

# POLICY ENHANCEMENT SUMMARY

## For policyholders

3 April 2021



**Every year AIA Australia upgrades its Priority Protection and Priority Protection for Platform Investors benefit range to ensure that the features and benefits offered to our customers and policy holders meet their changing needs.**

In addition to our regular product review, the Priority Protection Product Disclosure Statement and Policy Document (PDS) dated 3 April 2021 has been updated in response to the changes to Unfair Contract Terms (UCT) law.

The latest enhancements which are being passed back to existing policy holders are listed in this document.

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

These enhancements apply from 3 April 2021. The improved features and benefits outlined below are only effective on and from this date. These enhancements will not apply to any policy where a claim is pending or where a claim is in the process of being paid. The enhancements override your existing policy terms and conditions (except to the extent where you are disadvantaged in any way, in which case the previous policy wording will apply) and are subject to any pre-existing conditions.

The tables below are a summary only and should be read in conjunction with the full terms and conditions relating to the enhanced benefit in the Priority Protection Product Disclosure Statement and Policy Document (PDS) dated 3 April 2021.

Where the change is limited to a word or phrase, it has been highlighted for ease of reading. The description of the benefit or term 'Prior to change' shown is as per the PDS dated 16 January 2021. The enhancement still applies to you if your existing PDS has a different description of this benefit.

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## Table 1. Updates to benefits and general policy terms

Benefit	Prior to change	After change
<b>All Plans, Pre-existing Condition exclusion</b>		
<p><b>Important information about your policy</b></p> <p><b>General terms and conditions</b></p> <p>Updated Pre-existing condition exclusion</p>	<p><b>Pre-existing Condition</b></p> <p>Your Policy will not provide cover in respect of any Pre-existing Condition that you knew about or should reasonably have known about and have not disclosed in full to us before a benefit commences, is reinstated or increased (as shown on the Policy Schedule).</p>	<p><b>Pre-existing Condition</b></p> <p>Your Policy will not provide cover in respect of any Pre-existing Condition, except if:</p> <ul style="list-style-type: none"> <li>• you disclosed the Pre-existing Condition to us before the commencement, reinstatement or increase of the applicable benefit and we did not limit or exclude cover provided under that benefit in respect of that Pre-existing Condition; or</li> <li>• you did not disclose the Pre-existing Condition to us before the commencement, reinstatement or increase of the applicable benefit in circumstances where cover provided under that benefit would not have been declined, limited or excluded by us, nor would we have applied a loading, on the basis of that Pre-existing Condition.</li> </ul> <p>If, in relation to a health condition, you had suffered symptoms which, to a reasonable person, would have indicated the presence of that health condition or the need to seek medical treatment or investigation that would have revealed the presence of that health condition prior to the commencement, reinstatement or increase of the relevant benefit, that health condition will be a Pre-existing Condition notwithstanding that you were not in fact aware of it.</p>
<p><b>Pre-existing Condition definition</b></p>	<p><b>Pre-existing Condition</b> means in relation to a claim under an insurance benefit for either you or your Insured Child, you did not fully disclose to us:</p> <ul style="list-style-type: none"> <li>• a health condition that was diagnosed or investigated, or</li> <li>• symptoms related to a health condition that would cause a reasonable person to seek diagnosis, care or treatment from a Medical Practitioner or other health professional, that occurred prior to the commencement, reinstatement or increase of the benefit as shown on your Policy Schedule.</li> </ul> <p>This includes circumstances or symptoms which you (or a reasonable person in the same position) were aware of, or should have been aware of, including the need to consult a Medical Practitioner or other health professional.</p>	<p><b>Pre-existing Condition</b> means a health condition:</p> <ul style="list-style-type: none"> <li>• that first occurred before the commencement, reinstatement or increase of the relevant cover; and</li> <li>• which you had at the relevant time been aware of, or which a reasonable person in your position could have been expected to have been aware of.</li> </ul> <p>If, in relation to a health condition, you had suffered symptoms which, to a reasonable person, would have indicated the presence of that health condition or the need to seek medical treatment or investigation that would have revealed the presence of that health condition prior to the commencement, reinstatement or increase of the relevant benefit, that health condition will be a Pre-existing Condition notwithstanding that you were not in fact aware of it and you will not be covered in respect of it if we would have declined to cover you in respect of it if we had knowledge of it.</p>
<b>Life Cover Plan and Superannuation Life Cover Plan</b>		
<p><b>Accidental Death</b></p> <p>Updated definition</p>	<p><b>Accidental Death</b> 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 your state of mental or physical health before the event. Death resulting from a Sickness does not constitute 'Accidental Death'.</p>	<p><b>Accidental Death</b> means death that results from a physical injury (or combination of physical injuries) caused solely and directly by a violent, accidental and unexpected event and which occurs within six months of the relevant event. A death, which is traceable, even indirectly, to your state of mental or physical health before the event, or which results from a Sickness (including a Sickness caused by an Accidental Injury), will not constitute Accidental Death.</p>

Benefit	Prior to change	After change
<p><b>Needlestick Injury</b></p> <p>Remove the requirement to report the accident to us within 30 days</p> <p>Clarified exclusion relating to cure</p>	<p>You must report the accident to <b>us and</b> the relevant licensing body within 30 days of the accident 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.</p> <p><b>Exclusion</b></p> <ul style="list-style-type: none"> <li>where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available prior to the accident giving rise to a claim, or</li> </ul>	<p>You must report the accident to the relevant licensing body within 30 days of the accident 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.</p> <p><b>Exclusion</b></p> <ul style="list-style-type: none"> <li>where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available <b>to the Life Insured</b> prior to the accident giving rise to a claim, or</li> </ul>

### Life Cover Plan, Crisis Recovery Stand Alone Plan

<p><b>Crisis Recovery, Crisis Extension, Double Crisis Recovery</b> and the <b>Crisis Recovery benefit</b> in Income Protection</p> <p>Removed the three-month period to provide proof of diagnosis and added 'reasonable' medical opinion.</p>	<p><b>Proof of positive diagnosis</b></p> <p>Once you have notified us in writing that you are submitting a claim on your Policy, we will provide you with the appropriate forms, including a proof of positive diagnosis form. You must return proof of the positive diagnosis form to us <b>within three months of the date of diagnosis.</b></p> <p><b>Failure to provide proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within the required timeframe, subject to proof being provided as soon as is reasonably possible.</b></p> <p>We have the right and opportunity to examine you, and your Child, if the claim is under the Family Protection or the Complimentary Family Protection benefit (where applicable), when and as often as we may reasonably require in connection with a claim. We will do this at our own expense.</p> <p>The Crisis Recovery, Double Crisis Recovery, Crisis Recovery Stand Alone, Complimentary Family Protection or Family Protection benefits will not be payable unless the Crisis Event and the date of diagnosis are confirmed in writing by a Medical Practitioner and/or legally qualified pathologist.</p> <p>The person confirming the diagnosis must base that diagnosis <b>solely</b> on our definition of the relevant Crisis Event (as set out in Section 12.2 Medical Definitions), after a study of the histological material and clinical presentation based on the medical history, physical examination, radiological studies, and the results of any other diagnostic procedures performed on you or your Child. <b>Any diagnosis must be confirmed by us.</b></p>	<p><b>Proof of positive diagnosis</b></p> <p>Once you have notified us in writing by <b>mailing, fax or email</b> that you are submitting a claim on your Policy, we will provide you with the appropriate forms, including a proof of positive diagnosis form. You must return proof of the positive diagnosis form <b>to us.</b></p> <p>We have the right and opportunity to examine you, and your Child, if the claim is under the Family Protection or the Complimentary Family Protection benefit (where applicable), when and as often as we may reasonably require in connection with a claim. We will do this at our own expense.</p> <p>The Crisis Recovery, Double Crisis Recovery, Crisis Recovery Stand Alone, Complimentary Family Protection or Family Protection benefits will not be payable unless the Crisis Event and the date of diagnosis are confirmed in writing by a Medical Practitioner and/or legally qualified pathologist.</p> <p>The person confirming the diagnosis <b>must act reasonably when determining their opinion and must base that diagnosis solely</b> on our definition of the relevant Crisis Event (as set out in Section 12.2 Medical Definitions), after a study <b>of the relevant and reasonably necessary</b> histological material and clinical presentation based on the medical history, physical examination, radiological studies, and the results of any other diagnostic procedures performed on you or your Child.</p>
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Benefit	Prior to change	After change
<p><b>Crisis Recovery</b></p> <p><b>Complimentary Family Protection</b></p> <p><b>Exclusions</b></p> <p>Re-worded for clarity</p> <p>Clarified the exclusion on congenital conditions</p>	<p><b>Exclusions – Complimentary Family Protection</b></p> <p><b>Pre-existing conditions</b></p> <p>No Complimentary Family Protection benefit is payable in relation to a Complimentary Family Protection Crisis Event or the passing away of your Child, if these events are a result of:</p> <ul style="list-style-type: none"> <li>• experiencing any symptoms</li> <li>• consulting a Medical Practitioner, or</li> <li>• undergoing any investigation</li> </ul> <p>that leads to a diagnosis of a Complimentary Family Protection Crisis Event, prior to the commencement or reinstatement of the Complimentary Family Protection benefit as shown on your Policy Schedule.</p> <p>In addition, no Complimentary Family Protection benefit is payable in relation to a Complimentary Family Protection Crisis Event or the passing away of your Child, if these events are as a result of:</p> <ul style="list-style-type: none"> <li>• experiencing any symptoms</li> <li>• consulting a Medical Practitioner, or</li> <li>• undergoing any investigation</li> </ul> <p>that leads to a diagnosis of a Complimentary Family Protection Crisis Event, prior to the Child turning two years old.</p> <p>No payment will be made if the event causing death, or the Complimentary Family Protection Crisis Event was caused by:</p> <ul style="list-style-type: none"> <li>• a congenital condition</li> <li>• an intentional act of the Child’s parent or guardian</li> <li>• an intentional act of someone who lives with or supervises the Child, or</li> <li>• your intentional act.</li> </ul>	<p><b>Exclusions – Complimentary Family Protection</b></p> <p><b>Pre-existing conditions</b></p> <p>No Complimentary Family Protection benefit is payable if the Terminal Illness or death of your Child is a result of a Pre-existing Condition.</p> <p>In addition, after the commencement or reinstatement of the Complimentary Family Protection Benefit as shown in your Policy Schedule and prior to the Child’s second birthday, no Complimentary Family Protection benefit is payable if the Complimentary Family Protection Crisis Event is, or the passing away of your Child is a result of a health condition in respect of which your Child:</p> <ul style="list-style-type: none"> <li>• experienced any symptoms;</li> <li>• consulted a Medical Practitioner; or</li> <li>• underwent any investigation.</li> </ul> <p>No payment will be made if the event causing death, or the Complimentary Family Protection Crisis Event was caused by:</p> <ul style="list-style-type: none"> <li>• a congenital condition (i.e. a condition the child is born with), except where the condition was present at or prior to the commencement or reinstatement of the Complimentary Family Protection Benefit and you were not, or a reasonable person in your position would not be expected to be aware of, that condition</li> <li>• an intentional act of the Child’s parent or guardian</li> <li>• an intentional act of someone who lives with or supervises the Child, or</li> <li>• your intentional act.</li> </ul>
<b>Income Protection Plan, Superannuation Income Protection Plan</b>		
<p><b>Needlestick Injury benefit</b></p> <p><b>Limitations</b></p> <p>Remove the requirement to report the accident to us within 30 days</p> <p>Clarified limitation relating to cure</p>	<ul style="list-style-type: none"> <li>• Any injury giving rise to a potential claim must be reported to us in addition to your relevant licensing body within 30 days and be supported by a negative HIV, Hepatitis B or Hepatitis C antibody test taken within seven days after the injury.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Any injury giving rise to a potential claim must be reported to your relevant licensing body within 30 days and be supported by a negative HIV, Hepatitis B or Hepatitis C antibody test taken within seven days after the injury.</li> <li>• Cover for the Needlestick Injury benefit will not apply where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available to the Life Insured before the accident giving rise to a claim.</li> </ul>
<p><b>Income Protection</b></p> <p><b>Other information</b></p> <p>Term of cover</p>	<p><b>Term of cover</b></p> <p>Policy Guaranteed renewable until the Expiry Date.</p>	<p><b>Term of cover</b></p> <p>Policy continues in accordance with its terms, subject to payment of premium, until the Expiry Date.</p>

