policy are Crisis Recovery and its riders including Family Protection and Needlestick Injury benefits (see 'Note:' in the right hand column on this page). The Maximiser and Double Total and Permanent Disablement Sums Insured must be the same at all times. If cover ceases under the Superannuation Policy, it will cease under the non-superannuation Life Cover Policy and vice versa.

For Maximiser (Total and Permanent Disablement Stand Alone benefit)

1. One policy is a Superannuation Life Cover Plan containing a superannuation Total and Permanent Disablement Stand Alone benefit, with the 'Any Occupation' definition, owned by the trustee of your superannuation fund.
2. The other is the Maximiser benefit which is a non-superannuation Total and Permanent Disablement Stand Alone benefit with the 'Own Occupation' definition, under a non-superannuation Life Cover Plan owned by you.

The Maximiser benefit and Life Cover Purchase benefit are the only benefits available under the Superannuation Life Cover Plan. The Maximiser and Total and Permanent Disablement Stand Alone Sums Insured must be the same at all times.

Further details

The two policies are linked. Therefore:

- if the Sum Insured is reduced under one policy, the same reduction will apply to the other policy.
- if the total and permanent disablement cover ceases under the superannuation policy, cover will also cease under the ordinary policy.

If a total and permanent disablement claim is made, it will be assessed firstly under the Superannuation Life Cover Plan 'Any Occupation' definition. If you meet this definition, a lump sum equal to the Sum Insured will be paid to the trustee. If you do not meet this definition, your claim would then be assessed under the Ordinary Life Cover Plan 'Own Occupation' definition. If you meet this definition, a lump sum equal to the Sum Insured will be paid to you. Only one Sum Insured would be paid.

The Partial and Permanent Disablement benefit, which is not available under a Total and Permanent Disablement benefit under the Superannuation Life Cover Plan, will be available under a Maximiser benefit under the Ordinary Life Cover Plan.

Limitations

The Waiver of Premium benefit when purchased as a rider benefit to the Life Cover benefit under the Superannuation Life Cover Plan will not waive premiums for the Life Cover benefit when the Superannuation Life Cover Sum Insured has been reduced by a claim under the Maximiser benefit.

Note:

The following benefits are not available under a linked Maximiser benefit: Double Crisis Recovery, Universal Total and Permanent Disablement rider, Double Universal Total and Permanent Disablement, Accidental Total and Permanent Disablement rider and Total and Permanent Disablement Buy-back.

Super Extras

When selected, Super Extras is linked to the Income Protection benefit or the Income Protection Accident Only benefit under the Superannuation Income Protection Plan. It is a separate but linked Income Protection or Income Protection Accident Only Ordinary Plan policy issued by AIA Australia in your name.

Super Extras allows you to access income protection and other benefits that are not normally available in the superannuation environment and to structure your Income Protection cover in a tax-effective way. Speak to your financial adviser for further details.

Benefit overview

Super Extras will provide you with a non-superannuation version of each benefit you have selected under the Superannuation Income Protection Plan. Income Protection benefits that cannot be paid under the Superannuation Income Protection Plan because they do not satisfy a permitted condition of release (see pages 68–69) may be paid outside of the superannuation environment via Super Extras.

Super Extras will also provide you with built in benefits such as the Severity Benefit and Needlestick Injury Benefit (if applicable) as well as a range of optional benefits as set out further below.

How it works

Two linked Priority Protection policies are issued:

1. One policy is a Superannuation Income Protection Plan owned by the trustee of your superannuation fund.
2. The other is a non-superannuation Super Extras Ordinary policy owned by you.

- Cover under both policies must be on the same basis (i.e. either agreed value, indemnity or extended indemnity) at all times.
- The Insured Monthly Benefit amount under the Income Protection or Income Protection Accident Only (as applicable) benefit must be the same at all times under both policies. If cover ceases under the superannuation policy, it will cease under the non-superannuation Super Extras policy and vice versa.
- If the Insured Monthly Benefit for the Income Protection or Income Protection Accident Only (as applicable) benefit is reduced under one policy, the same reduction will apply to the other policy.
- If an income protection claim is made, it will be assessed firstly under the Superannuation Income Protection Plan. If we accept the claim and consider that the benefit payment will satisfy a permitted condition of release (see pages 68–69), the benefit will be paid to the trustee. The trustee would then process the benefit according to the governing rules of the superannuation fund and the superannuation law.
- If we accept the claim and consider that the benefit payment will not satisfy a permitted condition of release, the benefit may be paid to you under the Super Extras policy. For example, where you purchase an Income Protection benefit under the Superannuation Income Protection Plan and become disabled but despite your disablement you continue work for 8 hours per week in a gainful occupation, you will not meet the definition of 'temporary incapacity' under superannuation law and as a result we will not be able to pay you any benefit under the Income Protection benefit inside the superannuation environment. However, where you purchase either the Advantage Optional or PLUS Optional benefit available under Super Extras, you would meet the definition of 'Total Disablement – Multi Definition (Advantage Optional or PLUS Optional benefit)' (see pages 104–105 despite your working 8 hours per week in a gainful occupation. This would allow us to pay the full Income Protection benefit to you under the Super Extras policy.
- We may also reduce the monthly Income Protection benefit under the Superannuation Income Protection Plan so that it does not exceed 100% of the Life Insured's pre-disablement income. If this occurs, the amount of such reduction can be paid under a linked Super Extras policy (if relevant).
- The total benefit payable under both policies cannot exceed the total insured monthly benefit under the Superannuation Income Protection Plan.
- The policy fee, where applicable, will be applied to the Superannuation Income Protection Plan.

Optional benefits

In addition, Super Extras provides you with the option to purchase the following optional benefits under the linked Income Protection or Income Protection Accident Only Ordinary Plan policy:

SUPER EXTRAS (outside super)	Income Protection	Income Protection Accident Only
Advantage Optional# – Multi Definition for Total Disablement – Multi Definition for Partial Disablement – Specified Injury benefit (see page 58 for further details)	✓	
PLUS Optional# – Multi Definition for Total Disablement – Multi Definition for Partial Disablement – Specified Injury benefit – Crisis Recovery benefit – Bed Confinement benefit – Accommodation benefit – Family Care benefit – Home Care benefit – No Claim Bonus – Relocation benefit – Rehabilitation Incentive benefit – Guaranteed Future Insurability benefit (see page 58 for further details)	✓	
Carer's Allowance* (see page 56 for further details)	✓	✓
Income Protection Lump Sum (see page 55 for further details)	✓	

* Carer's Allowance is the only optional benefit under Super Extras available to Occupation Category E.
# Must be in Full-time Employment other than Occupation Category E.
Please note that where there is no tick in this table, this means the benefit is not available.

What are the costs?

Premiums

The premiums you pay for your insurance cover may depend on your age, sex, smoking status, Occupation Category and state of health. The minimum premium is $300 per year per policy inclusive of any discounts, loadings, policy fees and stamp duty.

To the extent not prohibited by law, we may adjust the amount we charge in respect of a premium payment due to rounding.

You will normally receive notification of your initial premium as part of the application process before your policy is issued. See 'how to apply' and 'health and other information required' on page 88.

Premium patterns

When applying for cover you or the trustee (where applicable), can select from one of three premium patterns.

Stepped	Your premiums will increase at each Policy Anniversary in line with your age until the benefit Expiry Date.
Level	You can choose to keep your premiums constant each year up to the latest Policy Anniversary prior to your 65th or 70th birthday. After this time, your premiums will continue on a stepped premium basis until the benefit Expiry Date. The level premium to age 70 is available for the following Plans: – Life Cover, – Crisis Recovery Stand Alone, and – Superannuation Life Cover Where a rider benefit under these Plans has an Expiry Date earlier than age 70, then level premiums to age 65 will apply.
Optimum	Your premiums will commence on a stepped pattern and automatically convert to the level pattern once the stepped premium is greater than the level premium. Level premiums will remain constant each year up to the latest Policy Anniversary prior to your 65th birthday. The optimum premium type is available only when the life insured is age 35 (next birthday) or older. A loading according to your age at inception of your optimum premium cover will be charged up until the latest Policy Anniversary prior to your 65th birthday.

All benefits under your policy must be on the same premium pattern unless a benefit is solely offered as stepped or level.

Can I alter my premium pattern

Switches from Optimum to either a stepped or level premium structure cannot be made once your policy has commenced.

Switches from level to stepped premiums can be made at any time unless otherwise specified.

Switches from stepped to level premiums cannot be made without cancelling and replacing your policy. The new policy will be subject to the rates according to your age at the time of the replacement policy commencing.

Benefit indexation increases

Your premium will be adjusted to allow for the higher Sum Insured and/or the higher Insured Monthly Benefit and the age of the life insured at the time. If you pay level premiums, your age at the commencement of the benefit will be used to calculate the premium for the increase.

Premium guarantee

The premium rates for the policies are guaranteed for a minimum of two years. This premium rate guarantee does not apply to any standard increases (e.g. age based or CPI increases, alterations or reductions in discounts) or cancel and replace policies.

Premium rates under all Plans may be varied from time to time. We will notify you in writing of either an increase or decrease and will not apply the change until your next Policy Anniversary.

What happens if I stop paying premiums?

If you do not pay premiums in full within 60 days from the date your premium is due under the policy which provides the Ordinary Plans, your policy will lapse and cover will cease.

If the trustee does not pay premiums in full within 60 days from the date the premium is due under the policy which provides the Superannuation Plans, the policy will lapse and the cover will cease.

Premium payment methods

You can pay your premium by MasterCard, Visa Card, Diners Card and American Express or via Direct Debit from your financial institution. BPAY and POSTbillpay are available for future half-yearly and yearly premium payment patterns only.

The initial premium must be paid in advance and submitted together with the application form.

Premium frequency charge

Premiums can be paid monthly, half-yearly or yearly. Premium payments (including policy fee) made more frequently than yearly are subject to a premium frequency charge.

Premium frequency	Charge as a percentage of yearly premium
Yearly	0%
Half-yearly	5%
Monthly	8%

Other fees and costs

Policy fee

As of the date of this PDS the policy fee is $80.99 per year per life insured regardless of the number of plans, benefits or policies purchased.

This fee is charged in addition to the premiums applicable per benefit and any other fees and charges that apply to your policy.

The policy fee will automatically increase each year effective from 1 October by the percentage increase in the Consumer Price Index (CPI) over the 12 months ending on the latest 30 June prior to the effective date of the increase in the policy fee (1 October). There will be no more than one policy fee increase in a year. The policy fee applicable to a policy will increase from the first policy anniversary date on or after the effective date for the increased policy fee.

The policy fee will be subject to any premium frequency charge applicable and may be subject to any stamp duty applicable to your policy.

We may vary from time to time the method and rules we use to determine the timing and amount of any change in the policy fee. You will be notified of any variations as required by law.

You may be charged a fee up to $100 to cover the cost of reissuing a lost Policy Document.

Do I pay stamp duty on my policy?

Stamp duty may be payable on your policy in accordance with the stamp duty rates applicable in the State or Territory in which you live. These rates currently vary between 0% and 11% depending on your State or Territory.

Changes to fees and charges

We retain the right to vary any fees and charges, at our discretion, with the exception of the premium rate guarantee. Future Government charges may also vary which may affect your premium. Any change, except changes to Government charges, will be advised to you in writing 30 days prior to the change taking affect. Your policy will not be singled out for an increase in fees or charges.

Commissions

We may pay commission payments to your adviser and these have been included in your premium. You will not incur any additional costs for commission.

From time to time, we may make payments to your adviser and their Australian Financial Services Licensee based on commercial arrangements. When we do this, this payment is made by us and does not represent a charge or cost to you.

We may also provide your adviser with non monetary benefits (such as training or entertainment). We maintain a register of the non monetary benefits that we provide to advisers from time to time. If you would like to view the register please contact us on 1800 333 613.

Premium discounts

Initial selection discount

All benefits purchased on a stepped premium basis will receive a discount for the first two years of the policy.

Year 1	6%
Year 2	3%
Year 3 onwards	0%

You have the option to not have this discount applied at the time you take out your policy. If you opt out of a discount, the discount will not apply to your policy and can not be selected at a later date.

Please note that the Initial Selection Discount is applicable to new Business only.

Large Sum Insured discount

You may be eligible for a premium discount at the time you take out your policy.

If you add a new benefit at a later stage, and are eligible for a large Sum Insured discount, the discount will only apply to the new benefit.

Please note that a large Sum Insured discount does not apply to the policy fee, stamp duty or other charges.

To find out if you are eligible, please refer to the tables below.

Life Cover and Term Cover benefits

The below discounts apply to the Life Cover and Term Cover benefits only.

Sum Insured	Large Sum Insured discount for all ages
Up to $249,999	0%
$250,000 to $499,999	10%
$500,000 to $999,999	20%
$1,000,000 or greater	30%

Please note that the large Sum Insured discount is not available for Accidental Death Cover.

Total and Permanent Disablement benefit (Rider)*

Sum Insured	Large Sum Insured discount for all ages
Up to $999,999	0%
$1,000,000 or greater	5%

*Note these discounts also apply for Accidental and Universal Total and Permanent Disablement benefits (Rider)

Total and Permanent Disablement Stand Alone benefit*

Sum Insured	Large Sum Insured discount for all ages
Up to $499,999	0%
$500,000 to $999,999	5%
$1,000,000 or greater	10%

* Note these discounts also apply for Accidental and Universal Total and Permanent Disablement Stand Alone benefits

Crisis Recovery Stand Alone benefit

Sum Insured	Large Sum Insured discount for all ages
Up to $299,999	0%
$300,000 to $499,999	3%
$500,000 or greater	5%

Income Protection, Superannuation Income Protection and Business Expenses Plans

Sum Insured for Monthly benefits	Large Sum Insured discount for all ages
Up to $3,999	0%
$4,000 to $9,999	7.5%
$10,000 or greater	10%

The same large sum insured discounts will apply to the Claim Escalation benefit, Advantage Optional benefit, PLUS Optional benefit, Income Protection Lump Sum benefit, Day 1 Accident benefit and to all benefits provided under Super Extras when selected.

Bundled discount

If your policy includes at least one Required Income Protection Plan and an Eligible Lump Sum Plan, as described in the table below and each of these have premiums of $700 or more per year (excluding Stamp Duty, Policy Fee, AIA Vitality Contribution and AIA Vitality Discount), the Eligible Lump Sum Plan premium will receive the Bundled Discount of 12.5%.

Required Income Protection Plans	Eligible Lump Sum Plans
• Income Protection • Business Expenses • Superannuation Income Protection – including Super Extras	• Life Cover • Crisis Recovery Stand Alone • Superannuation Life Cover – including Superannuation PLUS – including Maximiser

For example, where your policy includes an Income Protection Plan with an annual premium of $750 and a Life Cover Plan with an annual premium of $1000, the premiums relating to your Life Cover Plan will be discounted by 12.5%. However, the discount would end if the Income Protection Plan was cancelled, expires (or is otherwise terminated) or if the premiums from the Required Income Protection Plan or Eligible Lump Sum Plan fall below the required $700 annual premium threshold.

AIA Vitality membership

If the life insured under your policy is a member of the AIA Vitality program (AIA Vitality), the premium in relation to your policy may be discounted.