Benefit	Prior to change	After change
<p><b>Income Protection and Income Protection Accident Only</b></p> <p><b>Limitations and exclusions</b></p> <p><b>Claim offsets – Ordinary Plans – Occupation Categories: A1, A2, M</b></p> <p><b>This same change also applies to:</b></p> <p><b>Claim offsets – Ordinary Plans – Occupation Categories: A3, A4, B, C, CT, D and E</b></p> <p><b>Superannuation Plans – all occupations (except Home Duties)</b></p>	<p><b>Claim offsets</b></p> <p><b>Ordinary Plans – Occupation Categories: A1, A2, M</b></p> <p>This condition applies to Income Protection cover, including the Needlestick Injury benefit, and Income Protection Accident Only cover.</p> <p>If you make a claim for a Total Disablement or Partial Disablement benefit, we may reduce your benefit amount by amounts received from other sources.</p> <p>Amounts that can be offset include regular payments made from another insurance policy, or from a superannuation/pension plan that you did not disclose when you applied for this Policy, or when you applied for an increase in cover under this Policy. If the Income Protection cover has a Benefit Period of 'To age 70', then any government age pension you receive can also be offset.</p> <p>If any of these regular payments are paid as a lump sum rather than a monthly payment, we will convert them to a monthly payment equivalent to one-sixtieth (1/60th) of the lump sum payment for a period of up to 5 years.</p> <p>We will only reduce what we pay to you by the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss for the same period, as determined by us at our discretion.</p> <p>You must provide to us, as soon as reasonably practicable, a breakdown of the lump sum received. This should include the portions of the lump sum relating to loss of income, loss of earning capacity or any other economic loss and any other information we reasonably require.</p> <p>Where you do not provide sufficient information for us to reasonably identify the above portions of the lump sum received, for the purposes of calculating the amount to be offset we will convert the whole lump sum to a monthly amount at a rate of one-sixtieth (1/60th) of the lump sum payment for a period of up to 5 years.</p> <p>Any lump sum TPD, Crisis Recovery or Terminal Illness benefit payments will not be offset against your Total Disablement or Partial Disablement benefit payments.</p> <p>We will reduce the Total Disablement benefit only to the extent that the sum of the Total Disablement benefit and any other payments received cannot exceed:</p> <ul style="list-style-type: none"> <li>• 75% of the first \$26,667 of your monthly Pre-disablement Income</li> <li>• plus 50% of the next \$20,000 of your monthly Pre-disablement Income</li> <li>• plus 20% of the next \$150,000 of your monthly Pre-disablement Income.</li> </ul> <p>We will reduce the Partial Disablement benefit to the extent that the sum of the Partial Disablement benefit, your monthly Income and any other payments received cannot exceed 100% of your monthly Pre-disablement Income.</p>	<p><b>Claim offsets</b></p> <p><b>Ordinary Plans – Occupation Categories: A1, A2, M</b></p> <p>This condition applies to Income Protection cover, including the Needlestick Injury benefit, and Income Protection Accident Only cover.</p> <p>If you make a claim for a Total Disablement or Partial Disablement benefit, we will reduce your benefit amount by the amount of any payments received relating to loss of income, loss of earning capacity or any other economic loss caused by the relevant Injury or Sickness from another insurance policy, or from a superannuation/pension plan that you did not disclose when you applied for this Policy, or when you applied for an increase in cover under this Policy. If the Income Protection cover has a Benefit Period of 'To age 70', then any government age pension you receive can also be offset.</p> <p>If any of these payments are received as a lump sum rather than a monthly payment they will be converted, for the purpose of applying this offset provision, to a monthly amount equivalent to one-sixtieth (1/60th) of the lump sum amount for a period of 5 years.</p> <p>You must provide to us, as soon as reasonably practicable, a breakdown of any lump sum received. This should include (where applicable) the portions of the lump sum relating to loss of income, loss of earning capacity or any other economic loss as a result of the Injury or Sickness, and any other information we reasonably require for the purpose of verifying the amount of such payments.</p> <p>Where you do not provide sufficient information for us to reasonably identify the above portions of the lump sum received, for the purposes of calculating the amount to be offset we will (acting reasonably on the basis of the information which we have received regarding the lump sum payment), decide what portion of the lump sum relates to loss of income, loss of earning capacity or any other economic loss as a result of the Injury or Sickness and advise you of this in writing prior to applying the offset based on the lump sum payment. Should you disagree with our assessment, you can request a review at which point we will act reasonably in considering any additional information you provide in relation to the lump sum payment.</p> <p>Any lump sum TPD, Crisis Recovery or Terminal Illness benefit payments will not be offset against your Total Disablement or Partial Disablement benefit payments.</p> <p>We will reduce the Total Disablement benefit only to the extent that the sum of the Total Disablement benefit and any other payments received cannot exceed:</p> <ul style="list-style-type: none"> <li>• 75% of the first \$26,667 of your monthly Pre-disablement Income</li> <li>• plus 50% of the next \$20,000 of your monthly Pre-disablement Income</li> <li>• plus 20% of the next \$150,000 of your monthly Pre-disablement Income.</li> </ul> <p>We will reduce the Partial Disablement benefit to the extent that the sum of the Partial Disablement benefit, your monthly Income and any other payments received cannot exceed 100% of your monthly Pre-disablement Income.</p>
<p>Updated the process followed to determine the offsets of lump sum payment.</p>		

Benefit	Prior to change	After change
<p><b>Income Protection CORE</b></p> <p><b>Total Disablement</b> and <b>Partial Disablement</b></p> <p>Updated terms in relation to cover inside super</p>	<p>*You must also at the time of the making of the claim, be disabled in a manner consistent, in our opinion, with the Temporary Incapacity condition of release under the Superannuation Industry (Supervision) Regulations. If your disability does not meet the above definition your claim will be assessed under your Complimentary Income Protection CORE Extras policy and benefits paid if eligible.</p>	<p>*You must also at the time of the making of the claim, be disabled in a manner consistent with the Temporary Incapacity condition of release under the <i>Superannuation Industry (Supervision) Regulations 1994</i>. If your disability does not meet the above definition your claim will be assessed under your Complimentary Income Protection CORE Extras policy and benefits paid if eligible.</p> <p>Your state of ill health at the time of making a claim must be such as to cause you to cease to be employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.</p>
<p><b>Income Protection, Income Protection Accident Only and IP CORE</b></p> <p>Updated the 'Rehabilitation Expenses benefit' and 'Rehabilitation Incentive benefit'</p> <p>Clarification of the types of rehabilitation programs that are/are not covered.</p>	<p><b>Rehabilitation Expenses</b></p> <p>We will pay the costs of your participation in a rehabilitation program that is part of a structured return to work program and is necessary to assist in your rehabilitation back to work. We must approve the program prior to your participation.</p>	<p><b>Rehabilitation Expenses</b></p> <p>We will pay the costs of your participation in an approved Occupational Rehabilitation Program that is part of a structured return to work program and is necessary to assist in your rehabilitation back to work.</p> <p>We won't pay the costs of your participation in certain types of rehabilitation programs. For example, we will not reimburse costs of participating in the following types of programs:</p> <ul style="list-style-type: none"> <li>• Programs which provide treatment as defined by the Life Insurance and Health Insurance Acts</li> <li>• Ongoing services that do not lead to an increase in function</li> <li>• Programs that do not have the primary purpose of returning you to paid employment</li> <li>• Programs that do not have goals incorporated into the plan that can be measured</li> <li>• Programs that are for general wellbeing and are not part of an occupational rehabilitation program.</li> </ul> <p>We recommend you seek our approval of the program prior to your participation otherwise there is the risk that you'll be out of pocket for the costs incurred. We won't unreasonably delay letting you know whether or not we'll reimburse you for the proposed rehabilitation program.</p>
	<p><b>Income Protection PLUS Optional Rehabilitation Incentive benefit</b></p> <p>We will pay a benefit of three times your Insured Monthly Benefit if you return to paid Full-time Employment after attending a rehabilitation program that was approved by us, and you remain in paid Full-time Employment for six consecutive months. We will pay this benefit once only.</p>	<p><b>Income Protection PLUS Optional Rehabilitation Incentive benefit</b></p> <p>We will pay a benefit of three times your Insured Monthly Benefit if you return to paid Full-time Employment after attending a rehabilitation program that is part of a structured return to work program that has previously been verified by a Medical Practitioner as being reasonably necessary to assist in your rehabilitation back to work, or is otherwise approved by us, and you remain in paid Full-time Employment for six consecutive months. We will pay this benefit once only.</p> <p>We recommend you seek our approval of the program prior to your participation otherwise there is the risk that you will not receive this benefit. We won't unreasonably delay letting you know whether or not we approve the program for the purpose of this benefit.</p>

Benefit	Prior to change	After change
<b>All Plans, Built-In Benefits</b>		
<p><b>Premium Freeze</b></p> <p>Removes 'calculated by us' and to clarify how the cover is decreased to keep your premiums unchanged</p>	<p><b>7.1 Premium Freeze</b></p> <p>At each Policy Anniversary, you can choose to pay the same premium for the next Policy year as you paid for the previous Policy year. To exercise this option you must be at least 35 years old and paying Stepped premiums.</p> <p>If you select Premium Freeze, the Sum Insured will decrease the next Policy year at the Policy Anniversary by an amount calculated by us so as to ensure that your premium remains unchanged.</p>	<p><b>7.1 Premium Freeze</b></p> <p>At each Policy Anniversary, you can choose to pay the same premium for the next Policy year as you paid for the previous Policy year. To exercise this option you must be at least 35 years old and paying Stepped premiums.</p> <p>If you select Premium Freeze, the Sum Insured on the cover will be decreased the next Policy year to match the premium you paid in the previous Policy year.</p>
<p><b>Guaranteed Future Insurability (Income Protection) Limitations</b></p> <p>Clarification on what type of insurance policy</p>	<p>The option can be exercised once only within any 12-month period, and only if:</p> <ul style="list-style-type: none"> <li>you have not made a claim or intend to make a claim on any insurance policy issued by us or any other insurer, at the time of the request to exercise the option</li> </ul>	<p>The option can be exercised once only within any 12-month period, and only if:</p> <ul style="list-style-type: none"> <li>you have not made a claim or intend to make a claim on any life insurance policy with income protection issued by us or any other insurer, at the time of the request to exercise the option</li> </ul>
<p><b>Guaranteed Future Insurability Life Cover (including TPD rider) Limitations</b></p> <p>Clarification on what type of insurance policy</p>	<p><b>Limitations</b></p> <p>This Built-in Benefit can only be exercised up until the Policy Anniversary prior to your 55th birthday and only if:</p> <ul style="list-style-type: none"> <li>we accepted your original application for insurance cover on standard terms without any policy loadings/exclusions or other policy restrictions</li> <li>you have not made a claim or intend to make a claim on any insurance policy for issued by us or any other insurer, and</li> <li>you have not elected to freeze premiums.</li> </ul>	<p><b>Limitations</b></p> <p>This Built-in Benefit can only be exercised up until the Policy Anniversary prior to your 55th birthday and only if:</p> <ul style="list-style-type: none"> <li>we accepted your original application for insurance cover on standard terms without any policy loadings/exclusions or other policy restrictions</li> <li>you have not made a claim or intend to make a claim on any life insurance policy for TPD issued by us or any other insurer, and</li> <li>you have not elected to freeze premiums.</li> </ul>
<b>Superannuation Life Cover Plan, Superannuation Income Protection Plan</b>		
<p><b>AIA Insurance Superannuation Scheme No2 Cancellation of your insurance and Scheme Membership</b></p> <p>Updated instructions on how to cancel your Superannuation Plans</p>	<p><b>Cancellation of your insurance and Scheme membership</b></p> <p>You can cancel some or all of your insurance cover through the Scheme. Where you cancel all your insurance cover, your membership of the Scheme will also cease, and vice versa.</p> <p>You can cancel some or all of your insurance cover through the Scheme. Where you cancel all your insurance cover, your membership of the Scheme will also cease, and vice versa.</p> <p>To cancel all your insurance cover and Scheme membership, or cancel some of your insurance cover, you will need to send your written cancellation request to the trustee of the Scheme (refer to Section 10.2 for further information about cancelling insurance cover including information about any refund of premiums and cancellation charges that may apply). If you send your cancellation request to AIA Australia, AIA Australia may need to confirm your request with the trustee of the Scheme.</p>	<p><b>Cancellation of your insurance and Scheme membership</b></p> <p>To cancel all your insurance cover and Scheme membership, or cancel some of your insurance cover, you will need to send your written cancellation request by mail, fax or email or in any other manner permitted by law, to us (refer to Section 10.2 for further information about cancelling insurance cover including information about any refund of premiums and cancellation charges that may apply). Once AIA Australia receives your cancellation request we will need to confirm your request with the trustee of the Scheme.</p>

Benefit	Prior to change	After change
<b>All Plans, Important Information about your policy</b>		
<b>Premium rates</b>	<p><b>Premium rates</b></p> <p>Notwithstanding the premium rate guarantee (see Premiums in Section 11.2), your premiums may be varied time to time.</p>	<p><b>Premium rates</b></p> <p>The premiums you are required to pay in order to maintain your cover may change from year to year. See Section 11.2 for details on circumstances in which this may occur.</p>
<b>Late payment of premiums</b>	<p><b>Late payment of premiums</b></p> <p>If you or the trustee (where applicable, in the case of cover held through a Superannuation Plan) 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, we may require evidence of continued good health and eligibility before reinstating the Policy and you will not be covered or any symptoms that were apparent before the reinstatement.</p>	<p><b>Late payment of premiums</b></p> <p>If you or the trustee (where applicable, in the case of cover held through a Superannuation Plan) 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, we may require evidence of continued good health and eligibility before reinstating the Policy and you will not be covered <b>under the reinstated policy for</b> any symptoms that were apparent before the reinstatement.</p>
<p><b>Guaranteed renewability</b></p> <p>Renamed and updated</p>	<p><b>Guaranteed renewability</b></p> <p>Provided you pay the appropriate premium in full within 60 days of the premium due date, the continuation of your cover until the applicable Expiry Date will be unaffected by any changes in the Life Insured's health, occupation or pastimes, and in the case of the Income Protection Plan and the Business Expenses Plan, whether a claim has been made.</p>	<p><b>Cover continues regardless of changes to your circumstances</b></p> <p>Subject to payment of the appropriate premiums in full within 60 days of the premium due date, and the conditions that will end cover (see the applicable 'When cover begins and ends'), you cover will continue until the applicable Expiry Date.</p>
<b>Fees and charges</b>	<p><b>Fees and charges</b></p> <p>Cover under your Policy is subject to payment of the fees and costs payable in relation to your Policy, as set out in your Policy Schedule (including any <b>endorsements thereto</b>) and the <b>renewal statement</b> we provide to you annually.</p>	<p><b>Fees and charges</b></p> <p>Cover under your Policy is subject to payment of the fees and costs payable in relation to your Policy, as set out in your Policy Schedule (including any <b>relevant endorsements</b>) and <b>policy information</b> we provide to you annually.</p>
<p><b>Renewal statement</b></p> <p>Renamed and updated</p>	<p><b>Renewal statement</b></p> <p>Each year you will receive a <b>renewal statement</b> showing the level of your selected benefits under the Policy. Any change to the fees and charges and to <b>the taxation treatment of the Policy</b> and any other matter relevant to the Policy over the preceding year will also be shown in the renewal statement.</p> <p>If there are any material changes to the circumstances described in this PDS, you will be notified of these <b>in the renewal statement</b>. However, any material change related to fees and charges will be notified in writing prior to the change taking effect.</p>	<p><b>Policy information we send you</b></p> <p>Each year you will receive <b>policy information</b> showing the level of your selected benefits under the Policy. Any change to the <b>premiums</b>, fees and charges in accordance with Section 11.1 and any other matter relevant to the Policy over the preceding year will also be communicated to you.</p> <p>If there are any material changes to the circumstances described in this PDS, you will be notified of these as well. However, any material change related to fees and charges will be notified in writing prior to the change taking effect.</p>
<p><b>Cancelling your Policy (other than during a cooling-off period)</b></p> <p>Updated how to cancel your policy</p>	<p><b>Cancelling your Policy (other than during a cooling-off period)</b></p> <p>You or the trustee, as applicable, can cancel your Policy or individual benefits within the Policy at any time. The Policy may also be cancelled by us in accordance with the provisions of the <i>Life Insurance Act 1995 (Cth)</i> or any relevant legislation. Any request to cancel the Policy must be made in writing and <b>signed by</b> the Policy Owner.</p>	<p><b>Cancelling your Policy (other than during a cooling-off period)</b></p> <p>You or the trustee, as applicable, can cancel your Policy or individual benefits within the Policy at any time. The Policy may also be cancelled by us in accordance with the provisions of the <i>Life Insurance Act 1995 (Cth)</i> or any relevant legislation. Any request to cancel the Policy must be made in writing and <b>authorised by</b> the Policy Owner. <b>Cancellation requests can be sent to us by mail, fax or email or in any other manner permitted by law.</b></p>

Benefit	Prior to change	After change
<p><b>Lapse and reinstatement of your Policy</b></p> <p>Removed the requirement to pay interest on any unpaid premiums</p>	<p>You will also need to pay any unpaid premiums or premiums with compound interest as we determine.</p>	<p>You will also need to pay any unpaid premiums.</p>
<p><b>Making a claim</b></p> <p>Updated and clarified the process and requirements for making a claim</p>	<p><b>Making a claim</b></p> <p>You or your beneficiaries must notify us at the earliest possible opportunity of any claim or potential claim against the Policy. All conditions necessary to entitle a claim must be met whilst the Policy is in force.</p> <p>Following our receipt of your written notice of a claim, we will provide you with the appropriate forms so that proof of your claim can be filed with us. The forms can also be obtained by contacting our Claims Department on 1800 333 613.</p> <p>The completed claim forms and any other particulars we reasonably request as proof of any entitlement to claim must be provided to us and the trustee, where applicable, before we can begin processing your claim. All certificates and evidence required by us will be at your expense, within 30 days of the written notice, and will be in the form and of the nature as we may request.</p> <p>Where appropriate, and at our discretion, you may need to be medically examined by our Medical Practitioner or undergo other medical examination (including blood tests and other tests) when and as often as is reasonable in connection with your claim.</p> <p>Payment of a Sum Insured or Insured Monthly Benefit may not be made for any period more than one month prior to us having received written notice of the claim.</p> <p>For Superannuation Plans, all claim payments will be paid to the trustee. If directed, we will pay the full claim amount directly to you and you will be responsible for paying the appropriate amount of tax to the Australian Taxation Office.</p> <p>Where premiums have been paid in advance, as determined by us, we may refund the unexpired portion of the premium, less any charges to you.</p>	<p><b>Making a claim</b></p> <p>You or your beneficiaries should notify us as soon as practicable of any claim or potential claim against the Policy. The event giving rise to your claim must have occurred while the Policy was in force.</p> <p>Following our receipt of your written notice of a claim, we will provide you with the appropriate forms so that proof of your claim can be filed with us. The forms can also be obtained by contacting our Claims Department on 1800 333 613.</p> <p>The completed claim forms (where relevant) and any other particulars we reasonably request as proof of any entitlement to claim must be provided to us and the trustee, where applicable. All certificates and evidence required will be in the form and of the nature as we may request.</p> <p>Where appropriate and reasonably necessary in connection with your claim, we may require you to be medically examined by our medical practitioners or undergo other relevant medical examinations (including blood tests and other tests).</p> <p>For Superannuation Plans, all claim payments will be paid to the trustee. If directed, we will pay the full claim amount directly to you and you will be responsible for paying the appropriate amount of tax to the Australian Taxation Office.</p>

Benefit	Prior to change	After change
<b>Policy upgrades</b>	<b>Policy upgrades</b>	<b>Policy upgrades</b>
Clarification of the application of policy upgrades	<p>From time to time we will review the benefits provided under the Policy. If we improve the benefits under the Policy and such improvements result in no increase in premium rates (and, in the case of Superannuation Plans, the improvements are consistent with superannuation laws), we will automatically add these benefit improvements to your existing Policy.</p> <p>These benefit improvements will be effective from the first date that a new Priority Protection Policy can be purchased from us containing these improvements.</p> <p>The benefit improvements will not apply to the assessment of claims which relate to any health conditions that you already had when the improvement took place.</p> <p>If a situation arises where you are disadvantaged in any way as a result of the upgrade, the previous policy wording will apply</p>	<p>From time to time we will review the benefits provided under the Policy. If we improve the benefits under the Policy and such improvements result in no increase in premium rates (and, in the case of Superannuation Plans, the improvements are consistent with superannuation laws), we will (with effect from the first date that a new Priority Protection Policy containing these improvements can be purchased from us) administer your Policy on the basis that such improvements apply to it.</p> <p>We will not apply these benefit improvements to the assessment of claims which relate to any health conditions that you already had when the improvements took effect.</p> <p>If a situation arises where you are disadvantaged in any way as a result of benefit improvements being applied in relation to your Policy, the previous policy wording will apply.</p>