Whether the premium is discounted and the extent of those discounts will depend on AIA Australia's rules that govern such discounts, the life insured's activity and the terms and conditions of AIA Vitality. Not all lives insured, types of premiums or Plans may be eligible for AIA Vitality membership or for premium discounts. Fees and charges may apply to AIA Vitality membership. Please refer to www.aiavitality.com.au for rules governing discounts. AIA Australia may vary or withdraw the rules from time to time. Premium discounts are not guaranteed. The policy owner will be required to pay fees associated with AIA Vitality on behalf of the life insured (in respect of the Ordinary Plans where the policy owner is a natural person), unless otherwise agreed with us and to the extent permitted by law.

For Superannuation Plans, membership of AIA Vitality will need to be established and paid for by the life insured outside of the fund.

For further information, please use the following contact details:

Post: AIA Vitality
PO Box 6111
Melbourne VIC 3004

Email: queries@aiavitality.com.au

Member queries: 1800 VITALITY

Amounts due and payable

Where payments are received by AIA Australia and those payments are not due, or the amount received is greater than or less than the amount due, AIA Australia intends to treat those payments as follows:

- Where payment is received by AIA Australia and payment is not due, AIA Australia may hold the amount received in an offset account and apply it to future amounts due.
- Where payment is received by AIA Australia and the amount received is greater than the amount due, AIA Australia may apply a portion of the amount received to cover the amount due and hold the remaining amount in an offset account and apply it to future amounts due.
- Where payment is received by AIA Australia and the amount received is less than the amount due, AIA Australia may hold the amount received in an offset account until the outstanding amount is received and then may apply the total amount received to the amount due.

The offset functionality does not apply to any superannuation contribution payments received by AIA Australia on behalf of the Trustee of the AIA Insurance Super Scheme No2.

AIA Australia will only apply amounts held in an offset account to fees related to AIA Vitality where AIA Australia, in its sole discretion, determines that the amount was intended to be used for this purpose.

These offset functionality changes are applicable to the extent not otherwise prohibited or restricted by law.

Significant risks

There are some 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 PDS carefully to prevent this. You may wish to consult a 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 suffer financial hardship after receiving your benefit payment. You will need to assess your needs carefully to ensure that this does not occur. Again, a financial adviser may be able to help you.

Inability to obtain an increase in cover

You may not be able to obtain an increase in cover because of your particular health or circumstances, now or in the future. You should therefore ensure you do not allow your existing cover to lapse or to be cancelled until new insurance cover is firmly in place.

Premium rates

Notwithstanding the premium rates guarantee, your premiums may be varied from time to time. (See page 78 for more information about premiums and the premium rates guarantee.)

Late payment of premiums

If you or the trustee (where applicable) do not pay your premiums within 60 days of the premium due date, your policy will lapse. Although you or the trustee (where applicable) can apply for reinstatement of the policy upon payment of the unpaid premium with compound interest, AIA Australia may require evidence of continued good heath and eligibility before reinstating the policy and you will not be covered for any symptoms that were apparent before the reinstatement.

Where the Superannuation Life Cover benefit is purchased by a SMSF the expiry age is the policy anniversary prior to age 100, subject to premium amounts being available in the superannuation fund holding the relevant cover.

Electing to freeze premiums

If you elect to freeze premiums, your Sum Insured will reduce on each Policy Anniversary date. This may not suit your insurance needs and you should consider consulting a financial adviser before making this choice.

Pre-existing Condition

If a claim for an insurance benefit relates to a Pre-existing Condition (as defined on page 100) that you have not disclosed the full details of to us before the benefit commencement date (as shown on your Policy Schedule) or the date of any increase, reinstatement or improvement of the benefit, then the claim will not be paid in respect of that benefit.

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, which may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:
- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

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

If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Benefit exclusions and limitations

Summary of exclusions

These tables summarise the exclusions that apply to the benefits payable under the Lump Sum and Income Protection Plans. For full details, see the relevant Policy Document.

Exclusions	Lump Sum Plans Life Cover Plan, Crisis Recovery Stand Alone Plan and Superannuation Life Cover Plan											
	Life Cover	Term Cover	Accidental Death	All Total and Permanent[1] Disablement Stand Alone/Rider/Double	Waiver of Premium	Needlestick Injury	Family Protection	Complimentary Family Final Expense	Crisis Recovery/ Double Crisis Recovery	Crisis Recovery Stand Alone	School Fees Protector	Loss of Independence
*Death from suicide in the first 13 months from commencement or re-instatement of the benefit.	✓	✓					✓	✓		✓	✓	
Any Crisis Event or disablement, directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by the life insured.				✓	✓		✓		✓	✓	✓	✓
An event directly or indirectly caused by intentional self-inflicted injury or any such attempt by the life insured.			✓	✓	✓	✓			✓	✓	✓	✓
Where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available prior to the accident giving rise to a claim.						✓						
Acquiring HIV, AIDS, Hepatitis B or Hepatitis C from activities other than from performing the duties of your normal occupation.						✓						
An event directly or indirectly caused by intentional self-inflicted injury or any attempt by the insured child.							✓	✓				
An event caused by a congenital condition until the 10th birthday of the insured child.							✓	✓				
An event intentionally caused by the insured child's parent, guardian or relative or someone who lives with or supervises the insured child.							✓	✓				
Any reason within three months of the benefit being activated.								✓				
An intentional act of the Policy Owner.								✓				
Death occurring more than six months after the accident.			✓									
The direct or indirect effects of alcohol and/or drug abuse.			✓									
• War (whether formally declared or not), hostilities, civil commotion or insurrection. • Non permanent residents of Australia. • Any form of aviation activity other than as a fare-paying passenger on a scheduled airline. • Participation in or training for professional sports or speed contests. • Engaging in any unlawful acts. • Suicide.			✓									

[1] Including Universal Total and Permanent Disablement, Accidental Total and Permanent Disablement, Universal Total and Permanent Disablement Stand Alone, Accidental Total and Permanent Disablement Stand Alone, Double Universal Total and Permanent Disablement benefits and related Loss of Independence benefits.

* This condition will be waived in respect of any death cover under the Policy provided the Policy is replacing death cover from a previous insurer and the full suicide exclusion period under the in force policy to be replaced has elapsed. This waiver applies only to the same amount of any death cover being replaced under the Policy.

Exclusions	Income Protection Plans Income Protection Plan, Business Expenses Plan and Superannuation Income Protection Plan											
	Income Protection	Income Protection Essentials	Income Protection Accident Only	Claim Escalation	PLUS Optional	Day 1 Accident	Income Protection Lump Sum	Needlestick Injury	Carer's Allowance	Business Expenses and Incor-porated Business Expenses	Advantage Optional	Retirement Optimiser
*Death from suicide in the first 13 months from commencement or re-instatement of the benefit.	✓	✓	✓									✓
Disablement due to intentional self inflicted injury or any such attempt by the life insured.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Disablement due to the life insured engaging in or taking part in service in the armed forces of any country.	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓
Normal pregnancy, uncomplicated childbirth or miscarriage.	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓
An event directly or indirectly caused by intentional self-inflicted injury or any such attempt by the life insured.							✓	✓				
Where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available prior to the accident giving rise to a claim.								✓				
Acquiring HIV, AIDS, Hepatitis B or Hepatitis C from activities other than from performing the duties of your normal occupation.								✓				

* This condition will be waived in respect of any death cover under the Policy provided the Policy is replacing death cover from a previous insurer and the full suicide exclusion period under the in force policy to be replaced has elapsed. This waiver applies only to the same amount of any death cover being replaced under the Policy.

Summary of Lump Sum benefit reductions

This table summarises when the sum insured for a Lump Sum benefit may be reduced by the claim payment of **another** benefit under the policy or a linked policy. For full details, see the relevant Policy Document.

Benefit	Reduced by			
	Terminal Illness payment	Optional Total and Permanent Disablement rider benefit	Optional Crisis Recovery rider benefit	Partial Benefit payments*
Life Cover	✓	✓	✓	✓
Total and Permanent Disablement – Rider	✓		✓	✓
Loss of Independence on conversion from Total and Permanent Disablement – Rider	✓		✓	✓
Universal Total and Permanent Disablement – Rider	✓	✓	✓	
Accidental Total and Permanent Disablement – Rider	✓	✓	✓	✓
Total and Permanent Disablement – Rider with Maximiser	✓		✓	✓
Total and Permanent Disablement Stand Alone with Maximiser				✓
Double Total and Permanent Disablement with Maximiser	✓			✓
Double Total and Permanent Disablement – Rider	✓		✓	✓
Total and Permanent Disablement Stand Alone				✓
Double Universal Total and Permanent Disablement – Rider	✓		✓	
Accidental Total and Permanent Disablement Stand Alone				✓
Crisis Recovery Stand Alone	✓	✓		✓
Crisis Recovery – Rider	✓	✓		✓
Double Crisis Recovery – Rider	✓	✓		✓
Superannuation PLUS Crisis Recovery – Rider	✓	✓		✓
Superannuation PLUS Double Crisis Recovery – Rider	✓	✓		✓
Superannuation PLUS Total and Permanent Disablement – Rider	✓		✓	✓
Superannuation PLUS Double Total and Permanent Disablement – Rider	✓		✓	✓
Superannuation PLUS Accidental Total and Permanent Disablement – Rider	✓	✓	✓	✓
Term Cover	✓			

* Includes Partial and Permanent Disablement benefits and partial payments for listed Crisis Events. Once total payments reach the Sum Insured, the benefit will cease.

Please note that where there is no tick in this table means either the benefit is not reduced or that it is not applicable.

Age based Reductions in Sum Insured for all TPD benefits

At age 65, if the total of your Sums Insured for TPD benefits is greater than $3,000,000, that total will be reduced to $3,000,000 (Superannuation and Ordinary Plans).

At age 70, if the total of your Sums Insured for TPD benefits is greater than $2,000,000, that total will be reduced to $2,000,000 (Ordinary Plans only).

Where applicable, the order in which we will reduce your Sums Insured for TPD benefits will be determined by you. You must instruct us accordingly. In the absence of any instructions from you we will reduce the Sums Insured as we determine.

Needlestick Injury

The Needlestick Injury benefit will reduce if the Life Cover Sum Insured falls below the Needlestick Sum Insured.

Income Protection Benefit Reduction prior to age 70

The Insured Monthly Benefit will be reduced after the latest Policy Anniversary before you turn 65. To calculate the reduction, the Insured Monthly Benefit is multiplied by the applicable percentage shown in the table below depending on your age next birthday at Policy Anniversary. The premium you pay will be based on the reduced Insured Monthly Benefit.

If you become disabled after the latest Policy Anniversary prior to you turning 65 the Insured Monthly Benefit relating to the Income Protection benefit will be multiplied by the applicable percentage shown in the table below and remain for the duration of that claim.

Age next birthday at Policy Anniversary	Percentage of the Insured Monthly Benefit payable
65 years	100%
66 years	80%
67 years	60%
68 years	40%
69 years	20%

Increases to the Insured Monthly Benefit in respect of the Income Protection benefit will not be permitted after the Policy Anniversary prior to age 65. These rules apply whether your Income Protection benefit is on an Agreed Value, Indemnity or Extended Indemnity basis.

Claim offsets

Income Protection, Income Protection Accident Only and Income Protection Essentials benefits

Occupation Categories AAA and AA (Ordinary Plans only)

In the event of a claim for a Total Disablement or Partial Disablement benefit we may reduce your benefit amount by amounts received from other sources.

Amounts that can be offset include regular payments made from another insurance policy or from a superannuation/pension plan that you didn't disclose when you applied for your policy, or when you applied for an increase in cover. If the Income Protection has a Benefit Period of 'to age 70', then any government age pension received after you reach age 65 years will also be offset.

If the above payments are in the form of a lump sum, we will convert them to a monthly payment, equivalent to 1/60 of the lump sum. Total and Permanent Disablement benefit payments will not be offset against any Income Protection benefit payments.

Occupation Categories A, B, C, CT, D and E (Ordinary Plans), all Occupation Categories (Superannuation Plans) and Income Protection Essentials

If you make a claim under your Total Disablement or Partial Disablement benefit we will reduce the amount of your benefit by amounts received from other sources, or amounts that you are entitled to receive, for loss of income in respect of the life insured's Injury or Sickness.

Amounts that can be offset include:

(i) regular payments made under:
- a workers' compensation; or
- motor accident claim; or
- a claim made under any similar state or federal legislation; and

(ii) regular payments made from another insurance policy or from a superannuation/pension plan that you didn't disclose when you applied for your policy, or when you applied for an increase in cover; and

(iii) if your occupation category is A and the Income Protection has a Benefit Period of 'to age 70', then any government age pension received after you reach age 65 years will also be offset.

If the above payments are in the form of a lump sum, we will convert them to a monthly payment, equivalent to 1/60 of the lump sum. Total and Permanent Disablement benefit payments will not be offset against any Income Protection benefit payments.

All Occupation Categories (Ordinary and Superannuation Plans)

If you make a claim under your Total Disablement benefit or Partial Disablement benefit the amount payable will be reduced such that:

- your Total Disablement benefit and any other payments made (as previously detailed according to your Occupation Category) do not exceed 75% of the first $26,667 of your monthly pre-disablement income, plus 50% of the next $20,000 of your monthly pre-disablement income plus 20% of the next $150,000 of your monthly pre-disablement income;
- your Partial Disablement benefit, your usual monthly income and any other payments made (as previously detailed according to your Occupation Category) do not exceed 100% of your monthly pre-disablement income.

Business Expenses and Incorporated Business Expenses benefits

When you make a claim under your Business Expenses or Incorporated Business Expenses benefit, the amount payable will be reduced by the sum of:

- your portion of the net income of the business derived from trading during that period (only after 12 claim payments in the case of the Incorporated Business Expenses benefit) ; and
- any amount received from any other insurance policy for reimbursement of business expenses that was not disclosed to us when the level of cover was applied for. The amount will only be reduced to the extent the combined payments do not exceed 100% of the Business Expenses or the Incorporated Business Expenses Insured Monthly Benefit.

Pre-existing Condition

Crisis Recovery and Income Protection benefits

If you have a Pre-existing Condition and have not disclosed the full details to us before the benefit commencement date (as shown in your Policy Schedule) or the date of any increase, reinstatement or improvement of the benefit, then:

- the Crisis Recovery benefit will not be paid in respect of that Crisis Event and any associated Crisis Event(s);
- the Double Crisis Recovery benefit will not be paid in respect of that Crisis Event and any associated Crisis Event(s);
- the Crisis Recovery Stand Alone benefit will not be paid in respect of that Crisis Event and any associated Crisis Event(s);
- the Income Protection benefit and any benefit under the Advantage Optional benefit or the PLUS Optional benefit (including a Crisis Event and any associated Crisis Event(s)); and
- the Income Protection Essentials benefit

will not be payable.

Family Protection and Carer's Allowance benefits

If your Child has a Pre-existing Condition(s) and you have not disclosed the full details to us before the benefit commencement date (as shown in your Policy Schedule) or the date of any increase, reinstatement or improvement of the benefit, then the Carer's Allowance benefit and Family Protection benefit will not be paid in respect of that Crisis Event and any associated Crisis Event(s).

Other limitations

Superannuation Plans

Any benefit under the Superannuation Life Cover Plan and/or the Superannuation Income Protection Plan cannot be paid if in our opinion, a condition of release has not been satisfied under the Superannuation Industry (Supervision) Regulations 1994 at the time of the making of the claim.

The most relevant conditions of release are:

- death;
- permanent incapacity;
- temporary incapacity (income protection only); and
- terminal medical condition.

Refer to page 69 for more details.

New cover for benefits under the Superannuation Life Cover Plan and/or the Superannuation Income Protection Plan will not be provided to trustees unless the cover relates to an insured event that is consistent with a permitted condition of release.