### All Plans, Costs of Insurance

Changes to fees and charges	Changes to fees and charges	Changes to fees and charges
Clarification on when we may vary premium rates, fees and charges	<p>We retain the right to vary any fees and charges at our discretion. Future government charges may also vary, and this may affect your premium.</p> <p>We will advise you in writing at least 30 days prior to any change (except changes to government charges) that results in increased fees or costs to you. Your Policy will not be singled out for any increase in fees or charges.</p> <p>To the extent not prohibited by law, we may also adjust the amount we charge in respect of a premium payment due to rounding.</p> <p>Where we become liable for any tax or other imposts levied by any Commonwealth, state or territory government, authority or body in connection with the Policy, we may reduce, vary or otherwise adjust any amounts (including but not limited to premiums, charges and benefits) under the Policy in the manner and to the extent we determine to be appropriate to take account of the tax or impost.</p>	<p>We may vary any premium rates, fees and charges with effect from your next Policy Anniversary Date, provided that any such variations are reasonably necessary to protect our legitimate business interests. This includes (without limitation) in circumstances where there are increases in the costs we incur, or are reasonably likely based on actuarial analysis to incur, in providing the insurance cover set out in this PDS or where we become liable for any tax or other charges levied by any Commonwealth, state or territory government, authority or body in connection with the Policy.</p> <p>You will be notified in advance of any changes that are, or result in, an increase in premiums, fees or charges impacting your policy. We will advise you in writing at least 30 days prior to any change.</p> <p>Please see 'Changes to your premium rates' for circumstances when your premium rates can change.</p> <p>To the extent not prohibited by law, we may also adjust the amount we charge in respect of a premium payment due to rounding.</p> <p>Where we become liable for any tax or other imposts levied by any Commonwealth, state or territory government, authority or body in connection with the Policy, we may reduce, vary or otherwise adjust any amounts (including but not limited to premiums, charges and benefits) under the Policy in the manner and to the extent we determine to be appropriate to take account of the tax or impost.</p>
<b>Stamp Duty</b>	<b>Stamp Duty</b>	<b>Stamp Duty</b>
	<p>If the amount of the stamp duty payable is increased or decreased by a state or territory, the stamp duty charged under the Policy may be changed accordingly for future premium payments.</p>	<p>If the amount of the stamp duty payable is increased or decreased by a state or territory, the stamp duty charged under the Policy may be changed as set out under 'Changes to fees and charges' in this section for future premium payments.</p>

<b>Benefit</b>	<b>Prior to change</b>	<b>After change</b>
<p><b>Amounts due and payable</b></p> <p>Clarified that you can request the return of payments held in an offset account, and removed our discretion to apply to fees related to AIA Vitality</p>	<p><b>Amounts due and payable</b></p> <p>Where payments are received by us 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:</p> <ul style="list-style-type: none"> <li>• Where payment is received by us and payment is not due, we may hold the amount received in an offset account and apply it to future amounts due.</li> <li>• Where payment is received by us and the amount received is greater than the amount due, we 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.</li> <li>• Where payment is received by us and the amount received is less than the amount due, we 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.</li> </ul> <p>The offset functionality does not apply to any superannuation contributions received by the trustee of the AIA Insurance Superannuation Scheme No2.</p> <p>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.</p> <p>These offset functionality changes are applicable to the extent not otherwise prohibited or restricted by law.</p>	<p><b>Amounts due and payable</b></p> <p>Where payments are received by us 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:</p> <ul style="list-style-type: none"> <li>• Where payment is received by us and payment is not due, we may hold the amount received in an offset account and apply it to future amounts due.</li> <li>• Where payment is received by us and the amount received is greater than the amount due, we 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.</li> <li>• Where payment is received by us and the amount received is less than the amount due, we 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.</li> </ul> <p>You can contact us to request any payment which we hold in an offset account on your behalf to be returned to you, provided that such request is received before the day on which any amount falls due and payable under your Policy.</p> <p>The offset functionality does not apply to any superannuation contributions received by the trustee of the AIA Insurance Superannuation Scheme No2.</p> <p>These offset functionality changes are applicable to the extent not otherwise prohibited or restricted by law.</p>
<p><b>Level premiums may change</b></p> <p>Clarified how level premiums may change</p>	<p><b>Level premiums may change</b></p> <p>Your premiums under the Level, Term Level or Optimum premium structure may remain the same for a period of time, despite increases to your age, but they can still change in certain circumstances, including where we adjust the applicable premium rates. See for example 'Benefit Indexation' in Section 7.2 and 'Changes to your premiums' below.</p>	<p><b>Level premiums may change</b></p> <p>The premium rates which apply to you under the Level, Term Level or Optimum premium structure may remain the same for a period of time, despite increases to your age, but the actual amount of premium payable by you during that period of time may still change where we adjust the applicable premium rates in accordance with "Changes to Fees and Charges" section. Your premiums can also change (even if your premium rates do not change) if your Sum Insured or Monthly Benefit changes due to indexation.</p>
<p><b>Changes to your premiums</b></p> <p>Simplified this section to refer only to changes to premium rates.</p>	<p><b>Changes to your premiums</b></p> <p>Premium rates under all Plans may be reviewed and varied from time to time, and we will notify you in writing of any increase or decrease prior to the change taking effect. We will not apply the change until your next Policy Anniversary. A table of premium rates is available on request.</p> <p>Premium rates can only be altered for all policies in a group; rates may not be altered individually and your Policy cannot be singled out for an increase.</p> <p>Your premiums will also change if:</p> <ul style="list-style-type: none"> <li>• you change your Sum Insured or Insured Monthly Benefit, or</li> <li>• you choose to have your Sum Insured or Insured Monthly Benefit automatically increased each year to keep pace with inflation (see 'Benefit Indexation' in Section 7.2).</li> </ul>	<p><b>Changes to your premium rates</b></p> <p>Premium rates can only be altered for all policies in a group; rates may not be altered individually and your Policy cannot be singled out for an increase.</p>

<b>Benefit</b>	<b>Prior to change</b>	<b>After change</b>
<p><b>If we don't receive a premium payment</b></p> <p>Clarified how we treat overdue premiums if you have a claim even during the 60-day period after the premium due date.</p>	<p><b>If we don't receive a premium payment</b></p> <p>It is important to maintain payment of your premiums so that your Policy does not lapse. If your Policy does lapse, you will not be covered for any of the benefits you have selected.</p> <p>We allow 60 days from the premium due date for the payment of each premium by you, or by the trustee if you have a Superannuation Plan. During this time your Policy (and any Linked Benefits, if applicable) will remain in force. If premiums are not paid in full within the 60-day period, your Policy will lapse and all cover provided under your Policy will end.</p> <p>If you have a Superannuation Plan and have acquired Maximiser or Super Extras under a separate Policy issued to you, and cover ends due to non-payment of premiums under Maximiser or Super Extras, cover will also end under the other Policy.</p>	<p><b>If we don't receive a premium payment</b></p> <p>It is important to maintain payment of your premiums so that your Policy does not lapse. If your Policy does lapse, you will not be covered for any of the benefits you have selected.</p> <p>We allow 60 days from the premium due date for the payment of each premium by you, or by the trustee if you have a Superannuation Plan. During this time your Policy (and any Linked Benefits, if applicable) will remain in force. If premiums are not paid in full within the 60-day period, your Policy will lapse and all cover provided under your Policy will end.</p> <p><b>If a benefit is payable under the Policy for a claim event that occurred while the respective cover under the Policy was not paid in full, the overdue premiums up to the claim event will be offset from the benefit amount paid.</b></p> <p>If you have a Superannuation Plan and have acquired Maximiser or Super Extras under a separate Policy issued to you, and cover ends due to non-payment of premiums under Maximiser or Super Extras, cover will also end under the other Policy.</p>
<p><b>Premium discounts</b></p> <p>Clarification that premium discounts are not guaranteed</p>	<p><b>Premium discounts</b></p> <p>This section describes the Premium discounts that may apply to your Policy. Premium discounts are not guaranteed. We will notify you if the premium discounts described in this PDS are withdrawn.</p>	<p><b>Premium discounts</b></p> <p>This section describes the Premium discounts that may apply to your Policy. The premium discounts <b>described in this PDS do not constitute terms of your insurance policy</b> and are not guaranteed. We will notify you if the premium discounts described in this PDS are withdrawn or varied, and any resulting changes to the premium payable for your Policy will be advised to you at least 30 days prior to such change taking effect.</p>
<p><b>AIA Vitality membership discount</b></p> <p>Clarification that AIA Vitality Membership discount is not guaranteed</p>	<p><b>AIA Vitality membership discount</b></p> <p>Fees and charges may apply to AIA Vitality membership, and premium discounts are not guaranteed.</p>	<p><b>AIA Vitality membership discount</b></p> <p>Fees and charges may apply to AIA Vitality membership. Premium discounts do not constitute terms of your policy and are not guaranteed.</p>
<p><b>Health and Life discount</b></p> <p>Clarification that Health and Life discount is not guaranteed</p>	<p><b>Health and Life discount</b></p> <p>The Health and Life membership discount is not guaranteed for the life of your Policy and may be withdrawn or varied by us from time to time at our discretion.</p>	<p><b>Health and Life discount</b></p> <p>The Health and Life membership discount does not constitute terms of your policy and is not guaranteed for the life of your Policy. The discount may be withdrawn or varied by us from time to time at our discretion.</p>

## Table 2. Updates and enhancements to Total and Permanent Disablement (TPD) definitions

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

Definition	Prior to the change	After the change
<p><b>Total and Permanent Disablement (Loss of Independence)</b></p> <p>Definition updated, enhanced and re-labelled 'Total and Permanent Disablement (Universal)'</p>	<p><b>Total and Permanent Disablement (Loss of Independence)</b> means that you have suffered Loss of Independence.</p> <p><i>Inside Super</i></p> <p>Under the Superannuation Life Cover Plan, the Loss of Independence definition requires that you must also become in our opinion incapacitated as a result of your ill health to such an extent as to render you unlikely ever to gainfully engage in any business, profession or occupation for which you are reasonably suited by education, training or experience. At least two Medical Practitioners will need to certify that you have satisfied this definition.</p>	<p><b>Total and Permanent Disablement (Universal)</b> means,</p> <p>a) you suffer Loss of Independence, or</p> <p>b) you suffer Mental Illness (severe and permanent), or</p> <p>c) you suffer one of the of the following, and a Medical Practitioner confirms the diagnosis:</p> <ul style="list-style-type: none"> <li>• Motor Neurone Disease,</li> <li>• Hemiplegia,</li> <li>• Paraplegia, or</li> <li>• Quadriplegia.</li> </ul> <p>In addition to satisfying either b) or c) above, you must also satisfy each of the following requirements:</p> <ul style="list-style-type: none"> <li>• you are not working (whether paid or unpaid),</li> <li>• you attend a Medical Practitioner and have undergone all reasonable and usual treatment prescribed by them, including (where appropriate) rehabilitation for your condition, and</li> <li>• you have become, in reasonable consideration of all relevant medical and other evidence, incapacitated to such an extent as to render you unlikely ever to engage in any business, profession, or occupation for which you are reasonably suited by education, training, or experience.</li> </ul> <p><i>Inside Super</i></p> <p>Under the Superannuation Life Cover Plan, you will also need to meet a condition of release, as required under superannuation law, in order to have the benefit paid to you. This means that the trustee must be reasonably satisfied that your ill health makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience.</p> <p>Depending on your circumstances, you may also need to meet the tax definition of 'disability superannuation benefit' in order to receive your benefit payment with concessional tax treatment.</p> <p>You will be requested to provide medical reports from two legally qualified medical practitioners who have both have certified that, because of the ill health, it is unlikely that you can ever be gainfully employed in a capacity for which you are reasonably qualified because of education, experience or training. If these are not provided, it may take the trustee longer to determine whether you have met a condition of release, and it may affect how the benefit you receive is taxed.</p>
<p><b>Total and Permanent Disablement (Universal)</b></p> <p>Definition updated and enhanced</p> <p>Mental Illness (severe and permanent) is a newly defined Medical Definition (refer to Table 4 in this document).</p>	<p><b>Total and Permanent Disablement (Universal)</b> means <b>solely</b> as a result of Injury or Sickness, you have suffered Loss of Independence.</p> <p><i>Inside Super</i></p> <p>Under the Superannuation Life Cover Plan, the Loss of Independence definition requires that you must also become in our opinion incapacitated as a result of your ill health to such an extent as to render you unlikely ever to gainfully engage in any business, profession or occupation for which you are reasonably suited by education, training or experience. At least two Medical Practitioners will need to certify that you have satisfied this definition.</p>	

Definition	Prior to the change	After the change
<p><b>Universal TPD</b></p> <p><b>Expiry Date</b> and <b>Conversion to Loss of Independence</b></p>	<p>The Expiry Date for Universal TPD Stand Alone and Rider Benefit to Life Cover, on an Ordinary Plan, for Occupation Categories A1, A2, M, A3, A4, B, C, CT, D and Home Duties is the Policy anniversary prior to your 100th birthday.</p>	<p>The Expiry Date for Universal TPD Stand Alone and Rider Benefit to Life Cover, on an Ordinary Plan, for Occupation Categories A1, A2, M, A3, A4, B, C, CT, D and Home Duties is the Policy anniversary prior to your 70th birthday.</p>
<p>Applies to Universal TPD</p> <ul style="list-style-type: none"> <li>• Stand Alone</li> <li>• Rider Benefit to Life Cover</li> </ul> <p>Ordinary Plan, Occupation Categories A1, A2, M, A3, A4, B, C, CT, D and Home Duties.</p>		<p><b>Conversion to Loss of Independence</b></p> <p>At the Expiry Date for your Occupation Category, your Universal TPD benefit will convert to a Loss of Independence benefit, which will continue until the Policy Anniversary prior to your 100th birthday.</p> <p>The Universal TPD benefit does not convert to a Loss of Independence benefit and ceases at the Expiry Date:</p> <ul style="list-style-type: none"> <li>• within a Superannuation Plan</li> <li>• if you are Occupation Category E, or</li> <li>• if the Universal TPD is a Rider Benefit to Crisis Recovery Stand Alone.</li> </ul> <p>If you make a claim after the conversion, we will pay the Loss of Independence Sum Insured if you meet the Loss of Independence definition.</p> <p>We will only pay this benefit once.</p>
<p><b>Total and Permanent Disablement (Home Duties)</b></p>	<p><b>Total and Permanent Disablement (Home Duties)</b> means that:</p> <p>a) you have suffered the total and irrecoverable loss of the:</p> <ul style="list-style-type: none"> <li>• sight of both eyes,</li> <li>• use of two limbs, or</li> <li>• sight of one eye and use of one limb,</li> </ul> <p>or</p> <p>b) you were wholly engaged in full-time unpaid domestic duties in your own residence and:</p> <ul style="list-style-type: none"> <li>• have 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</li> <li>• are attending a Medical Practitioner and have undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness, and</li> <li>• at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, have become in our opinion incapacitated to such an extent as to render you likely to require indefinite ongoing medical care and unable ever to perform all Normal Domestic Duties and engage in any form of employment,</li> </ul> <p>or</p> <p>c) you have suffered Loss of Independence.</p>	<p><b>Total and Permanent Disablement (Home Duties)</b> means,</p> <p>a) you have suffered the total and irrecoverable loss of the:</p> <ul style="list-style-type: none"> <li>• sight of both eyes,</li> <li>• use of two limbs, or</li> <li>• sight of one eye and use of one limb,</li> </ul> <p>or</p> <p>b) you were wholly engaged in full-time unpaid domestic duties in your own residence and:</p> <ul style="list-style-type: none"> <li>• have been unable to perform all Normal Domestic Duties and engage in any employment for an uninterrupted period of at least three consecutive months <b>solely</b> as a result of Injury or Sickness, and</li> <li>• at the end of the period of three months, in reasonable consideration of all medical and other evidence, have become incapacitated to such an extent as to render you likely to require indefinite ongoing medical care and unable ever to perform all Normal Domestic Duties,</li> </ul> <p>or</p> <p>c) you have suffered Mental Illness (severe and permanent),</p> <p>or</p> <p>d) you have suffered Loss of Independence.</p> <p>In addition to satisfying b) or c) above you must also satisfy each of the following requirements:</p> <ul style="list-style-type: none"> <li>• you are not working (whether paid or unpaid),</li> <li>• you attend a Medical Practitioner and have undergone all reasonable and usual treatment prescribed by them including (where appropriate) rehabilitation for your condition, and</li> <li>• you have become, in reasonable consideration of all relevant medical and other evidence, incapacitated to such an extent as to render you unlikely ever to engage in any business, profession, or occupation for which you are reasonably suited by education, training, or experience.</li> </ul>

**Definition****Prior to the change****After the change****Inside Super**

Under the Superannuation Life Cover Plan, in order to meet the definitions of a), b) or c), you must also become in our opinion incapacitated as a result of your ill health to such an extent as to render you unlikely ever to gainfully engage

in any business, profession or occupation for which you are reasonably suited by education, training or experience. At least two Medical Practitioners will need to certify that you have satisfied this definition.

**Inside Super**

Under the Superannuation Life Cover Plan, you will also need to meet a condition of release, as required under superannuation law, in order to have the benefit paid to you. This means that the trustee must be reasonably satisfied that your ill health makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience.

Depending on your circumstances, you may also need to meet the tax definition of 'disability superannuation benefit' in order to receive your benefit payment with concessional tax treatment.

You will be requested to provide medical reports from two legally qualified medical practitioners who have both certified that, because of the ill health, it is unlikely that you can ever be gainfully employed in a capacity for which you are reasonably qualified because of education, experience or training. If these are not provided, it may take the trustee longer to determine whether you have met a condition of release, and it may affect how the benefit you receive is taxed.

**Total and Permanent Disablement (Own Occupation)**

Removed 'in our opinion' and re-worded some sections for clarity

**Total and Permanent Disablement (Own Occupation)** means that:

- a) you have 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)
- you have been absent from your own occupation **solely** as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months
  - are attending a Medical Practitioner and have 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, have become **in our opinion** incapacitated to such an extent as to render you unlikely ever to engage in your own occupation,
- or
- you have suffered Loss of Independence.

**Total and Permanent Disablement (Own Occupation)** means,

- a) you have 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) solely as a result of Injury or Sickness
- you have been absent from your own occupation for an uninterrupted period of at least three consecutive months, and
  - you attend a Medical Practitioner and have undergone all reasonable and usual treatment, including (where appropriate) rehabilitation for the Injury or Sickness, and
  - at the end of the period of three months, in reasonable consideration of all relevant medical and other evidence you have become incapacitated to such an extent as to render you unlikely ever to engage in your own occupation,
- or
- c) you have suffered Loss of Independence.

**Definition****Total and Permanent Disablement (Any Occupation)**

Removed 'in our opinion' and re-worded some sections for clarity

**Prior to the change****Total and Permanent Disablement (Any Occupation)** means that:

- a) you have 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) • you have been absent from employment **solely** as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months
- are attending a Medical Practitioner and have 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, have become **in our opinion** incapacitated to such an extent as to render you unlikely ever to engage in any business, profession or occupation for which you are reasonably suited by education, training or experience,
- or
- c) you have suffered Loss of Independence.

You will be deemed to be on 'Home Duties' if wholly engaged in full-time domestic duties in your own residence at the time of disablement.

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

**Outside Super**

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 TPD benefit.

**Inside Super**

Under the Superannuation Life Cover Plan, in order to meet the definitions of a), b) or c), you must also become in our opinion incapacitated as a result of your ill health to such an extent as to render you unlikely ever to gainfully engage in any business, profession or occupation for which you are reasonably suited by education, training or experience.

At least two Medical Practitioners will need to certify that you have satisfied this definition.

**After the change****Total and Permanent Disablement (Any Occupation)** means,

- a) you have 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) solely as a result of Injury or Sickness,
- you have been absent from employment for an uninterrupted period of at least three consecutive months, and
  - you attend a Medical Practitioner and have undergone all reasonable and usual treatment prescribed by them, including (where appropriate) rehabilitation for the Injury or Sickness, and
  - at the end of the period of three months, in reasonable consideration of all medical and other evidence, you have become incapacitated to such an extent as to render you unlikely ever to engage in any business, profession or occupation for which you are reasonably suited by education, training or experience
- or
- c) you have suffered Loss of Independence.

You will be deemed to be on 'Home Duties' if wholly engaged in full-time domestic duties in your own residence at the time of disablement.

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

**Outside Super**

We will pay the TPD benefit if you meet the first two bullet points in definition b) and at the end of the three-month period and in reasonable consideration of all relevant medical and other evidence, your earning capacity is permanently restricted due to your disablement to the extent that the Income you would generate in a 12-month period in your own occupation or in any business, profession or occupation for which you are reasonably suited by education, training or experience is less than 25% of the Income you generated in the previous 12 months of performing your own occupation.

**Inside Super**

Under the Superannuation Life Cover Plan, you will also need to meet a condition of release, as required under superannuation law, in order to have the benefit paid to you. This means that the trustee must be reasonably satisfied that your ill health makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience.

Depending on your circumstances, you may also need to meet the tax definition of 'disability superannuation benefit' in order to receive your benefit payment with concessional tax treatment.

You will be requested to provide medical reports from two legally qualified medical practitioners who have both certified that, because of the ill health, it is unlikely that you can ever be gainfully employed in a capacity for which you are reasonably qualified because of education, experience or training. If these are not provided, it may take the trustee longer to determine whether you have met a condition of release, and it may affect how the benefit you receive is taxed.

## Table 3. Changes to other General Definitions

Below are changes to other General Definitions.

Definition	Prior to change	After change
<p><b>Activities of Daily Living</b></p> <p>Updated to align to changes to Loss of Independence</p>	<p><b>Activities of Daily Living</b> means the following activities:</p> <p><b>Bathing</b></p> <p>Means the ability for you to wash yourself either in the bath or shower or by sponge bath without the assistance of another person. You will be considered to be able to bathe yourself even if the above tasks can only be performed by using equipment or adaptive devices.</p> <p><b>Dressing</b></p> <p>Means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the assistance of another person. You will be considered able to dress yourself even if the above tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.</p> <p><b>Eating</b></p> <p>Means the ability to get nourishment into the body by any means without the assistance of another person, once it has been prepared and made available to you.</p> <p><b>Toileting</b></p> <p>Means the ability to get to and from and on and off the toilet and to maintain a reasonable level of personal hygiene without the assistance of another person. You will be considered able to toilet yourself even if you have an ostomy and are able to empty it yourself, or if you are able to use a commode, bedpan or urinal and are able to empty and clean it without the standby assistance of another person.</p> <p><b>Transferring</b></p> <p>Means the ability to move in and out of a chair or bed without the assistance of another person. You will be considered able to transfer yourself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices, including mechanical or motorised devices, are used.</p> <p>In respect of all the Activities of Daily Living, you 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, you must, in our opinion on the basis of the medical evidence, require ongoing continuous care and supervision by another adult person.</p>	<p><b>Activities of Daily Living</b> means the following activities:</p> <p><b>Bathing</b></p> <p>Means the ability for you to wash yourself either in the bath or shower or by sponge bath without the assistance of another person. You will be considered able to bathe yourself even if the above tasks can only be performed by using equipment or adaptive devices.</p> <p><b>Dressing</b></p> <p>Means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the assistance of another person. You will be considered able to dress yourself even if the above tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.</p> <p><b>Eating</b></p> <p>Means the ability to get nourishment into the body by any means without the assistance of another person, once it has been prepared and made available to you.</p> <p><b>Toileting</b></p> <p>Means the ability to get to and from and on and off the toilet and to maintain a reasonable level of personal hygiene, and to care for clothing without the assistance of another person. You will be considered able to toilet yourself even if you have an ostomy and are able to empty it yourself, or if you are able to use a commode, bedpan or urinal and are able to empty and clean it without the standby assistance of another person.</p> <p><b>Transferring</b></p> <p>Means the ability to move in and out of a chair or bed without the assistance of another person. You will be considered able to transfer yourself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices, including mechanical or motorised devices, are used.</p>
<p><b>Consumer Price Index Increase (CPI Increase) definition</b></p>	<p><b>Consumer Price Index Increase (CPI Increase)</b> 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 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.</p>	<p><b>Consumer Price Index Increase (CPI Increase)</b> 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 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 reasonably consider appropriate shall be adopted for the purposes of the Policy.</p>