Needlestick Injury

The Needlestick Injury benefit is subject to the following limitations:

- Infection in any other manner other than an accident while performing normal occupational duties, including by an intentional self-inflicted act, sexual activity or recreational intravenous drug use is specifically excluded.
- The Needlestick Injury benefit does not cover any disease, sickness or incapacity other than occupationally acquired infection of the life insured with HIV, Hepatitis B or Hepatitis C.
- Cover for the Needlestick Injury benefit will not apply where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available before the accident giving rise to a claim.
- If 'Accidental HIV Infection' under Other Serious Crisis Events is payable in conjunction with a payment from the Needlestick Injury benefit, then both benefits will be paid up to a maximum of $2 million in total. Where the total payout under both benefits would exceed $2 million, the full Needlestick Injury benefit will be paid first and a portion of the 'Accidental HIV Infection' under Other Serious Crisis Events will be paid to bring the total payout up to $2 million.

Income Protection – 2 year and 5 year Benefit Periods

Where a claim for a condition has been paid for the maximum Benefit Period (2 or 5 years), we will not accept any subsequent claim for the same condition or associated complications of the same condition unless you make a full recovery (as certified by a Medical Practitioner approved by us), and in our opinion you have returned to work and have been fully undertaking all of the important income producing duties of your occupation for a period of at least 12 months prior to the subsequent claim. For a subsequent claim that is in our opinion independent of the original claim a new Waiting Period and Benefit Period will apply.

Additional information

When will my cover end?

This table summarises when cover for a benefit ends. For full details, see the relevant Policy Document.

All Plans: (on the earliest to occur)	• Death of the life insured. • Expiry Date of the benefit. • Cancellation of the benefit. • Lapse of the benefit (non-payment of premiums). • Date of any conversion permitted under the benefit.
Life Cover benefit, Term Cover benefits, Accidental Death benefit, Crisis Recovery benefit, Double Crisis Recovery benefit, Family Protection benefit, Needlestick Injury benefit, Crisis Recovery Stand Alone benefit, Total and Permanent Disablement benefit, Double Total and Permanent Disablement, Total and Permanent Disablement Stand Alone benefit, Accidental Total and Permanent Disablement benefit, Accidental Total and Permanent Disablement Stand Alone benefit, Universal Total and Permanent Disablement benefit, Universal Total and Permanent Disablement Stand Alone benefit, Double Universal Total and Permanent Disablement benefit, Superannuation Life Cover benefit:	• Payment of the full benefit.
Crisis Recovery Buy-back, Crisis Reinstatement, Total and Permanent Disablement Buy-back and Life Cover Purchase:	• Life Cover Plan: 30 days after first anniversary of Crisis Recovery or Total and Permanent Disablement claim payment date. • Crisis Recovery Stand Alone Plan: 60 days after the Crisis Recovery claim payment date. • **Life Cover Purchase:** 30 days after the first anniversary of a claim payment that triggers your right to exercise the Life Cover Purchase option. Where your claim was due to a specified condition, the Life Cover Purchase option will expire 30 days after six months following such a claim payment. • Date that the option is exercised.
Family Protection benefit: (on the earliest to occur)	• The Life Cover benefit, Accidental Death benefit, Crisis Recovery Stand Alone benefit, Crisis Recovery benefit, the Double Crisis Recovery benefit, Accidental Total and Permanent Disablement Stand Alone or Total and Permanent Disablement Stand Alone is terminated or reduced to nil.
All Income Protection and Business Expenses Plans including Income Protection Essentials and the Superannuation Income Protection Plan: (on the earliest to occur)	• Payment of the full benefit. • Permanent retirement from the workforce except as a direct result of disablement. • Incorporated Business Expenses benefit: Departure of the life insured from the business or practice.
Superannuation Life Cover Plan and Superannuation Income Protection Plan: (on the earlier to occur)	• Ceasing to be a member of the Scheme or your SMSF. • Ceasing to pay the premium for the Superannuation Life Cover Plan or Superannuation Income Protection Plan. • Payment of the full benefit.
Forward Underwriting benefit:	• Full utilisation of the Forward Underwriting Benefit Cover Amount (up to a maximum of $10,000,000).
Business Safeguard Forward Underwriting benefit:	• Full utilisation of the Business Safeguard Forward Underwriting Benefit Cover Amount selected (up to a maximum of $10,000,000). • Failure to exercise the option to increase the relevant Sum Insured as permitted under the Business Safeguard Forward Underwriting benefit at least once in any three year period, unless you can demonstrate that the financial evidence relating to your business and the purpose identified by you in respect of that period did not support an increase in the Sum Insured.

Complimentary benefits terminate when cover for the principal benefit ends or the Sum Insured for the principal benefit reduces to nil.

Cover for your Child under the School Fees Protector benefit will expire at the earlier of:
- your Child completing secondary school;
- the end of the secondary school year in which your Child turns 18;
- the cancellation of this benefit; and
- the termination of the principal benefit.

Cover under a Superannuation Plan also ceases if:
- there are insufficient funds in your superannuation account to pay the relevant premium;
- the fund ceases to be a complying superannuation fund;
- you cease to be a member of the fund that holds the policy;
- you permanently retire from the workforce except as a direct result of disablement;
- the linked Maximiser (Total and Permanent Disablement, Double Total and Permanent Disablement or Total and Permanent Disablement Stand Alone) benefit is paid, lapses or is cancelled; or
- the linked Super Extras (Income Protection or Income Protection Accident Only) benefit is paid in full, lapses or is cancelled.

General information about your policy, rights and obligations

How to apply

Priority Protection is sold only through advisers who are qualified to provide advice on AIA Australia products. Your adviser will provide you with a quotation detailing the benefits you wish to purchase and the initial premiums for those benefits and assist you with the application process.

We may require you to authorise your adviser to progress and finalise your insurance application on your behalf and to arrange for the policy to be issued without further involvement from you. Please see the application form for further information. In these circumstances we require advisers to agree that they will only exercise their authority in accordance with your instructions.

Financial Adviser Authority

You have the option to appoint your financial adviser to provide AIA Australia with instructions relating to your retail life insurance policies and any associated AIA Vitality memberships on your behalf. If you provide your financial adviser with this authority and your adviser accepts this appointment, your adviser will be able to instruct us to make changes to your policy/policies or AIA Vitality membership/s and we will be authorised to accept those instructions. Under the terms of the authority, the Policy Owner/s and the Lives Insured will generally be responsible for the adviser's conduct and AIA Australia will not generally be responsible for such conduct (subject to applicable law).

For more information (including in relation to the type of instructions your adviser will be able to provide) and to establish the adviser authority, refer to the Financial Adviser Authority section in the application form or alternatively the Financial Adviser Authority form available from AIA Australia. All Policy Owners, Lives Insured and your adviser will need to complete the relevant sections of the Financial Adviser Authority. If required, you should obtain your own legal or other professional advice before completing the Financial Adviser Authority.

Health and other information required

We will ask for medical and other information about you, such as health, income, occupation, residency, travel details, lifestyle and pastimes. We will treat this information as confidential. This information will enable us to assess:
- your eligibility for the type of cover you have selected,
- any exclusions or special conditions that may apply to your policy,
- the correct premium of your policy.

In some cases we may request additional information including further medical evidence depending on your personal situation or the amount of cover you are applying for.

Also in some cases we may offer cover to you in modified terms and may modify your initial premium. You will be notified and need to agree to such modified terms before cover is issued. An adviser authorised to progress your application and arrange your cover may agree to such modified terms on your behalf.

Policy Documents

Where the policy is to be owned by the trustee of an SMSF, the Policy Document and Policy Schedule will be sent to the trustee of the SMSF.

Where the policy is to be owned by the Trustee of the AIA Insurance Super Scheme No2, the Policy Document and Policy Schedule will be sent to the life insured/member of the Scheme.

What is the cooling-off period for a Policy?

If you are not happy that the policy and benefits meet your needs you may cancel the policy within the 28-day cooling-off period and receive the full refund of all premiums paid.* The cooling-off period starts from when you (or the trustee) receive the Policy Document or from the end of the 5th day after the day on which we sent the Policy Document, whichever is the earliest to occur.

To cancel the policy within the cooling-off period, please send us:
- your request to cancel the policy either by letter, fax or email or in any other manner permitted by law, and
- the Policy Document and Policy Schedule.

If the Superannuation Life Cover Plan or the Superannuation Income Protection Plan was obtained as a member of the Scheme, please send the Policy Document and Policy Schedule to the Trustee with your request to cancel the policy.

*Note: You will lose the right to cancel (or request cancellation of) 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.

Nomination of beneficiary

You may nominate beneficiaries to receive all death claim proceeds payable under the Ordinary Plan.

Any such nomination or any revocation or amendment of such nomination must be made in writing and in the form acceptable to AIA Australia. Your valid written nomination will ensure your death claim proceeds are paid directly to the nominated beneficiaries and in the designed portions in your nomination and will not be paid to your estate.

See pages 69 – 70 for nominations under the Superannuation Plan held in the Scheme.

Policy upgrades

From time to time we will review the benefits provided under the Policy. Should we improve the benefits under the Policy and such improvements result in no increase in premium rates, we will automatically add these benefit improvements to the Policy.

These benefit improvements will be effective from the first date on which a Priority Protection policy containing the benefit improvements could have been purchased from us.

If the life insured is suffering a Pre-existing Condition (as defined on page 100) at the effective date of the benefit improvement, the improvement will not apply to any claim affected by that Pre-existing Condition.

Should a situation arise where the policy owner is disadvantaged in any way as a result of the upgrade, the previous policy wording will apply.

Guaranteed renewable

We guarantee to renew your benefits each year until the Expiry Date of the benefit as long as you pay the required premium. This will apply regardless of changes in your health, occupation or pastimes or if you have made a claim under the Income Protection or Business Expenses Plan.

Statutory fund

The policies which provide the Priority Protection Plans will be written in the AIA Australia Statutory Fund No. 1.

Changes in ownership (assignment)

If you purchased a non-superannuation policy for the Ordinary Plans, you may transfer ownership of that policy to another person or company provided that policy does not include any Superannuation PLUS, Maximiser or Super Extras benefits.

If you purchased a superannuation policy, you may request a transfer of ownership of that policy from the trustee of the AIA Insurance Super Scheme No2 to the trustee of an SMSF. Please see the Policy Document or contact us for further information.

Cancelling your policy

You are allowed to cancel the policy which provides the Ordinary Plans at any time. Where premiums have been paid in advance from the date of cancellation, or where the cancellation of your policy or a policy benefit is a result of a claim being paid, we may refund the unexpired portion of the premium less any cancellation fees and charges to the policy owner. Any voluntary request to cancel this policy must be made in writing to our office, signed by the policy owner.

If a Superannuation Life Cover Plan or Superannuation Income Protection Plan was obtained, as a member of the Scheme, you will need to provide the Trustee with the details of another complying superannuation fund to enable the Trustee to transfer the preserved money.

Policy reinstatement

You or the trustee (where applicable), can apply for your policy to be reinstated after it has lapsed; however, you may be required to provide evidence of continued good health and eligibility prior to reinstatement of your policy.

Making a claim

We should be notified at the earliest possible opportunity of any claim or potential claim against the policy. If a Superannuation Life Cover Plan or Superannuation Income Protection Plan was obtained for you by the Scheme, the Trustee of the Scheme should also be notified at the earliest opportunity.

When a claim against the policy is to be made, the necessary claim form(s) can be requested from AIA Australia's Claims Department (visit www.aia.com.au for the most up to date contact details).

The completed claim form(s) and any other particulars we reasonably request as proof of any entitlement to claim must be provided to us. You may need to be medically examined by our Medical Practitioner.

Your questions or concerns

If you have any questions or concerns about your policy please contact your adviser first or us directly on 1800 333 613. We will promptly investigate your enquiry. If necessary we will refer you to our Internal Dispute Resolution Committee.

Internal complaints are normally resolved within 45 days. In special circumstances we may take longer. If this is the case we will advise you.

Should you not be satisfied with our response to your concerns after they have been ruled upon by the Committee, then you may take the matter up with the independent Financial Ombudsman Service Limited (FOS). FOS can consider complaints in relation to the policies which provide the Ordinary Plans or the Superannuation PLUS and Maximiser benefits which have been issued to you. FOS can also consider complaints in relation to the policy which provides the Superannuation Plans to the extent that the complaint relates to our conduct as insurer. Details as follows:

Financial Ombudsman Service Limited (FOS)
GPO Box 3
MELBOURNE VIC 3001
Telephone: 1800 367 287
Facsimile: (03) 9613 6399
Email: info@fos.org.au

Taxation – Ordinary Plans

The following general information is based on the tax laws and rulings at the issue date of the PDS. Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation.

The tax treatment of premiums and benefits for insurance held outside super are explained below.

Benefit type	Tax treatment of premiums	Tax treatment of benefits
Life Cover	Generally not deductible	Generally not assessable income*
Total and Permanent Disablement	Generally not deductible	Generally not assessable income*
Crisis Recovery	Generally not deductible	Generally not assessable income*
Income Protection	Generally deductible	Generally treated as assessable income
Business Expenses	Generally deductible	Generally treated as assessable income

* Capital gains tax may apply in some situations.

Goods and services tax (GST)

You do not have to pay GST on your premiums or on any benefits you receive.

Please refer to the 'What about Tax?' section on pages 72 – 73 for information on taxation for the Superannuation Life Cover Plan and the Superannuation Income Protection Plan.

Privacy

This section summarises key information in the AIA Australia Privacy Policy, which may be updated from time to time. For further information, please review the most up to date full version of the AIA Australia Privacy Policy on AIA Australia's website at www.aia.com.au.

AIA Australia Limited is part of the AIA Group. Your privacy is important to us and AIA Australia and we are both bound by the privacy principles which apply to private sector organisations under the Privacy Act, and other laws which protect your privacy. AIA Australia Limited, AIA Financial Services Limited, AIA Group and their related bodies corporate and joint venture partners (together referred to as 'AIA Australia'), provide you the following notification and information about AIA Australia's Privacy Policy and your rights.

Why AIA Australia collects Personal Information

AIA Australia collects, uses and discloses personal and sensitive information ('**Personal Information**') for purposes set out in the AIA Australia Privacy Policy, including to process your applications, enquiries and requests in relation to insurance, AIA Vitality and other products, for underwriting and reinsurance purposes, to administer, assess and manage your insurance and other products, including claims, and to provide, manage and improve our products and services. AIA Australia may not be able to do these things without your Personal Information. AIA Australia may also collect, use and disclose Personal Information to understand your needs, interests and behaviour, personalise our dealings with you, to verify your identity, authority to act on behalf of a customer, maintain and update their records, manage our relationship with you, comply with local and foreign laws and regulatory requests, detect, manage and deal with improper conduct and commercial risks and for reporting, research and marketing purposes. Where you agree or AIA Australia is otherwise permitted by law, AIA Australia may contact you on an ongoing basis by email, phone and otherwise, with offers and other promotional information about products or services AIA Australia think may interest you. If you do not wish to receive these direct marketing communications you may indicate this where prompted or by contacting AIA Australia as set out in AIA Australia's Privacy Policy.

How AIA Australia collects, uses and discloses Personal Information

AIA Australia may collect your Personal Information from various sources including forms you submit and AIA Australia's records about your use of AIA Australia's products and services and dealings with AIA Australia, including any telephone, email and online interactions. AIA Australia may also collect your information from public sources, social media and from the parties described in AIA Australia's Privacy Policy. AIA Australia is required or authorised to collect Personal Information under various laws including the Life Insurance Act, Insurance Contracts Act, Corporations Act and other laws set out in AIA Australia's Privacy Policy. Where you provide AIA Australia with Personal Information about someone else, you must have their consent to provide their Personal Information to AIA Australia in the manner described in AIA Australia's Privacy Policy.

AIA Australia may collect your Personal Information from, and exchange your Personal Information with, AIA Australia's related bodies corporate including without limitation, joint venture entities ('**Affiliates**') and third parties, including the Trustee, service providers to the Trustee, the life insured, policy owner or beneficiaries of your insurance policy, AIA Australia service providers or contractors or service providers or contractors of AIA Australia's Affiliates, your representatives (including without limitation, your financial adviser and the Australian Financial Service Licensee they represent, the distributor of your insurance policy, the trustee and administrator of your superannuation fund, your employer, unions of current and former staff members of AIA Australia (including contractors) or anyone acting on your behalf including any other representative or intermediary) ('**Representatives**'), your employer or bank, health providers, partners used in AIA Australia's activities or business initiatives, reinsurers, insurance brokers and intermediaries, distributors, regulatory and law enforcement agencies, and other parties as described in AIA Australia's Privacy Policy. Parties to whom AIA Australia disclose Personal Information may be located in Australia, South Africa, the US, the United Kingdom, Europe, Asia and other countries including those set out in AIA Australia's Privacy Policy and you acknowledge that Australian Privacy Principle 8.1 (which relates to cross-border disclosure) will not apply to the disclosure, AIA Australia will not be accountable for those overseas parties under the Privacy Act and you may not be able to seek redress under the Privacy Act.

Where AIA Australia provides 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 AIA Australia.

Other important information

By providing information to AIA Australia or your Representatives, the trustee or administrator of a superannuation fund, submitting or continuing with a form or claim, or otherwise interacting or continuing your relationship with AIA Australia, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of Personal Information in the manner described in AIA Australia's Privacy Policy on AIA Australia's website as updated from time to time, and that you have been notified of the matters set out in the AIA Australia Privacy Policy before providing Personal Information to AIA Australia. You agree that AIA Australia 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 from AIA Australia's website at www.aia.com.au or by contacting AIA Australia on 1800 333 613 to obtain a copy. You have the right to access the Personal Information AIA Australia holds 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 AIA Australia using the details in the 'Contact AIA Australia' section below. AIA Australia's Privacy Policy provides more detail about AIA Australia's 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 AIA Australia will deal with that complaint, and your opt-out rights.

For the avoidance of doubt, the AIA Australia Privacy Policy applicable to the management and handling of Personal Information will be the most current version published at www.aia.com.au, which shall supersede and replace all previous AIA Australia 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, applications, websites, underwriting and claim forms, Product Disclosure Statements and other insurance and disclosure statements and documentation.

Contact AIA Australia

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

The Compliance Manager
AIA Australia Limited
PO Box 6111
Melbourne VIC 3004
Phone 1800 333 613

Definitions

Words used in this PDS that are capitalised have a particular meaning given to them in the Policy. Some relevant definitions are included below but you should read the relevant Policy Document to understand all defined terms. There can be some differences between a defined term for an Ordinary Policy and a Superannuation Policy.

Accidental Death

'ACCIDENTAL DEATH' means that death is a result of a physical injury which is caused solely and directly by violent, external and unexpected means that is not traceable, even indirectly, to the life insured's state of mental or physical health before the event.

Accidental HIV Infection

'ACCIDENTAL HIV INFECTION' means infection with the human immunodeficiency virus (HIV) acquired by accident or violence during the course of the life insured's normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within six months of the accident.

HIV infection transmitted by any other means, including but not limited to sexual activity or non-medical intravenous drug use, is not Accidental HIV Infection under the policy.

Any accident giving rise to a potential claim must be reported to us within 30 days and be supported by a negative HIV antibody test taken within seven days after the accident. We must be given access to test independently all blood samples used, if we require. We retain the right to take further independent blood tests or other medically accepted HIV tests.

Accidental Injury

'ACCIDENTAL INJURY' means a physical injury which is caused solely and directly by violent, accidental, external and visible means, which occurs while the benefit is in force and which results solely and directly and independently of a Pre-existing Condition or any other cause in total disablement. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Accidental Injury'.

Accidental Loss of Independence

'ACCIDENTAL LOSS OF INDEPENDENCE' means, **solely** as a result of an Accidental Injury:

- A condition, where the life insured is totally and irreversibly unable to perform at least two of the Activities of Daily Living. The condition should be confirmed by a consultant physician;
  or
- Cognitive impairment, meaning a deterioration or loss in the life insured's intellectual capacity which requires another person's assistance or verbal cueing to protect himself or herself as measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:
  - short or long term memory;
  - orientation as to person (such as personal identity), place (such as location) and time (such as day, date and year);
  - deductive or abstract reasoning;

  or
- Loss of Use of Limbs and/or Sight.

The life insured would be required to be under continuous care and supervision by another adult person for at least six consecutive months. At the end of that six-month period, the life insured must, in our opinion on the basis of medical evidence, require ongoing continuous care and supervision by another adult person.

Under the Superannuation Life Cover Plan, the life insured must also become in our opinion incapacitated due to their ill health resulting from their accidental injury to such an extent as to render the life insured unlikely ever to engage in any business, profession or occupation for which the life insured is reasonably suited by education, training or experience. To assist in our determination, at least two Medical Practitioners will need to certify that the life insured has satisfied this definition.

Accidental Total and Permanent Disablement (Any Occupation)

'ACCIDENTAL TOTAL AND PERMANENT DISABLEMENT (ANY OCCUPATION)' means **solely** as a result of an Accidental Injury that:

(a) the life insured has suffered the total and irrecoverable loss of the:
  - sight of both eyes;
  - use of two limbs; or
  - sight of one eye and use of one limb;

  or

(b) the life insured:
  - has been absent from employment solely as a result of an Accidental Injury for an uninterrupted period of at least three consecutive months; and
  - is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Accidental Injury; and
  - at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render the life insured unlikely ever to engage in any business, profession or occupation for which the life insured is reasonably suited by education, training or experience;

  or

(c) the life insured has suffered Accidental Loss of Independence.

Under the Superannuation Life Cover Plan, in order to meet the definitions of (a) or (c), the life insured must also become in our opinion incapacitated due to their ill health resulting from their accidental injury to such an extent as to render the life insured unlikely ever to engage in any business, profession or occupation for which the life insured is reasonably suited by education, training or experience. To assist in our determination, at least two Medical Practitioners will need to certify that the life insured has satisfied this definition.

The life insured is 'Accidentally Totally and Permanently Disabled (Any Occupation)' if the life insured satisfies the definition of Accidental Total and Permanent Disablement (Any Occupation).

The life insured will be deemed to be on 'Home Duties' if wholly engaged in full-time unpaid domestic duties in his or her own residence.

If the life insured is on Home Duties at the time of application and again at the time of claim, the life insured will be assessed against the Accidental Total and Permanent Disablement (Home Duties) definition.

Accidental Total and Permanent Disablement (Home Duties)

ACCIDENTAL TOTAL AND PERMANENT DISABLEMENT (HOME DUTIES) means that **solely** as a result of an Accidental Injury:

(a) the life insured has suffered the total and irrecoverable loss of the:
- sight of both eyes;
- use of two limbs; or
- sight of one eye and use of one limb;

or

(b) the life insured, where wholly engaged in full-time unpaid domestic duties in his or her own residence:
- has been unable to perform all Normal Domestic Duties and engage in any employment for an uninterrupted period of at least three consecutive months; and
- is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Accidental Injury; and
- at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render him or her likely to require indefinite ongoing medical care and unable ever to perform all Normal Domestic Duties and engage in any form of employment;

or

(c) the life insured has suffered Accidental Loss of Independence.

Under the Superannuation Life Cover Plan, in order to meet the definitions of (a), (b) or (c), the life insured must also become in our opinion incapacitated due to their ill health resulting from their accidental injury to such an extent as to render the life insured unlikely ever to engage in any business, profession or occupation for which the life insured is reasonably suited by education, training or experience. To assist in our determination, at least two Medical Practitioners will need to certify that the life insured has satisfied this definition.

The life insured is 'Accidentally Totally and Permanently Disabled (Home Duties)' if the life insured satisfies the definition of Accidental Total and Permanent Disablement (Home Duties).

Activities of Daily Living

'ACTIVITIES OF DAILY LIVING' means the following activities:

Bathing

Means the ability of the life insured to wash himself or herself either in the bath or shower or by sponge bath without the assistance of another person. The life insured will be considered to be able to bathe himself or herself even if the above tasks can only be performed by using equipment or adaptive devices.

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 life insured will be considered able to dress himself or herself even if the above tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.

Eating

Means the ability to get nourishment into the body by any means once it has been prepared and made available to the life insured without the 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 life insured will be considered able to toilet himself or herself even if he or she has an ostomy and is able to empty it himself or herself, or if the life insured uses a commode, bedpan or urinal and is able to empty and clean it without the standby assistance of another person.

Transferring

Means the ability to move in and out of a chair or bed without the assistance of another person. The life insured will be considered able to transfer himself or herself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices are used.

In respect of all of these activities, the life insured would be required to be under continuous care and supervision by another adult person for at least six consecutive months. At the end of that six month period, the life insured must, in our opinion on the basis of the medical evidence, require ongoing continuous care and supervision by another adult person.

Agreed Value

'AGREED VALUE' means:
- The Insured Monthly Benefit is agreed with you at the time of application and is based on the life insured's income at that time;
- The Insured Monthly Benefit is guaranteed subject to receipt by us of financial evidence in relation to your application. That evidence must be satisfactory to us. If financial evidence in relation to your application is not provided to us at time of application, that evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply; and
- Cover on an agreed value basis is available only to Occupation Categories AAA, AA, A, B, C and CT.

In addition, if you select Agreed Value under the Superannuation Income Protection Plan, it is a requirement under superannuation legislation that you cannot receive more than your Pre-disablement Income (Agreed Value) from all sources while you are being paid a benefit for temporary incapacity within the superannuation environment. Therefore, regardless of any other terms in this PDS, we will reduce any benefit we pay you inside the superannuation environment so that the total of all income you receive from all sources, except interest, dividends and other similar investment income, does not exceed 100 percent of your Pre-disablement Income (Agreed Value).

Alzheimer's Disease

'ALZHEIMER'S DISEASE' means the diagnosis of Alzheimer's disease as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment.

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

Aplastic Anaemia

'APLASTIC ANAEMIA' means permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one of the following:
- blood product transfusion
- marrow stimulating agents
- immunosuppressive agents
- bone marrow transplantation.

Bacterial Meningitis

'BACTERIAL MENINGITIS' means the diagnosis of the life insured with bacterial meningitis. The meningitis must produce neurological deficit causing permanent and significant functional impairment. 'Significant functional impairment' shall mean that the life insured is either:

- totally and permanently unable to perform any one of the Activities of Daily Living (see page 92 for definition); or
- suffering at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment (Guides) 5th edition*, American Medical Association.

Diagnosis must be confirmed by a consultant neurologist.

Bacterial meningitis in the presence of HIV infection is excluded. All other forms of meningitis, including viral, are excluded.

Benefit Period

'BENEFIT PERIOD' is the maximum period during which a monthly income benefit is payable.

Benign Brain Tumour

'BENIGN BRAIN TUMOUR' where diagnosed and confirmed by a consultant neurologist/neurosurgeon means:

a non-cancerous tumour on the brain or spine giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory or motor skills impairment.

25% of the Sum Insured (up to a maximum of $50,000) will be paid for a diagnosis of a Benign Brain Tumour; or
100% of the Sum Insured will be paid if:
the tumour results in permanent neurological deficit, resulting in the life insured either;

- being totally and permanently unable to perform any one of the Activities of Daily Living (see page 92 for definition); or
- suffering at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment (Guides) 5th edition*, American Medical Association.

The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging).

Cysts, granulomas, cholesteatomas, malfunctions in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are not covered.

Blindness

'BLINDNESS' means that as a result of disease or accident and certified by an ophthalmologist, the:

(a) visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes; or the
(b) field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object); or the
(c) combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above.

Cancer

'CANCER' means the presence of one or more malignant tumours including Hodgkin's disease, leukaemia and other malignant bone marrow disorders, and characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:

- all hyperkeratoses or basal cell carcinomas of the skin;
- cutaneous squamous cell carcinomas of T2N0M0 and below grade tumours, where the tumour is less than 5 cm in greatest diameter; and
- Polycythemia Rubra Vera requiring treatment by venesection alone.

'Skin cancer'

Skin cancer where diagnosed by an appropriate specialist Medical Practitioner acceptable to us, we will pay:

- 100% of the Sum Insured for any melanoma where the tumour is with ulceration or is diagnosed as 1mm or greater in Breslow's depth of invasion or Clark Level 3 or greater in depth of invasion;
- the greater of 15% of the Sum Insured and $10,000 for any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion. The amount of the payment cannot exceed the Sum Insured;
- 100% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed as greater than T3N0M0 or any stage T where N1, 2 or 3 or metastases are present;
- 10% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed as stage T3N0M0 under the TNM Classification system.

'Prostate Cancer'

On the diagnosis of prostate cancer at a stage of T1b or greater (using the TNM classification system), 100% of the Sum Insured will be paid less any previous amount paid.

Any stage of prostate cancer where the life insured undergoes major interventionist therapy, 100% of the Sum Insured will be paid less any previous amount paid.

On the diagnosis of prostate cancer at a stage of T1a (using the TNM classification system), 100% of the Sum Insured is paid up to a restricted maximum of $500,000 across all policies that cover you.

Major interventionist therapy includes, but is not limited to, prostatectomy, radiotherapy, brachytherapy, chemotherapy, biologic response modifiers or any other major treatment.

Refer to page 35 for the terms and conditions pertaining to Crisis Reinstatement after a T1a claim.

'Carcinoma in situ'

Carcinoma in situ refers to a primary uncontrolled growth of cells that remains in the original location and has not invaded or destroyed neighbouring tissues nor penetrated the basement membrane. Carcinoma in situ covered by this Policy must be confirmed by histopathology.

Staging of carcinoma in situ is based on FIGO (International Federation of Gynecology and Obstetrics) classification and TNM classification.

The disease of Carcinoma in Situ covered by this Policy must be confirmed by a biopsy and is limited to the following sites for which we will pay the greater of $10,000 and 10% of the Sum Insured for the Crisis Recovery, Double Crisis Recovery or Crisis Recovery Stand Alone benefit:

- Vagina, ovary, vulva, fallopian tube, penis, testicle where the tumour must be classified as TIS according to the TNM staging method or FIGO Stage 0.
- Cervix-Uteri with a grading of either TNM stage TIS or CIN 3 or above.
- Carcinoma in situ of the breast where no mastectomy is performed.

The amount of the partial payment cannot exceed the Sum Insured.

The full Sum Insured will be paid for carcinoma in situ of the breast where the entire breast is removed or where other surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy) is

performed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist Medical Practitioner acceptable to us.

After any payment for cancer the Sum Insured will be reduced by the payment made.

Cardiomyopathy

'CARDIOMYOPATHY' means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment i.e. Class III on the New York Heart Association classification of cardiac impairment.

The New York Heart Association classifications are:

Class I – no limitation of physical activity, no symptoms with ordinary physical activity.

Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.

Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.

Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Child

'CHILD' means the natural child, the stepchild or the legally adopted child of the life insured.