Definition	Prior to change	After change
<p><b>Dependant</b></p> <p>Removed reference to same sex partners as this already covered in the definition of Spouse.</p>	<p><b>Dependant</b> means:</p> <p><b>Outside Super</b></p> <ul style="list-style-type: none"> <li>• your Spouse (including a de facto Spouse and certain same sex partners), or</li> <li>• your Children (including Children of same sex partners), or</li> <li>• a person who is financially dependent on you.</li> </ul> <p><b>Inside Super</b></p> <p>For Superannuation Plans, 'dependant' is defined in Section 9 of this PDS.</p>	<p><b>Dependant</b> means:</p> <p><b>Outside Super</b></p> <ul style="list-style-type: none"> <li>• your Spouse, or</li> <li>• your Children (including Children of your spouse), or</li> <li>• a person who is financially dependent on you.</li> </ul> <p><b>Inside Super</b></p> <p>For Superannuation Plans, 'dependant' is defined in Section 9 of this PDS.</p>
<p><b>Loss of Independence</b></p> <p>Reduced to three months the period you are required to be unable to perform the Activities of Daily Living</p> <p>Removed the specific tests required for Cognitive impairment</p>	<p><b>Loss of Independence</b> means:</p> <p>a) As a result of Injury or Sickness, you are totally and irreversibly unable to perform at least two of the Activities of Daily Living. The condition should be confirmed by a consultant physician,</p> <p>or</p> <p>b) Cognitive impairment, meaning a deterioration or loss in your intellectual capacity which requires another person's assistance or verbal cueing to protect you as measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:</p> <ul style="list-style-type: none"> <li>• short or long term memory</li> <li>• orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year), and</li> <li>• deductive or abstract reasoning,</li> </ul> <p>or</p> <p>c) Loss of Use of Limbs and/or Sight (see the Medical Definitions section below).</p> <p>You 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, you must, in our opinion on the basis of medical evidence, require ongoing continuous care and supervision by another adult person.</p>	<p><b>Loss of Independence</b> means:</p> <p>a) Solely as a result of Injury or Sickness</p> <ul style="list-style-type: none"> <li>• you are totally and permanently unable to perform at least two of the Activities of Daily Living* and this has required you to be under continuous care and supervision by another adult person for a period of at least three consecutive months, and</li> <li>• at the end of the three-month period, in the reasonable opinion of an appropriate specialist Medical Practitioner, you are totally and permanently unable to perform the relevant activities and require permanent ongoing continuous care and supervision by another adult person.</li> </ul> <p>or</p> <p>b) Cognitive impairment, meaning all the following:</p> <ul style="list-style-type: none"> <li>• you have suffered a total and permanent deterioration of intellectual capacity that has required you to be under continuous care and supervision by another adult person for at least six consecutive months, and</li> <li>• this has been clinically observed and evidenced by accepted standardised testing relevant to your condition, and</li> <li>• At the end of the six-month period, in the reasonable opinion of an appropriate specialist Medical Practitioner, you require permanent ongoing continuous care and supervision by another adult person.</li> </ul> <p>or</p> <p>c) Loss of Use of Limbs and/or Sight</p> <p>*The definition of Activities of Daily Living explains, in relation to each Activity of Daily Living, circumstances in which you will be considered able to perform the relevant activity (such as where you can perform the relevant activity through use of an adaptive device).</p>

**Definition****Prior to change****After change****Inside Super**

Under the Superannuation Life Cover Plan, you must also become in our opinion incapacitated as a result of your ill health to such an extent as to render you unlikely ever to gainfully engage in any business, profession or occupation for which you are reasonably suited by education, training or experience. To assist in our determination, at least two Medical Practitioners will need to certify that you have satisfied this definition.

**Inside Super**

Under the Superannuation Life Cover Plan, you will also need to meet a condition of release, as required under superannuation law, in order to have the benefit paid to you. This means that the trustee must be reasonably satisfied that your ill health makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience.

Depending on your circumstances, you may also need to meet the tax definition of 'disability superannuation benefit' in order to receive your benefit payment with concessional tax treatment.

You will be requested to provide medical reports from two legally qualified medical practitioners who have both certified that, because of the ill health, it is unlikely that you can ever be gainfully employed in a capacity for which you are reasonably qualified because of education, experience or training. If these are not provided, it may take the trustee longer to determine whether you have met a condition of release, and it may affect how the benefit you receive is taxed.

**Medical Practitioner definition**

Remove 'acceptable to us' and 'We reserve the right to take advice from an independent Medical Practitioner'

**Medical Practitioner** means a legally qualified and registered doctor of medicine acceptable to us, other than the Policy Owner or you, or a family member, business partner, Employee, work colleague or employer of either the Policy Owner or you. We reserve the right to take advice from an Independent Medical Practitioner.

**Medical Practitioner** means a legally qualified and registered doctor of medicine, other than the Policy Owner or you, or a family member, business partner, Employee, work colleague or employer of either the Policy Owner or you.

**Normal Domestic Duties**

**Normal Domestic Duties** means the household duties normally performed by a person who remains at home completing full-time unpaid domestic duties. It does not include a person working in a regular occupation including part time and/or paid voluntary work that provides an Income.

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, and
- caring for Children – meaning the ability to care for and supervise Children (where applicable).

You will not be considered to be unable to carry out all Normal Domestic Duties if you are able to perform any one of these duties.

**Normal Domestic Duties** means the following household duties:

- 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 leave the home to purchase general household grocery items, and
- caring for Children – meaning the ability to care for and supervise Children (where applicable).

You will be considered able to carry out all Normal Domestic Duties if you are able to perform any one of these duties to the standard that they would ordinarily be performed by a person completing unpaid domestic duties.

**Partial Disablement – Income Protection Capability Clause**

Removed 'in determining your capability'

In determining what you could reasonably be expected to earn if you were working to the extent of your capability, we will take into account available medical evidence (including the opinion of your Medical Practitioner) and any other relevant considerations directly related to your medical condition (including information provided by you).

Your capability (having regard to your Injury or Sickness) and what you could reasonably be expected to earn if you were working to the extent of your capability will be determined by taking into account available medical evidence (including the opinion of your Medical Practitioner) and any other relevant considerations directly related to your medical condition (including information provided by you).

Definition	Prior to change	After change
<p><b>Pre-disablement Income (Income Protection CORE)</b></p> <p>Rewording for clarity and simplicity</p>	<p><b>Pre-disablement Income (Income Protection CORE)</b> is the greater of your average monthly Income for:</p> <ul style="list-style-type: none"> <li>the 12 consecutive months preceding the commencement of disablement, and</li> <li>the latest financial year preceding the commencement of disablement.</li> </ul> <p>If the insured can demonstrate that their Income, with reference to the above measure, represents a 25% or greater reduction over the previous 12 month period, we will deem Pre-disablement Income (Income Protection CORE) to be the greater of your average monthly Income for;</p> <ul style="list-style-type: none"> <li>the 24 consecutive months preceding the commencement of disablement, and</li> <li>the latest financial year preceding the commencement of disablement.</li> </ul>	<p><b>Pre-disablement Income (Income Protection CORE)</b> is the greater of your average monthly Income for:</p> <ul style="list-style-type: none"> <li>the 12 consecutive months preceding the commencement of disablement, and</li> <li>the latest financial year preceding the commencement of disablement.</li> </ul> <p>If your Income has reduced by 25% or more over the previous 12 month period, Pre-disablement Income (Income Protection CORE) will to be the greater of your average monthly Income for;</p> <ul style="list-style-type: none"> <li>the 24 consecutive months preceding the commencement of disablement, and</li> <li>the latest financial year preceding the commencement of disablement.</li> </ul>
<p><b>Sum Insured</b></p> <p>Clarified and removed 'imposed by us'</p>	<p><b>Sum Insured</b> means the Sum Insured applicable to that benefit as shown 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, such as any applicable Benefit Indexation.</p>	<p><b>Sum Insured</b> means the Sum Insured applicable to that benefit as shown on the Policy Schedule, as adjusted in accordance with Policy terms and conditions...</p>
<p><b>Terminal Illness</b></p> <p>Included 'reasonable' opinion and updated 'Inside Super'</p>	<p><b>Terminal Illness</b> means the diagnosis of an illness which in the opinion of an appropriate specialist Medical Practitioner, is likely to result in you passing away within 24 months of the diagnosis regardless of any treatment that may be undertaken.</p> <p><b>Inside Super</b></p> <p>Under a Superannuation Plan, two Medical Practitioners, one of whom must be a specialist Medical Practitioner in your condition, must certify that the condition is likely to result in you passing away within 24 months of the date of the certificate (certification period) and for each of the certificates, the certification period must not have ended.</p>	<p><b>Terminal Illness</b> means the diagnosis of an illness which, in the reasonable opinion of an appropriate specialist Medical Practitioner, is likely to result in you passing away within 24 months of the diagnosis regardless of any treatment that may be undertaken.</p> <p><b>Inside Super</b></p> <p>In addition to the above requirements, under a Superannuation Plan a condition will only constitute a Terminal Illness where two Medical Practitioners, one of whom must be a specialist practising in an area related to the condition, must certify in their reasonable opinion that the condition is likely to result in you passing away within 24 months of the date of the certificate (certification period) and for each of the certificates, the certification period must not have ended.</p>
<p><b>Total Disablement (Income Protection)</b> and</p> <p><b>Total Disablement (Income Protection – Occupation E)</b></p> <p>Updated 'Inside Super'</p>	<p><b>Inside Super</b></p> <p>For Superannuation Plans only, you must also at the time of the making of the claim, be disabled in a manner consistent, in our opinion, with the Temporary Incapacity condition of release under the <i>Superannuation Industry (Supervision) Regulations 1994</i>.</p>	<p><b>Inside Super</b></p> <p>For Superannuation Plans only, you must also at the time of the making of the claim, be disabled in a manner consistent with the Temporary Incapacity condition of release under the <i>Superannuation Industry (Supervision) Regulations 1994</i>.</p>

## Table 4. Updates to Medical Definitions

We regularly review the medical definition. Below are the changes to Medical Definitions.