Chronic Liver Disease

'CHRONIC LIVER DISEASE' means end stage liver failure, together with two of the following conditions:

- Permanent jaundice,
- Ascites, and
- Hepatic encephalopathy.

Chronic Lung Disease

'CHRONIC LUNG DISEASE' means end stage respiratory failure requiring permanent oxygen therapy with FEV 1 test results consistently showing less than one litre.

Coma

'COMA' means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of a life support system for at least 72 hours. Excluded from this definition is coma induced medically or resulting from alcohol or drug abuse.

Consumer Price Index Increase

'CONSUMER PRICE INDEX INCREASE' (CPI Increase) means the percentage increase in the average CPI for the eight state capital cities published by the Australian Bureau of Statistics and covering the most recent period of 12 months for which figures are available at the date the policy fee, Sum Insured or Insured Monthly Benefit is to be increased. In the event of any suspension or discontinuance of the CPI, such other index as we shall consider appropriate shall be adopted for the purposes of the policy.

Coronary Artery Angioplasty

'CORONARY ARTERY ANGIOPLASTY' means the actual undergoing of either:

- balloon angioplasty;
- insertion of a stent;
- atherectomy; or
- laser therapy

to correct a narrowing or blockage of coronary arteries within the same procedure. Angiographic evidence, indicating obstruction of the coronary arteries is required to confirm the need for this procedure. The procedure must be considered necessary by a cardiologist to correct or treat coronary artery disease.

25% of the Sum Insured, with a maximum of $25,000, will be payable where one coronary artery is obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or the insertion of up to two stents.

50% of the Sum Insured, with a maximum of $50,000, will be payable where two coronary arteries are obstructed and corrected with the use of either angioplasty, atherectomy or laser therapy, or, the insertion of more than two stents (regardless of the number of coronary arteries involved).

For Partial payments under Coronary Artery Angioplasty, multiple claims may be made under the Crisis Recovery benefit.

100% of the Sum Insured will be payable where three or more coronary arteries are obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or stents. This procedure can be completed in one procedure or via multiple procedures within a two month period.

After any payment for coronary artery angioplasty the Sum Insured will be reduced by the payment made.

Coronary Artery By-pass Surgery

'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.

Cosmetic or Elective Surgery Benefit

'COSMETIC OR ELECTIVE SURGERY BENEFIT' means where the life insured is totally disabled as a result of cosmetic or other elective surgery or as a result of surgery to transplant an organ from the life insured into the body of another person, then the total disablement benefit is payable, provided that such surgery took place more than six months after the commencement date of the benefit or any increase or reinstatement.

Date of Loss (Needlestick)

'DATE OF LOSS (NEEDLESTICK)' is determined as the date that sero-conversion takes place (i.e. the date upon which the life insured is diagnosed as HIV positive, Hepatitis B positive or Hepatitis C positive).

Dementia

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

Dependant

'DEPENDANT' of the life insured includes:

- spouse (including a de facto spouse and certain same-sex partners), or
- Child/children (including Child/children of same-sex partners), or
- a person who is financially dependent on the Life Insured.

Diplegia

'DIPLEGIA' means the total and permanent loss of function of both sides of the body due to spinal cord injury or disease, or brain injury or disease.

Employee

'EMPLOYEE' means you are paid for time worked and are required to perform the prescribed duties and work hours of your position set by an employer for at least 20 weeks per year.

You cannot be self-employed or an employee of an immediate family member or employee of your own company.

Expiry Date

'EXPIRY DATE' for a benefit means the premium expiry date shown on the Policy Schedule for that benefit.

Extended Indemnity

'EXTENDED INDEMNITY'

- The monthly benefit payable in the event of total disablement is the lower of the Insured Monthly Benefit under the income protection benefit and 75% of the first $26,667 of the life insured's monthly Pre-disablement Income (Extended Indemnity) at the start of the total disablement plus 50% of the next $20,000 of the life insured's monthly Pre-disablement Income (Extended Indemnity) plus 20% of the next $150,000 of the life insured's monthly Pre-disablement Income (Extended Indemnity). See page 100 for the definition of Pre-disablement Income (Extended Indemnity);
- The Insured Monthly Benefit is not guaranteed;
- Financial evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply (see pages 85 – 86); and
- Cover on an extended indemnity basis is available to Occupation Categories AAA, AA, A, B, C, CT, D and E.

In addition, if you select Extended Indemnity under the Superannuation Income Protection Plan (when available), it is a requirement under superannuation legislation that you cannot receive more than your Pre-disablement Income (Extended Indemnity) from all sources while you are being paid a benefit for temporary incapacity within the superannuation environment. Therefore, regardless of any other terms in this PDS, we will reduce any benefit we pay you inside the superannuation environment so that the total of all income you receive from all sources, except interest, dividends and other similar investment income, does not exceed 100 percent of your Pre-disablement Income (Extended Indemnity).

Full-time Employment

'FULL-TIME EMPLOYMENT' means working a minimum of 20 hours per week, 48 weeks per year excluding public holidays for the following benefits:

- Total and Permanent Disablement,
- Total and Permanent Disablement Stand Alone,
- Double Total and Permanent Disablement,
- Accidental Total and Permanent Disablement,
- Accidental Total and Permanent Disablement Stand Alone, and
- Waiver of Premium.

'Full-time Employment' means working a minimum of 25 hours per week, 48 weeks per year excluding public holidays for the following benefits:

- Income Protection,
- Income Protection Accident Only,
- Business Expenses, and
- Incorporated Business Expenses.

Guaranteed Future Insurability

This is a summary only – please see the Policy Document for all terms and conditions applicable to Sum Insured increases.

Personal Events covered are:

Marriage

- A marriage or customary union as recognised in terms of the laws of Australia.
- A union recognised as a marriage in accordance with the tenets of any religion.
- Two adults who are in a relationship as a couple (whether or not legally married to each other), regardless of their sex, where the two adults live with each other on a permanent and genuine domestic basis and have done so for a continuous period of at least 2 years.
- An option under the Marriage event can only be exercised once. The event must not have occurred within six months of a Permanent Separation.
- The Life Insured must be a party to the marriage/union.

Permanent Separation

- A permanent separation of two parties to a Marriage as defined above.
- An option under the Permanent Separation event can only be exercised once. The event must not have occurred within six months of the Marriage event, as defined above.
- The Life Insured must be a party to the permanent separation.
- The permanent separation to be evidenced by an order of divorce or a statutory declaration signed by both parties.

First anniversary of Marriage;

First anniversary of Permanent Separation;

Death of a Spouse;

Becoming a Carer

- The Life Insured must become a full-time carer for the first time, who continuously provides constant in-home care for at least 20 hours per week, 48 weeks per year to a Dependant. The Dependant requires assistance due to their disability or medical condition or due to being frail aged.

Birth or adoption of a Child

- The birth or legal adoption of a Child.
- The Life Insured must be a parent of the Child.
- Adoption of a Child can be by same sex or heterosexual couples.

Dependent Child commences Tertiary Education;

Effecting a first mortgage on the purchase of a home, or increasing an existing first mortgage for the purpose of building or renovation works on the home.

- The mortgage must be on the life insured's principal place of residence with a mortgage provider.

For 'Marriage', ' Permanent Separation', 'First anniversary of Marriage', 'First anniversary of Permanent Separation', 'Death of a Spouse', 'Becoming a Carer', 'Birth or adoption of a Child' and 'Dependent Child commences Tertiary Education' events, the Life Cover/Total and Permanent Disablement Sum Insured may be increased under this option by the lesser of:

- 25% of the original Life Cover/Total and Permanent Disablement Sum Insured; and
- $200,000.

For the 'Effecting a first mortgage on the purchase of a home, or increasing an existing first mortgage' event, the Life Cover/Total and Permanent Disablement Sum Insured may be increased under this option by the lowest of:

- 50% of the original Life Cover/Total and Permanent Disablement Sum Insured;

- amount of the first mortgage;
- amount of the increase of the first mortgage; and
- $200,000.

Business Events covered are:
- Where the life insured is a key person in a business (e.g. working partner or director, significant shareholder) and the value of their financial interest, including loan guarantees in the business, averaged over the last three years, increases;
- Where the life insured is a key person in a business, and the life insured's value to the business, averaged over the last three years, increases;
- Where the policy forms part of a written buy/sell, share purchase or business succession agreement and the life insured is a partner, shareholder or unit holder in the business, and the value of the life insured's financial interest in the business, averaged over the last three years, increases;
- Where the policy forms part of a loan guarantee from the life insured.

For a business event, the Life Cover/Total and Permanent Disablement Sum Insured may be increased under this option by the lowest of:
- 25% of the original Life Cover/Total and Permanent Disablement Sum Insured;
- the increase in the value of the life insured's financial interest in the business or of the life insured's value to the business, whichever is appropriate, averaged over the last three years; and
- $500,000.

Heart Attack

'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/or 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)
  OR
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

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

Heart Valve Surgery

'HEART VALVE SURGERY' means the actual undergoing of a procedure to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities occurring after the commencement date or last reinstatement date of the policy.

Hemiplegia

'HEMIPLEGIA' means the total and permanent loss of function of one side of the body due to spinal cord injury or disease, or brain injury or disease.

Home Duties

'Home Duties' means you are wholly engaged in full-time unpaid domestic duties in your own residence.

Income (Employed Person)

'INCOME' in the case of an employed person is the pre-tax remuneration paid by an employer, including salary, fees and fringe benefits for the last financial year. This will include any statutory superannuation contributions and any other superannuation contributions made by an employer including those that are part of a salary sacrifice arrangement between the employed person and the employer. Where commissions and bonuses form over 40% of the pre-tax remuneration for the last financial year, we will take them into account. Where the employed person is a professional person employed by a professional practice company, income will include all commissions and bonuses paid, in addition to salary, fees, fringe benefits and superannuation contributions made by an employer, for the last financial year.

Income (Self-employed Person)

'INCOME' in the case of a self-employed person, a working director or partner in a partnership, is the income generated by the business or practice due to his or her personal exertion or activities, less his or her share of necessarily incurred business expenses, for the last financial year.

Income does not include other unearned income such as dividends, interest, rental income or proceeds from the sale of assets, or ongoing commission or royalties.

Income Protection Loss of Independence

For Income Protection Essentials – Income Protection Loss of Independence see 'LOSS OF INDEPENDENCE'.

Indemnity

'INDEMNITY'
- The monthly benefit payable in the event of total disablement is the lower of the Insured Monthly Benefit under the income protection benefit and 75% of the first $26,667 of the life insured's monthly Pre-disablement Income (Indemnity), at the start of the total disablement plus 50% of the next $20,000 of the life insured's monthly Pre-disablement Income (Indemnity) plus 20% of the next $150,000 of the life insured's monthly Pre-disablement Income (Indemnity). See page 100 for the definition of Pre-disablement Income (Indemnity);
- The Insured Monthly Benefit is not guaranteed;
- Financial evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply (see pages 85 – 86); and
- Cover on an indemnity basis is available to Occupation Categories AAA, AA, A, B, C, CT, D and E.

In addition, if you select Indemnity under the Superannuation Income Protection Plan, it is a requirement under superannuation legislation that you cannot receive more than your Pre-disablement Income (Indemnity), from all sources while you are being paid a benefit for temporary incapacity within the superannuation environment. Therefore, regardless of any other terms in this PDS, we will reduce any benefit we pay you inside the superannuation environment so that the total of all income you receive from all sources, except interest, dividends and other similar investment income, does not exceed 100 percent of your Pre-disablement Income (Indemnity).

Injury

'INJURY' means a physical injury which occurs whilst the policy is in force and which results solely and directly and independently of a Pre-existing Condition or any other cause, in Total or Partial

Disablement within one year of the date of its occurrence. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Injury'.

Insured Monthly Benefit

INSURED MONTHLY BENEFIT' is stated on the Policy Schedule (unless otherwise disclosed to you or agreed with you) and may be adjusted by any benefit alterations the policy owner has effected, or which have been imposed by us and notified to the policy owner.

Intensive Care

'INTENSIVE CARE' means an Injury or Sickness has resulted in the life insured requiring continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Excluded from this definition is Intensive Care as a result of medically induced coma.

Involuntary Unemployment

'INVOLUNTARY UNEMPLOYMENT' means the life insured:

- is no longer employed or working in an occupation that generates Income through no choice or fault of their own and due to factors outside their control, and
- has registered with an Australian government approved job placement agency, and
- is actively seeking employment; and
- had Full-time Employment and their employer terminated their employment or they are made redundant (this does not include an unsuccessful probation period, resignation or a voluntary redundancy) or was Self Employed and their fixed term contract stopped before the end date of the contract because their employer terminated the contract or they are made redundant (this does not include resignation, a voluntary redundancy or early completion of a project).

Kidney Failure

'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.

Loss of Hearing

'LOSS OF HEARING' means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of Injury or Sickness, as certified by an appropriate medical specialist.

Loss of Independence

'LOSS OF INDEPENDENCE' means:

- A condition as a result of Injury or Sickness, where the life insured is totally and irreversibly unable to perform at least two of the Activities of Daily Living. The condition should be confirmed by a consultant physician.
  or
- Cognitive impairment, meaning a deterioration or loss in the life insured's intellectual capacity which requires another person's assistance or verbal cueing to protect himself or herself as measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:
  - short or long term memory;
  - orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year);
  - deductive or abstract reasoning.

  or
- Loss of Use of Limbs and/or Sight.

The life insured would be required to be under continuous care and supervision by another adult person for at least **six** consecutive months. At the end of that six-month period, the life insured must, in our opinion on the basis of medical evidence, require ongoing continuous care and supervision by another adult person.

Under the Superannuation Life Cover Plan, the life insured must also become in our opinion incapacitated as a result of their ill health to such an extent as to render the life insured unlikely ever to engage in any business, profession or occupation for which the life insured is reasonably suited by education, training or experience. To assist in our determination, at least two Medical Practitioners will need to certify that the life insured has satisfied this definition.

Under Income Protection Essentials – Income Protection Loss of Independence, the life insured would be required to be under continuous care and supervision by another adult person for at least **three** consecutive months. At the end of that three-month period, the life insured must, in our opinion on the basis of medical evidence, require ongoing continuous care and supervision by another adult person.

Loss of Use of Limbs and/or Sight

'LOSS OF USE OF LIMBS AND/OR SIGHT' means the total and irrecoverable loss by the life insured 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
- use of one foot and the sight of one eye.

Loss of Speech

'LOSS OF SPEECH' means the complete and irrecoverable loss of the ability to speak as a result of Injury or Sickness which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate medical specialist.

Major Burns

'MAJOR BURNS' means third degree burns or full thickness burns to at least:

- 20% of the body surface area as measured by the Lund and Browder Body Surface Chart;
- 50% of both hands, requiring surgical debridement and/or grafting; or
- 50% of the face, requiring surgical debridement and/or grafting.

Major Head Trauma

'MAJOR HEAD TRAUMA' means an accidental head injury resulting in permanent neurological deficit, resulting in the life insured either:

- being totally and permanently unable to perform any one of the Activities of Daily Living (see page 92 for definition); or
- suffering at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment (Guides) 5th edition*, American Medical Association.

Diagnosis must be confirmed by a consultant neurologist.

Major Organ Transplant

'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, pancreas and small bowel.

The full Sum Insured under the Crisis Recovery, Double Crisis Recovery and Crisis Recovery Stand Alone benefit will be paid if the life insured has been placed on the Australian or New

Zealand waiting list to receive a major organ transplant of the kind described above for the Major Organ Transplant Crisis Event and that the procedure is unrelated to any previous procedure or surgery undergone by the life insured.

Manifests

'MANIFESTS' means that symptoms exist which would cause an ordinarily prudent person to seek diagnosis, care or treatment, or that medical advice or treatment has been recommended by or received from a Medical Practitioner.

Marriage

'MARRIAGE' means:
- a marriage or customary union as recognised in terms of the laws of Australia.
- a union recognised as a marriage in accordance with the tenets of any religion.
- two adults who are in a relationship as a couple (whether or not legally married to each other), regardless of their sex, where the two adults live with each other on a permanent and genuine domestic basis and have done so for a continuous period of at least two years.

Medical Practitioner

'MEDICAL PRACTITIONER' means a legally qualified and registered Medical Practitioner other than the policy owner or the life insured, or a family member, business partner, employee or employer of either the policy owner or the life insured.

Motor Neurone Disease

'MOTOR NEURONE DISEASE' means the unequivocal diagnosis of Motor Neurone Disease confirmed by a consultant neurologist.

Multiple Sclerosis

'MULTIPLE SCLEROSIS' means the unequivocal diagnosis of Multiple Sclerosis confirmed by a consultant neurologist.

Muscular Dystrophy

'MUSCULAR DYSTROPHY' means the unequivocal diagnosis of muscular dystrophy, confirmed by a consultant neurologist.

Non Smoker

'NON-SMOKER' means that, at a point in time, not having smoked tobacco or any other substance for a continuous period of 12 months ending at that point in time.

Normal Domestic Duties

NORMAL DOMESTIC DUTIES' means the household duties normally performed by a person who remains at home and is not working in a regular occupation including part time and/or paid voluntary work.

Normal domestic duties specifically include:
- Cooking and preparing meals – meaning the ability to prepare meals using kitchen appliances;
- Cleaning the home – meaning the ability to carry out the basic internal household chores using domestic equipment such as a vacuum and mop;
- Washing clothes – meaning the ability to do the household's laundry to a basic standard;
- Shopping for groceries – meaning the ability to purchase general household grocery items;
- Caring for children – meaning the ability to care for and supervise children (where applicable).

The life insured will not be considered to be unable to carry out all Normal Domestic Duties if the life insured is able to perform any one of these duties.

Occupationally Acquired Hepatitis B or Hepatitis C Infection

'OCCUPATIONALLY ACQUIRED HEPATITIS B OR HEPATITIS C INFECTION' means the life insured is infected with Hepatitis B or Hepatitis C as a result of an occupational accident. An occupational accident means an accident that happens whilst the life insured is performing the usual duties of his or her normal occupation and involves contact with a body substance which puts the life insured at risk of transmission of the infections.

This benefit will only be paid if all the following conditions for payment are satisfied. We require that:
- the life insured reports the accident to us within 48 hours after it happens;
- the life insured is tested for infections within 48 hours after the accident and the results are negative;
- a Medical Practitioner diagnoses the life insured to be:
  - positive to Hepatitis C within 180 days after the accident; or
  - positive to Hepatitis B within 180 days after the accident and still be positive within 180 days after the first diagnosis;
- the life insured complies with all infection control precautions that apply;
- the life insured is vaccinated or immunised for the infections as required by us; and
- all tests be carried out according to the procedures we specify.

Other Serious Coronary Artery Disease

'OTHER SERIOUS CORONARY ARTERY DISEASE' means the narrowing of the lumen of at least three coronary arteries by a minimum of 60%, as proven for the first time by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

Out of Hospital Cardiac Arrest

'OUT OF HOSPITAL CARDIAC ARREST' means cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to:
- cardiac asystole; or
- ventricular fibrillation with or without ventricular tachycardia.

Paraplegia

'PARAPLEGIA' means the total and permanent loss of function of the lower limbs due to spinal cord injury or disease, or brain injury or disease.

Parkinson's Disease

'PARKINSON'S DISEASE' means the unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist. All other types of Parkinsonism are excluded (e.g. secondary to medication).

Partial and Permanent Disablement

'PARTIAL AND PERMANENT DISABLEMENT' means the life insured has suffered a permanent loss of use of:
- one arm, or
- one leg, or
- sight in one eye.

We will pay the lesser of:
- 25% of the Total and Permanent Disablement Sum Insured, and
- $750,000.

We will only pay this benefit once during the lifetime of your policy.

Partial Disablement (Income Protection)

'PARTIAL DISABLEMENT (INCOME PROTECTION)' means that **solely due to Injury or Sickness**, the life insured is:

- unable to work in his or her own occupation at full capacity but is working in a reduced capacity in any occupation;
- earning a monthly income which is less than his or her Pre-disablement Income; and
- under the regular care of, and following the advice of, a Medical Practitioner.

The life insured is 'Partially Disabled (Income Protection)' if the life insured satisfies the definition of Partial Disablement (Income Protection).

Partial Disablement (Income Protection Accident Only)

'PARTIAL DISABLEMENT (INCOME PROTECTION ACCIDENT ONLY)' means that **solely due to Accidental Injury**, the life insured is:

- unable to work in his or her own occupation at full capacity but is working in a reduced capacity in any occupation; and
- earning a monthly income which is less than his or her Pre-disablement Income; and
- under the regular care of, and following the advice of, a Medical Practitioner.

The life insured is 'Partially Disabled (Income Protection Accident Only)' if the life insured satisfies the definition of Partial Disablement (Income Protection Accident Only).

Partial Disablement – Income Protection Capability Clause

'PARTIAL DISABLEMENT – INCOME PROTECTION CAPABILITY CLAUSE'

Partial Disablement Benefit Amount (Agreed Value, Indemnity or Extended Indemnity) will be:

(A – B)/A x C,
where
A = Pre-disablement Income,
B = Monthly Income while partially disabled; and
C = Insured Monthly Benefit

If the life insured's monthly income while partially disabled is negative, we will treat it as zero.

If there is a delay between the time the life insured generated the monthly income and when the life insured actually received it, we will deem the income to have been received in the month in which it was actually generated and this income will form the basis of our calculation of 'B'.

If the life insured is partially disabled and is not working to the extent of his/her capability as a result of causes other than Injury or Sickness and this situation continues for at least 2 months, then 'B' will be calculated based on what the life insured could reasonably be expected to earn if he/she were working to the extent of his/her capability.

In determining what the life insured could reasonably be expected to earn if he/she were working to the extent of his/her capability, we will take into account available medical evidence (including the opinion of the life insured's Medical Practitioner) and any other relevant considerations directly related to the life insured's medical condition (including information provided by the life insured).

If we are making monthly benefit payments and intend to adjust future payments due to a change in how we calculate 'B', we will notify you 30 days prior to this taking place.

If the life insured is unable to perform the important income-producing duties of his/her usual occupation for more than 10 hours per week then we will not change how we calculate 'B'.

The amount of benefit payable will be adjusted for any claim offsets (see pages 85 – 86).

If the life insured is earning 25% or less of Pre-disablement Income during any of the first three months immediately after the end of the Waiting Period, we will pay the total disablement benefit for that month.

Partial Disablement – Multi Definition (Advantage Optional or PLUS Optional benefit)

'PARTIAL DISABLEMENT' – Multi Definition (Advantage Optional or PLUS Optional benefit)

If you are employed, or have been unemployed or on maternity or paternity leave for less than 12 consecutive months immediately before your disability started, we will consider you to be partially disabled if, **solely due to Injury or Sickness**:

- you are working for more than 10 hours per week in your usual occupation, or a gainful occupation or you are able to work in your usual occupation or a gainful occupation;
- your monthly income is more than 20% of your Pre-disablement Income but less than your Pre-disablement Income;
- you are working in a reduced capacity in your usual occupation or a gainful occupation;
- you are not totally disabled; and
- you are under the regular care of, and following the advice of, a Medical Practitioner.

If you have been unemployed or on maternity or paternity leave for 12 consecutive months or more immediately before your disablement started, we will treat your usual occupation as being 'any occupation for which you are reasonably suited by education training or experience'.

Note: This Partial Disablement – Multi Definition will be applicable to Business Expenses or Incorporated Business Expenses when selected together with the Advantage Optional or the PLUS Optional benefit under the Income Protection benefit.

Partial Disablement (Superannuation Income Protection)

'PARTIAL DISABLEMENT (SUPERANNUATION INCOME PROTECTION)' means that **solely due to Injury or Sickness** the life insured:

- has been continuously totally disabled for at least 7 consecutive days from the start of the Waiting Period; and
- has been continuously disabled (totally or partially) during the balance of the Waiting Period; and
- has been continuously disabled (partially) since the end of the Waiting Period; and
- is now partially disabled; and
- is under the regular care of, and following the advice of, a Medical Practitioner.

The life insured is Partially Disabled (Superannuation Income Protection') if the life insured satisfies the definition of Partial Disability (Superannuation Income Protection).

Partial Disablement (Superannuation Income Protection Accident Only)

'PARTIAL DISABLEMENT (SUPERANNUATION INCOME PROTECTION ACCIDENT ONLY)' means that **solely due to Accidental Injury**, the life insured:

- has been continuously totally disabled for at least 7 consecutive days from the start of the Waiting Period; and
- has been continuously disabled (totally or partially) during the balance of the Waiting Period; and
- has been continuously disabled (totally or partially) since the end of the Waiting Period; and

- is now partially disabled; and
- is under the regular care of, and following the advice of, a Medical Practitioner.

The life insured is 'Partially Disabled (Superannuation Income Protection Accident Only)' if the life insured satisfies the definition of Partial Disablement (Superannuation Income Protection Accident Only).

Permanent Part-time Employee

'PERMANENT PART-TIME EMPLOYEE' means a person who is employed to undertake identifiable duties for at least three days a week for a minimum of 15 hours per week, for 48 weeks per year (excluding public holidays) and is paid sick and holiday leave entitlements, for the following benefits:
- Total and Permanent Disablement,
- Total and Permanent Disablement Stand Alone,
- Double Total and Permanent Disablement,
- Accidental Total and Permanent Disablement,
- Accidental Total and Permanent Disablement Stand Alone.

'PERMANENT PART-TIME EMPLOYEE' means a person who is employed to undertake identifiable duties for at least three days a week for a minimum of 20 hours per week, for 48 weeks per year (excluding public holidays) and is paid sick and holiday leave entitlements, for the following benefits:
- Income Protection,
- Income Protection Accident Only,
- Business Expenses, and
- Incorporated Business Expenses.

People who are self-employed are not eligible to be considered as a Permanent Part-time Employee.

Pneumonectomy

'PNEUMONECTOMY' means undergoing a surgical procedure in which an entire lung is removed due to underlying lung disease or disorder.

Policy Anniversary

'POLICY ANNIVERSARY' means an anniversary of the due date of the first premium shown on the Policy Schedule.

Pre-disablement Income (Agreed Value)

'PRE-DISABLEMENT INCOME (AGREED VALUE)', is the life insured's highest average monthly income for any financial year since the date two years before the commencement date of the Income Protection benefit up to the commencement of disablement.

During disablement the Pre-disablement Income (Agreed Value) amount will be increased every 12 months, following the date of disablement, by the Consumer Price Index Increase (CPI Increase).

Under the Superannuation Income Protection Plan, the life insured's Pre-disablement Income (Agreed Value) is capped at the greater of their average monthly income for the:
- 12 consecutive months preceding the commencement of disablement; and
- latest financial year preceding the commencement of disablement.

If the monthly benefit payable under the Superannuation Income Protection Plan is reduced due to this cap, the amount of such reduction can be paid under a linked Super Extras policy (if relevant).

Pre-disablement Income (Extended Indemnity)

'PRE-DISABLEMENT INCOME (EXTENDED INDEMNITY)', is the life insured's highest average monthly income for any consecutive 12 months over the three years prior to disablement.

During disablement the Pre-disablement Income (Extended Indemnity) amount will be increased every 12 months, following the date of disablement, by the Consumer Price Index Increase (CPI Increase).

Pre-disablement Income (Indemnity)

'PRE-DISABLEMENT INCOME (INDEMNITY)', is the greater of the life insured's average monthly income for:
- the 12 consecutive months preceding the commencement of disablement; and
- the latest financial year preceding the commencement of disablement.

During disablement the Pre-disablement Income (Indemnity) amount will be increased every 12 months, following the date of disablement, by the Consumer Price Index Increase (CPI Increase).

Pre-existing Condition

'PRE-EXISTING CONDITION' means, in relation to a claim under an insurance benefit that you have not disclosed the full details of to us, the
a) health condition was diagnosed or investigated;
b) symptoms leading to a diagnosis first appeared; or
c) event giving rise to the claim (e.g. Crisis Event, Accidental Injury, death etc.) occurred;

prior to the effective date of the commencement or the effective date of any increase or reinstatement of the insurance benefit, or the effective date of any improvement in the insurance benefit, as appropriate. This includes circumstances or symptoms which you or the Policy Owner (or a reasonable person in the same position) was aware of, or should have been aware of, including the need to consult a medical practitioner or other health professional.

Premium Pattern

'PREMIUM PATTERN'

Level premium rates remain constant until the latest Policy Anniversary prior to the life insured's 65th/70th birthday as applicable or the Expiry Date of the benefit, if earlier, whereas stepped premium rates generally increase as the life insured's age increases.

In addition, stepped or level premiums will change if:
- you request a change in your Sum Insured;
- you choose to have your Sum Insured or Insured Monthly Benefit automatically increased to keep pace with inflation; or
- premium rates are reviewed (see Premium guarantee on page 78).

You can switch between stepped and level premiums at any time unless otherwise specified by the policy/benefit.

Pulmonary Arterial Hypertension (Primary)

'PULMONARY ARTERIAL HYPERTENSION (PRIMARY)' means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant irreversible physical impairment of at least Class

III of the New York Heart Association classification of cardiac impairment. Pulmonary Hypertension in association with chronic lung disease is specifically excluded.

Other forms of hypertension (involving increased blood pressure) are specifically excluded. The New York Heart Association classifications are:

Class I – no limitation of physical activity, no symptoms with ordinary physical activity.

Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.

Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.

Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Quadriplegia

'QUADRIPLEGIA' means the total and permanent loss of function of the lower and upper limbs due to spinal cord injury or disease, or brain injury or disease.

Rheumatoid Arthritis

'RHEUMATOID ARTHRITIS' means the unequivocal diagnosis of rheumatoid arthritis by a rheumatologist that meets qualification for treatment by biological agents under PBS^ requirements after treatment with conventional disease-modifying anti rheumatic drugs (DMARDs) having failed.

Rider Benefit

'RIDER BENEFIT' refers to any optional benefit that can be added to another benefit.

Severe Diabetes

'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:

- 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:
  - 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.

*'Loss of Digit' means the surgical removal of a finger or toe from the hand or foot at the proximal interphalangeal joint.

Severe Rheumatoid Arthritis

'SEVERE RHEUMATOID ARTHRITIS' means the unequivocal diagnosis of rheumatoid arthritis by a rheumatologist that meets qualification for treatment by biological agents under PBS^ requirements after treatment with conventional disease-modifying anti rheumatic drugs (DMARDs) having failed and has failed to respond to treatment with a biological DMARD.

Sickness

'SICKNESS' means illness or disease which Manifests itself after the policy is in force and which results in Total or Partial Disablement.

Spouse

'SPOUSE' means:

- a person to whom the life insured is legally married; or
- a person (whether of the same or a different sex) who, although not legally married to the life insured, lives with the life insured on a genuine domestic basis in a relationship as a couple (de facto); or
- a person (whether of the same or different sex) with whom the life insured is in a relationship that is registered under a relevant law of a State or Territory.