Medical Definition	Prior to change	After change
<p><b>Accidental HIV infection</b></p> <p>Removed 30 day reporting requirement</p>	<p><b>Accidental HIV Infection</b> means infection with the Human Immunodeficiency Virus (HIV) acquired by accident or violence during the course of your normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within six months of the accident and must be verified by an appropriate Medical Practitioner.</p> <p>HIV infection transmitted by any other means, including but not limited to sexual activity or non-medical intravenous drug use, is not Accidental HIV Infection under the Policy.</p> <p>Any accident giving rise to a potential claim <b>must be reported to us within 30 days</b> 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.</p> <p>We retain the right to take further independent blood tests or other medically accepted HIV tests.</p>	<p><b>Accidental HIV Infection</b> means infection with the Human Immunodeficiency Virus (HIV) acquired by accident or violence during the course of your normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within six months of the accident and must be verified by an appropriate Medical Practitioner.</p> <p>HIV infection transmitted by any other means, including but not limited to sexual activity or non-medical intravenous drug use, is not Accidental HIV Infection under the Policy.</p> <p>Any accident giving rise to a potential claim must be supported by a negative HIV antibody test taken within seven days after the accident. We must be given access to test independently all blood samples used, if we require.</p> <p>We retain the right to take further independent blood tests or other medically accepted HIV tests.</p>
<p><b>Bacterial Meningitis</b></p> <p>Removed HIV exclusion and re labelled</p>	<p><b>Bacterial Meningitis</b> means you are diagnosed with bacterial meningitis. The meningitis must give rise to symptoms of permanent neurological deficit and results in either;</p> <ul style="list-style-type: none"> <li>• the total and permanent inability to perform any one of the Activities of Daily Living; or</li> <li>• an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment (Guides).</li> </ul> <p>Diagnosis must be confirmed by a consultant neurologist. <b>Bacterial meningitis in the presence of HIV infection is excluded.</b> All other forms of meningitis, including viral, are excluded.</p>	<p><b>Bacterial Meningitis with serious functional impairment</b> means you are diagnosed with bacterial meningitis. The meningitis must give rise to symptoms of permanent neurological deficit and results in either;</p> <ul style="list-style-type: none"> <li>• the total and permanent inability to perform at least one of the Activities of Daily Living; or</li> <li>• an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's <i>Guides to the Evaluation of Permanent Impairment</i>.</li> </ul> <p>Diagnosis must be confirmed by a consultant neurologist.</p> <p>All other forms of meningitis, including viral, are excluded.</p>
<p><b>Bacterial Meningitis with significant functional impairment#</b></p> <p>Removed HIV exclusion and re labelled</p>	<p><b>Bacterial Meningitis with significant functional impairment</b> means diagnosis of with bacterial meningitis. The meningitis must give rise to symptoms of permanent neurological deficit and results in either;</p> <ul style="list-style-type: none"> <li>• the total and permanent inability to perform at least two of the Activities of Daily Living; or</li> <li>• an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment (Guides).</li> </ul> <p>Diagnosis must be confirmed by a consultant neurologist. <b>Bacterial meningitis in the presence of HIV infection is excluded.</b> All other forms of meningitis, including viral, are excluded.</p>	<p><b>Bacterial Meningitis with severe functional impairment</b> means diagnosis of with bacterial meningitis. The meningitis must give rise to symptoms of permanent neurological deficit and results in either;</p> <ul style="list-style-type: none"> <li>• the total and permanent inability to perform at least two of the Activities of Daily Living; or</li> <li>• an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment.</li> </ul> <p>Diagnosis must be confirmed by a consultant neurologist.</p> <p>All other forms of meningitis, including viral, are excluded.</p>

Medical Definition	Prior to change	After change
<p><b>Blindness</b></p> <p>Simplified the definition wording</p>	<p><b>Blindness</b> means that as a result of disease or accident and certified by an ophthalmologist:</p> <ol style="list-style-type: none"> <li>the visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes, or</li> <li>the 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</li> <li>the combination of visual defects results in the same degree of vision impairment as that occurring in a) or b) above.</li> </ol>	<p><b>Blindness</b> means that as a result of disease or accident and certified by an ophthalmologist:</p> <ol style="list-style-type: none"> <li>the visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes, or</li> <li>the 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).</li> </ol>
<p><b>Carcinoma in situ</b></p> <p>Re-labelled, clarified staging and removed payment amount details which can be found in 'Partial benefit payment summary' as detailed below</p>	<p><b>Carcinoma in situ</b></p> <p>Carcinoma in situ refers to a primary uncontrolled growth of cells that remains in the original location and has not invaded or destroyed neighbouring tissues nor penetrated the basement membrane. Carcinoma in situ covered by this Policy must be confirmed by histopathology as diagnosed by a Medical Practitioner.</p> <p>Staging of carcinoma in situ is based on FIGO (International Federation of Gynecology and Obstetrics) classification and TNM classification.</p> <p>The disease of Carcinoma in situ covered by this Policy must be confirmed by a biopsy and is limited to the following sites for which we will pay the greater of \$10,000 and 10% of the relevant Sum Insured:</p> <ul style="list-style-type: none"> <li>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</li> <li>cervix uteri with a grading of either TNM stage TIS or CIN 3 or above, or</li> <li>Carcinoma in situ of the breast where no mastectomy is performed.</li> </ul> <p>The amount of the partial payment cannot exceed the Sum Insured.</p> <p>The full Sum Insured will be paid for Carcinoma in situ of the breast where the entire breast is removed 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.</p> <p>After any payment for cancer the Sum Insured will be reduced by the payment made.</p>	<p><b>Carcinoma in situ (limited to certain bodily sites)</b></p> <p>Carcinoma in situ refers to a primary uncontrolled growth of cells that remains in the original location and has not invaded or destroyed neighbouring tissues nor penetrated the basement membrane. Carcinoma in situ covered by this Policy must be confirmed by histopathology as diagnosed by a Medical Practitioner.</p> <p>Staging of carcinoma in situ is based on TNM classification.</p> <p>The disease of Carcinoma in situ (limited to certain bodily sites) covered by this Policy must be confirmed by a biopsy and is limited to the following sites for which we will pay the greater of \$10,000 and 10% of the relevant Sum Insured:</p> <ul style="list-style-type: none"> <li>vagina, ovary, vulva, fallopian tube, penis, testicle where the tumour must be classified as TIS according to the TNM staging method</li> <li>cervix uteri with a grading of either TNM stage TIS or CIN 3 or above, or</li> <li>Carcinoma in situ of the breast where no mastectomy is performed.</li> </ul> <p>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.</p>
<p><b>Crisis Recovery and Double Crisis Recovery</b></p> <p><b>Partial benefit payments</b></p> <p>Text removed from the Carcinoma in Situ definition were moved to the Partial Benefits section</p>	<p><b>Partial benefit payment summary</b></p> <p>The following terms and limitations apply to the payment of the Crisis Recovery, Double Crisis Recovery or Crisis Recovery Stand Alone benefit (where applicable):</p> <ul style="list-style-type: none"> <li>the amount of any partial benefit payment cannot exceed the relevant Sum Insured</li> <li>if we pay a Partial benefit payment the Sum Insured of any Crisis Recovery benefit will be reduced by the payment made for this benefit and premiums will be adjusted accordingly.</li> </ul>	

Medical Definition	Prior to change	After change
<p><b>Loss of Speech</b></p> <p>Re-labelled and added 'acting reasonably'</p>	<p><b>Loss of Speech</b> means the complete and irrecoverable loss of the ability to speak as a result of Injury or Sickness which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate specialist Medical Practitioner.</p>	<p><b>Loss of Speech (complete and irrecoverable)</b> means the complete and irrecoverable loss of the ability to speak as a result of Injury or Sickness which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate specialist Medical Practitioner <b>acting reasonably</b>.</p>
<p><b>Mental Illness (severe and permanent)</b></p> <p>New medical definition for TPD Cover</p>	n/a	<p><b>Mental Illness (severe and permanent)</b> means you meet all the following:</p> <ul style="list-style-type: none"> <li>• you have been diagnosed with a mental illness by a psychiatrist under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association or a similar diagnostic tool determined by the Royal Australian and New Zealand College of Psychiatrists Board,</li> <li>• in the reasonable professional opinion of your treating psychiatrist or, if not being treated by a psychiatrist, in the reasonable professional opinion of your treating psychologist or Medical Practitioner your condition will not improve, and</li> <li>• you have been assessed by a psychiatrist as having a permanent impairment of 19% or more on the Psychiatric Impairment Rating Scale and in their reasonable professional opinion it will remain at 19% or more.</li> </ul>

**Medical Definition****Prior to change****After change****Occupationally Acquired Hepatitis B or Hepatitis C Infection**

Removed 48 hour reporting requirement and clarified the vaccination exclusion

**Occupationally Acquired Hepatitis B or Hepatitis C Infection** is a crisis event only covered by the Crisis Recovery benefit under the PLUS Optional benefit under the Income Protection Plan.

The Crisis Recovery benefit will be payable if you become infected with Hepatitis B or Hepatitis C as a result of an occupational accident. An occupational accident means an accident that happens whilst you are performing the usual duties of your normal occupation and involves contact with a body substance which puts you 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:

- you report the accident to us within 48 hours after it happens
- you are tested for infections within 48 hours after the accident and the results are negative
- a Medical Practitioner diagnoses you to be:
  - positive to Hepatitis C within 180 days after the accident, or
  - positive to Hepatitis B within 180 days after the first diagnosis
- you comply with all infection control precautions that apply
- you are vaccinated or immunised for the infections as required by us, and
- all tests be carried out according to the procedures we specify.

**Occupationally Acquired Hepatitis B or Hepatitis C Infection** is a crisis event only covered by the Crisis Recovery benefit under the PLUS Optional benefit under the Income Protection Plan.

The Crisis Recovery benefit will be payable if you become infected with Hepatitis B or Hepatitis C as a result of an occupational accident. An occupational accident means an accident that happens whilst you are performing the usual duties of your normal occupation and involves contact with a body substance which puts you 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:

- you are tested for infections after the accident and the results are negative
- all relevant tests are be carried out according to the reasonably necessary procedures we specify
- any accident that potentially may give rise to a claim must be treated in accordance with the relevant infection control guidelines
- a Medical Practitioner diagnoses you 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
- you comply with all infection control precautions that apply
- you are vaccinated or immunised for the infections where required as per the AMA Guidelines for medical health workers, and
- all tests be carried out according to the procedures we specify.

We won't pay where the Life Insured has elected not to take available mandatory medical treatment which, if taken, would have prevented the infection with Hepatitis B and/or hepatitis C.

**Out of Hospital Cardiac Arrest**

Re-labelled and removed requirement 'occurs outside of hospital' and added 'reasonably'

**Out of Hospital Cardiac Arrest** means sudden loss of heart function due to:

- cardiac asystole, or
- ventricular fibrillation with or without ventricular tachycardia.

Which:

- occurs outside of hospital
- is not associated with any medical procedure, and
- is documented by an electrocardiogram (ECG).

If an ECG is not available, we will consider other evidence acceptable to us, which unequivocally confirms a cardiac arrest has occurred. Such evidence may include Automated External Defibrillator (AED) data, ambulance or hospital medical records, documented administration of cardiopulmonary resuscitation (CPR) by an attending ambulance officer or hospital clinical staff.

Cardiac arrest secondary to alcohol or drug abuse is excluded.

**Cardiac Arrest** means sudden loss of heart function due to:

- cardiac asystole, or
- ventricular fibrillation with or without ventricular tachycardia.

Which:

- is not associated with any medical procedure, and
- is documented by an electrocardiogram (ECG).

If an ECG is not available, we will reasonably consider other evidence which unequivocally confirms a cardiac arrest has occurred. Such evidence may include Automated External Defibrillator (AED) data, ambulance or hospital medical records, documented administration of cardiopulmonary resuscitation (CPR) by an attending ambulance officer or hospital clinical staff.

Cardiac arrest secondary to alcohol or drug abuse is excluded.