Stroke

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

- There is an acute onset of objective and ongoing neurological signs that last more than 24 hours, and
- Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis.

Excluded:

- Brain damage due to an accident, infection or hypoxia;
- Transient Ischaemic Attack;
- Vasculitis or an inflammatory disease;
- Vascular disease affecting the eye, optic nerve or vestibular functions only.

Sum Insured

'SUM INSURED' means the Sum Insured for that benefit stated on the Policy Schedule adjusted by any benefit alterations the policy owner has effected, or which have been imposed by us and notified to the policy owner.

Surgery to the Aorta

'SURGERY TO THE AORTA' means surgical repair to the aorta to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include angioplasty or non-surgical techniques.

Terminal Illness

'TERMINAL ILLNESS' means the diagnosis of the life insured with an illness which in the opinion of an appropriate specialist physician approved by us, is likely to result in the death of the life insured within 24 months of the diagnosis regardless of any treatment that may be undertaken.

Under a Superannuation Plan, two Medical Practitioners (one of whom must be a specialist in the life insured's condition) must certify that the condition is likely to result in the death of the life insured within 24 months of the date of the certificate (certification period) and for each of the certificates the certification period must not have ended.

Total and Permanent Disablement (All Duties)

'TOTAL AND PERMANENT DISABLEMENT (ALL DUTIES)' means that:

(a) the life insured has suffered the total and irrecoverable loss of the:
  - sight of both eyes;
  - use of two limbs; or
  - sight of one eye and use of one limb;

  or

^ Pharmaceutical Benefits Scheme – Rheumatoid Arthritis Initial PBS authority application

(b) the life insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, immediately prior to the Injury or Sickness causing disablement:
- has been absent from employment **solely** as a result of Injury or Sickness for an uninterrupted period of at least six consecutive months; and
- is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
- at the end of the period of six months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render the life insured unable to perform all of the tasks of his or her occupation or any other occupation.

Under the Superannuation Life Cover Plan, in order to meet the definition of (a), the life insured must also become in our opinion incapacitated as a result of their ill health to such an extent as to render the life insured unlikely ever to engage in any business, profession or occupation for which the life insured is reasonably suited by education, training or experience. To assist in our determination, at least two Medical Practitioners will need to certify that the life insured has satisfied this definition.

The life insured is 'Totally and Permanently Disabled (All Duties)' if the life insured satisfies the definition of Total and Permanent Disablement (All Duties).

Total and Permanent Disablement (Any Occupation)

'TOTAL AND PERMANENT DISABLEMENT (ANY OCCUPATION)' means that:

(a) the life insured has suffered the total and irrecoverable loss of the:
- sight of both eyes;
- use of two limbs; or
- sight of one eye and use of one limb;

or

(b) the life insured:
- has been absent from employment **solely** as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months; and
- is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
- at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render the life insured unlikely ever to engage in any business, profession or occupation for which the life insured is reasonably suited by education, training or experience;

or

(c) the life insured has suffered Loss of Independence.

Under the Superannuation Life Cover Plan, in order to meet the definitions of (a) or (c), the life insured must also become in our opinion incapacitated as a result of their ill health to such an extent as to render the life insured unlikely ever to engage in any business, profession or occupation for which the life insured is reasonably suited by education, training or experience. To assist in our determination, at least two Medical Practitioners will need to certify that the life insured has satisfied this definition.

The life insured is 'Totally and Permanently Disabled (Any Occupation)' if the life insured satisfies the definition of Total and Permanent Disablement (Any Occupation).

The life insured will be deemed to be on 'Home Duties' if wholly engaged in full-time domestic duties in his or her own residence.

If the life insured is on Home Duties at the time of application and again at the time of claim, the life insured will be assessed against the Total and Permanent Disablement (Home Duties) definition.

Total and Permanent Disablement (Home Duties)

'TOTAL AND PERMANENT DISABLEMENT (HOME DUTIES)' means that:

(a) the life insured has suffered the total and irrecoverable loss of the:
- sight of both eyes;
- use of two limbs; or
- sight of one eye and use of one limb;

or

(b) the life insured, where wholly engaged in full-time unpaid domestic duties in his or her own residence:
- has been unable to perform all Normal Domestic Duties and engage in any employment for an uninterrupted period of at least three consecutive months **solely** as a result of Injury or Sickness; and
- is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
- at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render him or her likely to require indefinite ongoing medical care and unable ever to perform all Normal Domestic Duties and engage in any form of employment;

or

(c) the life insured has suffered Loss of Independence.

Under the Superannuation Life Cover Plan, in order to meet the definitions of (a), (b) or (c), the life insured must also become in our opinion incapacitated as a result of their ill health to such an extent as to render the life insured unlikely ever to engage in any business, profession or occupation for which the life insured is reasonably suited by education, training or experience. To assist in our determination, at least two Medical Practitioners will need to certify that the life insured has satisfied this definition.

The life insured is 'Totally and Permanently Disabled (Home Duties)' if the life insured satisfies the definition of Total and Permanent Disablement (Home Duties).

Total and Permanent Disablement (Own Occupation)

'TOTAL AND PERMANENT DISABLEMENT (OWN OCCUPATION)' means that:

(a) the life insured has suffered the total and irrecoverable loss of the:
- sight of both eyes;
- use of two limbs; or
- sight of one eye and use of one limb;

or

(b) the life insured:
- has been absent from their own occupation **solely** as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months; and
- is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
- at the end of the period of three months, after consideration of all the medical evidence and such other evidence as

we may require, has become in our opinion incapacitated to such an extent as to render him or her unlikely ever to engage in his or her own occupation;

or

(c) the life insured has suffered Loss of Independence.

The life insured is 'Totally and Permanently Disabled (Own Occupation)' if the life insured satisfies the definition of Total and Permanent Disablement (Own Occupation).

Total and Permanent Disablement (Universal)

'TOTAL AND PERMANENT DISABLEMENT (UNIVERSAL)' means **solely** as a result of Injury or Sickness, the life insured has suffered Loss of Independence.

Under the Superannuation Life Cover Plan, the Loss of Independence definition requires that the life insured must also become in our opinion incapacitated as a result of their ill health to such an extent as to render the life insured unlikely ever to engage in any business, profession or occupation for which the life insured is reasonably suited by education, training or experience. To assist in our determination, at least two Medical Practitioners will need to certify that the life insured has satisfied this definition.

The life insured is 'Totally and Permanently Disabled (Universal)' if the life insured satisfies the definition of Total and Permanent Disablement (Universal).

Total Disablement (Business Expenses)

'TOTAL DISABLEMENT (BUSINESS EXPENSES)' means that, **solely** as a result of Injury or Sickness, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income;
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Business Expenses)' if the life insured satisfies the definition of Total Disablement (Business Expenses).

Total Disablement (Income Protection)

'TOTAL DISABLEMENT (INCOME PROTECTION)' means that, **solely** as a result of Injury or Sickness, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Income Protection)' if the life insured satisfies the definition of Total Disablement (Income Protection).

For Superannuation Plans only

'TOTAL DISABLEMENT (INCOME PROTECTION)' means that, **solely** as a result of Injury or Sickness, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income;
- under the regular care of, and following the advice of, a Medical Practitioner;
- not working (whether paid or unpaid); and
- at the time of the making of the claim, disabled in a manner consistent, in our opinion, with a condition of release under the Superannuation Industry (Supervision) Regulations 1994.

For Ordinary Plans only

If the life insured has been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection) means that, **solely** as a result of Injury or Sickness, the life insured is:

- unable to perform any occupation for which the life insured is reasonably suited by education, training or experience; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

If the life insured is on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering the life insured, whichever is the shorter period.

Total Disablement (Income Protection – Occupation E)

'TOTAL DISABLEMENT (INCOME PROTECTION – OCCUPATION E)' means that, **solely** as a result of Injury or Sickness, the life insured is:

- unable to perform all of the duties of his or her occupation and any other occupation;
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Income Protection – Occupation E)' if the life insured satisfies the definition of Total Disablement (Income Protection – Occupation E).

For Superannuation Plans only

'TOTAL DISABLEMENT (INCOME PROTECTION – OCCUPATION E)' means that, **solely** as a result of Injury or Sickness, the life insured is:

- unable to perform all of the duties of his or her occupation and any other occupation;
- under the regular care of, and following the advice of, a Medical Practitioner;
- not working (whether paid or unpaid); and
- at the time of the making of the claim, disabled in a manner consistent, in our opinion, with a condition of release under the Superannuation Industry (Supervision) Regulations 1994.

For Ordinary Plans only

If the life insured has been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection – Occupation E) means that, **solely** as a result of Injury or Sickness, the life insured is:

- unable to perform any occupation;
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

Total Disablement (Income Protection Accident Only)

'TOTAL DISABLEMENT (INCOME PROTECTION ACCIDENT ONLY)' means that, **solely** due to Accidental Injury, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Income Protection Accident Only)' if the life insured satisfies the definition of Total Disablement (Income Protection Accident Only).

For Superannuation Plans only

'TOTAL DISABLEMENT (INCOME PROTECTION ACCIDENT ONLY)' means that, **solely** due to Accidental Injury, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income;
- under the regular care of, and following the advice of, a Medical Practitioner;
- not working (whether paid or unpaid); and
- at the time of the making of the claim, disabled in a manner consistent, in our opinion, with a condition of release under the Superannuation Industry (Supervision) Regulations 1994.

For Ordinary Plans only

If the life insured has been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection Accident Only) means that, **solely** due to Accidental Injury, the life insured is:

- unable to perform any occupation for which the life insured is reasonably suited by education, training or experience; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

If the life insured is on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering the life insured, whichever is the shorter period.

Total Disablement (Income Protection Accident Only – Occupation E)

'TOTAL DISABLEMENT (INCOME PROTECTION ACCIDENT ONLY – OCCUPATION E)' means that, **solely** due to Accidental Injury, the life insured is:

- unable to perform all of the duties of his or her occupation and any other occupation;
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Income Protection Accident Only – Occupation E)' if the life insured satisfies the definition of Total Disablement (Income Protection Accident Only – Occupation E).

For Superannuation Plans only

'TOTAL DISABLEMENT (INCOME PROTECTION ACCIDENT ONLY – OCCUPATION E)' means that, **solely** due to Accidental Injury, the life insured is:

- unable to perform all of the duties of his or her occupation and any other occupation;
- under the regular care of, and following the advice of, a Medical Practitioner;
- not working (whether paid or unpaid); and
- at the time of the making of the claim, disabled in a manner consistent, in our opinion, with a condition of release under the Superannuation Industry (Supervision) Regulations 1994.

For Ordinary Plans only

If the life insured has been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection Accident Only – Occupation E) means that, **solely** due to Accidental Injury, the life insured is:

- unable to perform any occupation;
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

Total Disablement (Income Protection Essentials – Employees)

'TOTAL DISABLEMENT (INCOME PROTECTION ESSENTIALS – EMPLOYEES)' means that, **solely** as a result of Injury or Sickness, the life insured has suffered Income Protection Loss of Independence.

The life insured is 'Totally Disabled (Income Protection Essentials – Employees)' if the life insured satisfies the definition of Total Disablement (Income Protection Essentials – Employees).

Total Disablement (Income Protection Essentials – Home Duties)

'TOTAL DISABLEMENT (INCOME PROTECTION ESSENTIALS – HOME DUTIES)' means that, **solely** as a result of Injury or Sickness, the life insured is:

- unable to perform three out of five of the duties specified in the definition of 'Normal Domestic Duties'; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Income Protection Essentials – Home Duties)' if the life insured satisfies the definition of Total Disablement (Income Protection Essentials – Home Duties).

Total Disablement – Multi Definition (Advantage Optional or PLUS Optional benefit)

'TOTAL DISABLEMENT' – Multi Definition (Advantage Optional or PLUS Optional benefit – Ordinary Plans only)

Should the life insured fall into any Occupation Category other than Category E and becomes totally disabled, he/she will be assessed under the following definitions for total disablement;

(a) If you are employed, or have been unemployed or on maternity or paternity leave for less than 12 consecutive months immediately before your disablement started, we will consider you to be totally disabled if, **solely** as a result of Injury or Sickness you are:

- unable to perform the important income producing duties of your usual occupation for more than 10 hours per week; and
- not working more than 10 hours per week in your usual occupation or any gainful occupation; and
- under the regular care of, and following the advice of, a Medical Practitioner.

However, if you have been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately before your disablement started, we will consider you to be totally disabled if, **solely** as a result of Injury or Sickness you are;

- unable to perform the important income producing duties of any occupation for which you are reasonably suited by education, training or experience for more than 10 hours per week; and
- not working more than 10 hours per week in any gainful occupation; and
- under the regular care of, and following the advice of, a Medical Practitioner.

Working hours for this benefit will equate to 25 hours per week.

or,

(b) We will consider you to be totally disabled if **solely** as a result of Injury or Sickness, you are:
- unable to perform one or more duties of your usual occupation, that is important or essential in producing income; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

However, if you have been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection) means that **solely** as a result of Injury or Sickness, you are:
- unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

or,

(c) We will consider you to be totally disabled if **solely** as a result of Injury or Sickness, you are:
- unable to perform one or more duties of your usual occupation, that is important or essential in producing income; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- earning 20% or less of your Pre-disablement Income in your usual occupation.

However, if you have been unemployed or on maternity or paternity leave for more than 12 months immediately before your disablement started, then we will consider you to be totally disabled if **solely** as a result of Injury or Sickness, you are:
- unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- earning 20% or less of your Pre-disablement Income in any occupation for which you are reasonably suited by education, training or experience.

If you are on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering you, whichever is the shorter period.

Note: This Total Disablement – Multi Definition will also be applicable to Business Expenses or Incorporated Business Expenses when selected together with the Advantage Optional or the PLUS Optional benefit under the Income Protection benefit.

Viral Encephalitis

'VIRAL ENCEPHALITIS' means severe inflammation of the brain resulting in permanent neurological deficit resulting in the life insured either:
- being totally and permanently unable to perform any one of the Activities of Daily Living (see page 92 for definition); or
- suffering at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association. Diagnosis must be confirmed by a consultant neurologist.

Waiting Period

'WAITING PERIOD' is stated on the Policy Schedule and means the number of days at the beginning of a period of disablement in respect of which no total or partial disablement benefit is payable.

The Waiting Period begins on the earlier to occur of the date:
- 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.

If during the Waiting Period the life insured returns to work, as defined in our definition of 'full-time' employment for:
- five consecutive days or a shorter period for a Waiting Period of 14 or 30 days, or
- 10 consecutive days or a shorter period for a Waiting Period of 60, 90 days, 1 year or 2 years,

then the Waiting Period will not recommence but will be extended by the number of days worked.

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.

Waiting Period (Needlestick)

WAITING PERIOD (NEEDLESTICK)' is stated on the Policy Schedule and means the number of days at the beginning of a Needlestick Injury benefit claim (applicable to Occupational Category AA only) in respect of which no Needlestick Injury benefit is payable.

The Waiting Period begins at the Date of Loss (Needlestick).

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Complimentary Interim Accidental Death Cover

AIA Australia Limited
(ABN 79 004 837 861 AFSL 230043)

will provide

.....
(name of proposer)

with Interim Accidental Death Cover

in the event of the life to be insured's Accidental Death.*

(The benefit payable is explained overleaf.)

This certificate is valid for 90 days from

.....
(date of application)

or

until the policy is issued or the application is declined or withdrawn,

whichever is the earliest to occur.

.....
Adviser's Signature

*Refer to Definitions section of this PDS

The following information applies to the
Complimentary Interim Accidental Death Cover certificate

AIA Australia Limited provides you with Complimentary Interim Accidental Death Cover at no additional cost to you.

This cover is provided from the date the certificate is issued, until the earliest of the following to occur:
1) an assessment decision is made; or
2) 90 days after the date the application is signed; or
3) the policy is issued; or
4) the application is withdrawn by the proposer.

Please note your application must be received within five working days of the issue date of the certificate.

A payment equal to your first yearly, half-yearly or monthly premium needs to accompany your application form or a Direct Debit Request, Credit Card Authority or partial rollover request from your superannuation fund has been completed. Event (1) is not applicable if you have applied for a Superannuation Plan as a member of the AIA Insurance Super Scheme No2 and selected Partial Rollover from an external superannuation fund as the payment method for the initial premium. Your adviser will provide you with this interim cover certificate once you have completed the application form.

If you applied for:	You will receive a lump sum benefit on Accidental Death equal to:
Life Cover Plan and Superannuation Life Cover Plan	The lesser of: • The total of the sums insured proposed under the Life Cover benefit, Term Cover benefits and the Accidental Death benefit; and • $1,000,000.
Crisis Recovery Stand Alone benefit	The lesser of: • The Crisis Recovery Stand Alone Sum Insured proposed; and • $5,000.
Income Protection Plan and Superannuation Income Protection Plan	Three times the Insured Monthly Benefit proposed under the Income Protection benefit and Income Protection Accidental Only benefit up to a maximum payment of $30,000. Three times the Insured Monthly Benefit proposed under the Income Protection Essentials benefit up to a maximum payment of $12,000.

Maximum payment under this cover

The maximum payment under the Complimentary Interim Accidental Death Cover is $1,000,000.

Risks not covered

The following risks are **NOT** covered.

Death directly or indirectly caused by:
(a) war (whether declared or not), invasion or civil war;
(b) intentional self-inflicted injury or suicide; and
(c) the direct or indirect effects of alcohol and/or drug abuse.

Complimentary Interim
Accidental Income Protection Cover

AIA Australia Limited
(ABN 79 004 837 861 AFSL 230043)

will provide

.....
(name of proposer)

with Interim Accidental Income Protection Cover

in the event of the total disablement** of the life to be insured due to an Accidental Injury.*

(The benefit payable is explained overleaf.)

This certificate is valid for 90 days from

.....
(date of application)

or

until the policy is issued or the application is declined or withdrawn,

whichever is the earliest to occur.

.....
Adviser's Signature

*Refer to Definitions section of this PDS
** 'total disablement' means Total Disablement (Income Protection Accident Only) in the Definitions section of this PDS

The following information applies to the
Complimentary Interim Accidental Income Protection Cover certificate

AIA Australia Limited provides you with Complimentary Interim Accidental Income Protection Cover at no additional cost to you.

This cover is provided from the date the certificate is issued, until the earliest of the following to occur:
1) an assessment decision is made; or
2) 90 days after the date the application is signed; or
3) the policy is issued; or
4) the application is withdrawn by the proposer.

Please note your application must be received within five working days of the issue date of the certificate.

A payment equal to your first yearly, half-yearly or monthly premium needs to accompany your application form or a Direct Debit Request, Credit Card Authority or partial rollover request from your superannuation fund has been completed. Event (1) is not applicable if you have applied for a Superannuation Plan as a member of the AIA Insurance Super Scheme No2 and selected Partial Rollover from an external superannuation fund as the payment method for the initial premium. Your adviser will provide you with this interim cover certificate once you have completed the application form.

The benefit will be calculated on a daily basis and will be paid monthly in arrears.

If you applied for:	You will receive a monthly benefit on your total disablement due to an Accidental Injury equal to:
Income Protection cover under Income Protection Plan and Superannuation Income Protection Plan	The lesser of: • the Income Protection Insured Monthly Benefit proposed as shown in the application; • $10,000; and • the benefit that would normally be acceptable under our underwriting rules (medical and financial). The Complimentary Interim Accidental Income Protection Cover will be paid for a maximum of six months.

The benefit is payable subject to the following conditions:
- the proposed Waiting Period for the Income Protection or Income Protection Accident Only benefit must be 14, 30 or 60 days;
- you must be totally disabled for longer than the proposed Waiting Period;
- the accidental injury must occur after the policy application date but prior to the acceptance or rejection of the application by us;
- the monthly benefit will commence from the end of the proposed Waiting Period for the remainder of the period of total disablement or for six months, whichever is the lesser.

If during the application process we decide to offer a modified policy, the Interim Accidental Income Protection Cover will also be adjusted to incorporate the modified terms. If we require an additional premium due to your medical history or pastimes, the level of your Interim Accidental Income Protection Cover will be recalculated based on your proposed premium.

If you make a claim under the Interim Accidental Income Protection Cover, when we underwrite your application, we will take into account any change in your state of health.

This cover does not apply:
- to any benefit other than total disablement; or
- where the Waiting Period proposed is 90 days or longer; or
- to total disablement which has been caused by an accidental injury that occurs after this cover ends; or
- to any illness or disease; or
- if an application for a similar type of policy, with any insurer, has been declined, cancelled or withdrawn; or
- if the application is one that we would not normally accept under our standard underwriting guidelines and practices; or
- in respect of any optional benefit added to the Income Protection benefit.

The following risks are NOT covered.

Total Disablement caused by or contributed to by:
(a) an intentional self-inflicted injury or any such attempt by you or the proposer;
(b) your participation in any occupation, sport or pastime that we would not normally cover on standard terms;
(c) an Injury or Sickness that you had before this cover began that you or the proposer didn't tell us about;
(d) football injuries (all codes);
(e) normal pregnancy, uncomplicated childbirth or miscarriage;
(f) the direct or indirect effects of alcohol and/or drug abuse;
(g) war (whether declared or not) invasion or civil war;
(h) disease or illness;
(i) AIDS, AIDS related conditions or HIV.

Complimentary Interim
Accidental Crisis Recovery Cover

AIA Australia Limited
(ABN 79 004 837 861 AFSL 230043)

will provide

.....
(name of proposer)

with Interim Accidental Crisis Recovery Cover

in the event that the life to be insured suffers a listed crisis event* due to an Accidental Injury**.

(The benefit payable is explained overleaf.)

This certificate is valid for 90 days from

.....
(date of application)

or

until the policy is issued or the application is declined or withdrawn,

whichever is the earliest to occur.

.....
Adviser's Signature

* List of crisis events found overleaf
** Refer to the Definitions section of this PDS

The following information applies to the
Complimentary Interim Accidental Crisis Recovery Cover certificate

AIA Australia Limited provides you with Complimentary Interim Accidental Crisis Recovery Cover at no additional cost to you.

This cover is provided from the date the certificate is issued, until the earliest of the following to occur:
- an assessment decision is made; or
- 90 days after the date the application is signed; or
- the policy is issued; or
- the application is withdrawn by the proposer.

Please note your application must be received within five working days of the issue date of the certificate.

A payment equal to your first yearly, half-yearly or monthly premium needs to accompany your application form or a Direct Debit Request or Credit Card Authority has been completed. Your adviser will provide you with this interim cover certificate once you have completed the application form.

If you applied for:	You will receive a lump sum benefit on an Accidental Injury equal to:
Crisis Recovery and Crisis Recovery Stand Alone benefit	The lesser of: • the total of the sums insured proposed under the Crisis Recovery and Crisis Recovery Stand Alone benefit; and • $1,000,000.

List of crisis events covered**:
- Major Head Trauma
- Blindness
- Coma
- Diplegia, Hemiplegia, Paraplegia and Quadriplegia
- Loss of Use of Limbs and/or Sight
- Major Burns
- Loss of Speech
- Loss of Hearing

This cover does not apply:
- to a claim resulting directly or indirectly from a Pre-existing Condition; or
- if the life to be insured dies within 14 days of the accidental injury; or
- to an accidental injury that occurs after this cover ends; or
- if an application for a similar type of policy, with any insurer, has been declined, cancelled or withdrawn; or
- if the application is one that we would not normally accept under our standard underwriting guidelines and practices.

Risks not covered

The following risks are **NOT** covered.

Accidental injury directly or indirectly caused by:
(a) war (whether declared or not), invasion or civil war; or
(b) an intentional self-inflicted injury or any such attempt by the life to be insured or the proposer; or
(c) suicide; or
(d) participation in any occupation, sport or pastime that we would not normally cover on standard terms; or
(e) an injury or sickness that was not disclosed to us with the application; or
(f) football injuries (all codes); or
(g) the direct or indirect effects of alcohol and/or drug abuse.

** Refer to the Definitions section of this PDS

Direct Debit Request Service Agreement

This is *your* Direct Debit Request Service Agreement with AIA Australia Limited (ABN 79 004 837 861 AFSL 230043). It explains what *your* obligations are when undertaking a Direct Debit arrangement with *us*. It also details what *our* obligations are to *you* as *your* Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of *your* Direct Debit Request (DDR) and should be read in conjunction with *your* DDR authorisation.

Definitions

account means the account held at *your financial institution* from which *we* are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between *us* and *you*.

us or ***we*** means AIA Australia Limited (ABN 79 004 837 861), Direct Debit User ID 000142 (the Debit User) *you* have authorised by requesting a *Direct Debit Request*.

you means the customer who has signed or authorised by other means the *Direct Debit Request*.

your financial institution means the financial institution nominated by *you* on the DDR at which the *account* is maintained.

1. Debiting *your account*

1.1 By signing a *Direct Debit Request* or by providing *us* with a valid instruction, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.

1.2 *We* will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.

or

We will only arrange for funds to be debited from *your account* if *we* have sent to the address nominated by *you* in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.

Except where:

We have agreed to a temporary variation in accordance with *your* instructions under clause 3 of this *agreement*; or

A credit tribunal or other legal tribunal has instructed *us* to vary the arrangement.

1.3 If the *debit day* falls on a day that is not a *business day*, *we* may direct *your financial institution* to debit *your account* on the following *business day*. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

2. Amendments by *us*

2.1 *We* may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least 14 days written notice.

2.2 *We* reserve the right to cancel this *agreement* if the first debit from *your account* is returned unpaid or two or more debit attempts are returned unpaid by *your financial institution*.

3. Amendments by *you*

3.1 *You* may change*, stop or defer a *debit payment*, or terminate this *agreement* by providing *us* with at least 14 days notification by writing to:

Policy Services Department,
AIA Australia,
PO Box 6111,
Melbourne VIC 3004

or

by telephoning *us* on 1800 333 613 during business hours;

or

arranging it through *your financial institution*, which is required to act promptly on *your* instructions.

*Note: in relation to the above reference to 'change', *your financial institution* may 'change' *your debit payment* only to the extent of advising *us your* new *account* details.

4. *Your* obligations

4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *Direct Debit Request* and this *agreement*.

4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:

(a) *you* may be charged a fee and/or interest by *your financial institution*;

(b) *you* may also incur fees or charges imposed or incurred by *us*; and

(c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.

4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct.

5. Dispute

5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 1800 333 613 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve *your* query more quickly. Alternatively *you* can take it up directly with *your financial institution*.

5.2 If *we* conclude as a result of our investigations that *your account* has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your account* has been adjusted.

5.3 If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

5.4 Any queries *you* may have about an error made in debiting *your account* should be directed to *us* in the first instance and, if *we* are unable to resolve the matter, *you* can refer such queries to *your financial institution* which will obtain details from *you* of the disputed transaction and may lodge a claim on *your* behalf.

6. Accounts

You should check:

(a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.

(b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and

(c) with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

7. Confidentiality

7.1 Subject to clause 7.2, *we* will keep any information (including *your account* details) collected as part of your *Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of our employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 *We* will only disclose information about *you* that *we* have collected as part of *your Direct Debit Request*:

(a) to the extent specifically required or permitted by law or under our privacy policy or procedures; or

(b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8. Notice

8.1 If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to

Policy Services Department,
AIA Australia,
PO Box 6111,
Melbourne VIC 3004.

8.2 *We* will notify *you* by sending a notice in the ordinary post or via email to the address *you* have given *us* in the *Direct Debit Request*.

8.3 Any notice will be deemed to have been received on the third *business day* after posting.

Contact information

Should you have any questions or concerns about your policy please contact your adviser in the first instance or us direct on 1800 333 613.

You can also visit www.aia.com.au for additional contact details and further information.

Policy Services Department

AIA Australia
PO Box 6111
MELBOURNE VIC 3004
Phone: 1800 333 613
Fax: 1800 832 266 or 03 9009 4824

Claims Department

AIA Australia
PO Box 6111
MELBOURNE VIC 3004
Phone: 1800 333 613
Fax: 03 9009 4127

Privacy Concerns

Compliance Manager

AIA Australia
PO Box 6111
MELBOURNE VIC 3004

The Privacy Commissioner

Office of the Australian Information Commissioner
GPO Box 5218
SYDNEY NSW 2001
Phone: 1300 363 992

Complaints

Complaints Coordinator

AIA Australia
PO Box 6111
MELBOURNE VIC 3004

Financial Ombudsman Service Limited (FOS)

GPO Box 3
MELBOURNE VIC 3001
Phone: 1800 367 287
Fax: (03) 9613 6399
Email: info@fos.org.au

Superannuation Complaints Tribunal (SCT)

Locked Bag 3060
MELBOURNE VIC 3001
Telephone: 1300 884 114
Fax: (03) 8635 5588

AIA Insurance Super Scheme No2

Fund Administrator

Phone: 1800 333 613

Aon Superannuation Pty Limited (Trustee)

ABN: 83 057 982 822
AFSL: No. 237465
PO Box 534
SYDNEY NSW 2001

As per the 'Transfers to an eligible rollover fund' section on page 71, money held for you in the Scheme can be transferred to an Eligible Rollover Fund (ERF) in some circumstances. The contact details for the ERF are as follows:

Aon Eligible Rollover Fund (Aon ERF)

PO Box 1949
WOLLONGONG NSW 2500
Email: contactaon@pillar.com.au
Phone: 1300 880 588
Fax: 1300 267 582

AIA Australia
509 St Kilda Road
Melbourne VIC 3004

This is the end of the PDS.

Benefiting from a healthier lifestyle with AIA Vitality is easy.

To find out more about the AIA Vitality program talk to your adviser or visit **aiavitality.com.au**

AIA Vitality

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With AIA Vitality you'll get up to 12.5% initial discount on AIA Australia policies. As an AIA Vitality member, you'll get even more out of life with ongoing discounts and rewards that make your everyday healthy choices pay off.

AIA Vitality is the science-backed health and wellness program brought to you by AIA Australia. Over time, it could decrease the cost of your premiums and make it easier to stay in shape.

Here's how it works:

In three easy steps, AIA Vitality can help you to understand your health, get the best tools to improve and maintain it, and enjoy rewards to get more out of your daily living, including discounted flights, movie tickets and more.

1

Know Your Health

HEALTH CHECKS
NUTRITION ASSESSMENTS
FITNESS ASSESSMENTS

We offer a range of online and offline health assessments to help you find out more about your health.

2

Improve Your Health

HEALTHY EATING
EXERCISE & FITNESS
LIFESTYLE & WELLBEING

We help you set goals and maintain good health through discounts on gym memberships, fitness devices and more.

3

Enjoy the Rewards

FLIGHTS
ENTERTAINMENT
SHOPPING VOUCHERS

We keep you motivated with ongoing rewards for all your effort, including discounts on flights, movie tickets, shopping vouchers, spa treatments and more.

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