**Surgery to the Aorta**

Clarified that it is the actual undergoing of surgery

**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

**Surgery to the Aorta** means the actual undergoing of a procedure to surgical repair the aorta to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include angioplasty or non-surgical techniques.

## Table 5. Re-labelling of Medical Definitions

We have updated to the names of some Medical Definitions. These changes apply on all references to these events throughout the PDS.

Prior to change	After change
<b>Crisis Events</b>	
Alzheimer's Disease	Alzheimer's Disease with significant cognitive impairment
Bacterial Meningitis	Bacterial Meningitis with serious functional impairment
Benign Brain or Spinal Cord Tumour	Benign Brain or Spinal Cord Tumour with serious functional impairment
Carcinoma in Situ	Carcinoma in Situ (limited to certain bodily sites)
Cardiomyopathy	Cardiomyopathy with permanent and serious impairment
Chronic Liver Disease	End Stage Liver Failure
Chronic Lung Disease	End Stage Lung Failure
Heart Attack (myocardial infarction)	Heart Attack (myocardial infarction) of specified severity
Kidney Failure	End Stage Kidney Failure
Loss of Speech	Loss of Speech (complete and irrecoverable)
Major Head Trauma	Major Head Trauma with serious functional impairment
Pulmonary Arterial Hypertension (Primary)	Pulmonary Arterial Hypertension (Primary) with serious functional impairment
Rheumatoid Arthritis	Severe Rheumatoid Arthritis (failed conventional DMARDs)
Severe Rheumatoid Arthritis	Severe Rheumatoid Arthritis (failed conventional DMARDs and bDMARD)
Stroke	Stroke (Acute) with serious functional impairment
Viral Encephalitis	Viral Encephalitis with serious functional impairment
<b>Crisis Extension Events</b>	
Bacterial Meningitis with significant functional impairment	Bacterial Meningitis with severe functional impairment
Benign Brain or Spinal Cord Tumour with significant functional impairment	Benign Brain or Spinal Cord Tumour with severe functional impairment
Cardiomyopathy with Class IV impairment	Cardiomyopathy with permanent and severe impairment
Major Head Trauma with significant functional impairment	Major Head Trauma with severe functional impairment
Pulmonary Arterial Hypertension (Primary) with Class IV impairment	Pulmonary Arterial Hypertension (Primary) with severe functional impairment
Stroke with significant functional impairment	Stroke with severe functional impairment

## Table 6. Other updates throughout the PDS

The following table shows examples of changes to certain phrases and expressions throughout the PDS. Examples are shown for illustration.

Change	Prior to change	After change
<b>All Plans, Removal of specific phrases and expressions</b>		
<p>Removed all instances of 'acceptable to us' throughout the PDS</p> <p>Examples are shown for illustration</p>	<p><b>Income Protection</b></p> <p><b>General terms and conditions</b></p> <p><b>Sum Insured limits</b></p> <p>In determining the maximum monthly benefit acceptable to us, we consider the benefits payable to you under any other income protection or business expenses policy that is in force or you have applied for. If any such benefits are not disclosed to us at the time of your application to us, we may reduce the amount of the Insured Monthly Benefit otherwise payable if a claim occurs.</p> <p><b>Business Expenses</b></p> <p><b>Availability</b></p> <ul style="list-style-type: none"> <li>• Business Expenses cover can be purchased as: <ul style="list-style-type: none"> <li>- Stand Alone cover, or</li> <li>- a Rider Benefit to Income Protection.</li> </ul> </li> </ul> <p>It cannot be purchased in conjunction with Income Protection Accident Only.</p> <ul style="list-style-type: none"> <li>• All Occupation Categories are eligible except for Occupation Category E and Home Duties.</li> <li>• You must be in Full-time Employment, and</li> <li>• Your occupation needs to be acceptable to us as a self-employed person working alone, in partnership with others, or as a working director.</li> </ul> <p><b>Nomination of beneficiaries</b></p> <p><b>Ordinary Plans</b></p> <p>You may nominate beneficiaries to receive all death claim proceeds payable under an Ordinary Plan. Any such nomination or any revocation or amendment of such nomination must be made in writing to us, and in a form acceptable to us, subject to the following:</p>	<p><b>Income Protection</b></p> <p><b>General terms and conditions</b></p> <p><b>Sum Insured limits</b></p> <p>In determining the maximum monthly benefit, we consider the benefits payable to you under any other income protection or business expenses policy that is in force or you have applied for. If any such benefits are not disclosed to us at the time of your application to us, we may reduce the amount of the Insured Monthly Benefit otherwise payable if a claim occurs.</p> <p><b>Business Expenses</b></p> <p><b>Availability</b></p> <ul style="list-style-type: none"> <li>• Business Expenses cover can be purchased as: <ul style="list-style-type: none"> <li>- Stand Alone cover, or</li> <li>- a Rider Benefit to Income Protection.</li> </ul> </li> </ul> <p>It cannot be purchased in conjunction with Income Protection Accident Only.</p> <ul style="list-style-type: none"> <li>• All Occupation Categories are eligible except for Occupation Category E and Home Duties.</li> <li>• You must be in Full-time Employment, and</li> </ul> <p>Your occupation needs to be as a self-employed person working alone, in partnership with others, or as a working director.</p> <p><b>Nomination of beneficiaries</b></p> <p><b>Ordinary Plans</b></p> <p>You may nominate beneficiaries to receive all death claim proceeds payable under an Ordinary Plan. Any such nomination or revocation or amendment of such nomination must be made in writing to us, and in the relevant form, subject to the following:</p>

**Change**

Removed all instances of: **'and we confirm the diagnosis'** throughout the PDS

Examples are shown for illustration

**Prior to change****Total and Permanent Disablement****Day 1 TPD**

To qualify for a TPD benefit payment you must be absent from your employment for an uninterrupted period of three consecutive months. However, we will remove this qualifying period under the Day 1 TPD benefit if you suffer one of the following 'Other Serious Crisis Events', **and we confirm the diagnosis:**

- Alzheimer's Disease
- Blindness
- Diplegia
- Hemiplegia
- Loss of Hearing
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's Disease, or
- Quadriplegia.

See the medical definitions above in Section 12.2.

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

The Day 1 TPD benefit is not available under the TPD (Loss of Independence) definition that applies to Occupation Category E.

**Life Cover or Accidental Death Cover****Complimentary Family Final Expenses**

To be eligible, your Child must be aged from two to 17 years old at the date of their passing away, or the positive diagnosis of a Terminal Illness **that we have confirmed**. You do not need to advise us of the names of your Children unless you are making a claim under this benefit.

**After change****Total and Permanent Disablement****Day 1 TPD**

To qualify for a TPD benefit payment you must be absent from your employment for an uninterrupted period of three consecutive months. However, we will remove this qualifying period under the Day 1 TPD benefit if you suffer one of the following 'Other Serious Crisis Events':

- Alzheimer's Disease with significant cognitive impairment
- Blindness
- Diplegia
- Hemiplegia
- Loss of Hearing
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's Disease, or
- Quadriplegia.

See the medical definitions above in Section 12.2.

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

The Day 1 TPD benefit is not available under the TPD (Universal) definition that applies to Occupation Category E.

**Life Cover or Accidental Death Cover****Complimentary Family Final Expenses**

To be eligible, your Child must be aged from two to 17 years old at the date of their passing away, or the positive diagnosis of a Terminal Illness. You do not need to advise us of the names of your Children unless you are making a claim under this benefit.

**Change**

Removed all instances of 'wholly and partially' throughout the PDS

Examples are shown for illustration

**Prior to change****Exclusions – TPD**

A benefit is not payable for TPD or Accidental TPD in relation to any event or disablement which is directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you.

**Exclusions – Crisis Recovery**

No Crisis Recovery benefit payment will be made in relation to:

- death from suicide in the first 13 months from the date this benefit commenced, was reinstated or increased (but only in relation to the increased amount; Crisis Recovery Stand Alone only) \*
- any Crisis Event or disablement, directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you, or
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you.

\*This exclusion will be waived in respect of any Death benefit under the Policy provided the Policy is replacing the death benefit from us or a previous insurer and the full suicide exclusion period under the in force policy to be replaced has elapsed. The waiver only applies to the amount of the death benefit that has been replaced by the Policy.

**Exclusions – Waiver of Premium**

Waiver of Premium will not apply in relation to an event or disablement that is directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you.

**Exclusions – Crisis Extension**

No Crisis Extension benefit payment will be made in relation to:

- any Crisis Extension Event or disablement directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you, or
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you.

**Exclusions – Family Protection**

No Family Protection benefit will be payable in relation to:

- any disease, sickness or incapacity other than a Crisis occurs during the period the Family Protection Rider Benefit remains in force
- death from suicide in the first 13 months from the commencement or re-instatement of the benefit\*
- an event intentionally caused by the Insured Child's parent, guardian or relative, or someone who lives with or supervises the Insured Child, or
- any Crisis Event or disablement, directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you or the Insured Child.

**Exclusions – School Fees Protector**

No School Fees Protector benefit will be payable in relation to:

- 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 you, or
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you.

\*This exclusion will be waived in respect of any Life Cover under the Policy provided the Policy is replacing life cover from us or a previous insurer and the full suicide exclusion period under the in force policy to be replaced has elapsed. The waiver only applies to the amount of life cover that has been replaced by the Policy.

**After change****Exclusions – TPD**

A benefit is not payable for TPD or Accidental TPD in relation to any event or disablement which is directly or indirectly, caused by intentional self-inflicted injury or any such attempt by you.

**Exclusions – Crisis Recovery**

No Crisis Recovery benefit payment will be made in relation to:

- death from suicide in the first 13 months from the date this benefit commenced, was reinstated or increased (but only in relation to the increased amount; Crisis Recovery Stand Alone only) \*
- any Crisis Event or disablement, directly or indirectly, caused by intentional self-inflicted injury or any such attempt by you, or
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you.

\*This exclusion will be waived in respect of any Death benefit under the Policy provided the Policy is replacing the death benefit from us or a previous insurer and the full suicide exclusion period under the in force policy to be replaced has elapsed. The waiver only applies to the amount of the death benefit that has been replaced by the Policy.

**Exclusions – Waiver of Premium**

Waiver of Premium will not apply in relation to an event or disablement that is directly or indirectly, caused by intentional self-inflicted injury or any such attempt by you.

**Exclusions – Crisis Extension**

No Crisis Extension benefit payment will be made in relation to:

- any Crisis Extension Event or disablement directly or indirectly, caused by intentional self-inflicted injury or any such attempt by you, or
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you.

**Exclusions – Family Protection**

No Family Protection benefit will be payable in relation to:

- any disease, sickness or incapacity other than a Crisis Event that occurs during the period the Family Protection Rider Benefit remains in force
- death from suicide in the first 13 months from the commencement or re-instatement of the benefit\*
- an event intentionally caused by the Insured Child's parent, guardian or relative, or someone who lives with or supervises the Insured Child, or
- any Crisis Event or disablement, directly or indirectly, caused by intentional self-inflicted injury or any such attempt by you or the Insured Child.

**Exclusions – School Fees Protector**

No School Fees Protector benefit will be payable in relation to:

- death from suicide in the first 13 months from commencement or re-instatement of the benefit\*
- any Crisis Event or disablement, directly or indirectly, caused by intentional self-inflicted injury or any such attempt by you, or
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you.

\*This exclusion will be waived in respect of any Life Cover under the Policy provided the Policy is replacing life cover from us or a previous insurer and the full suicide exclusion period under the in force policy to be replaced has elapsed. The waiver only applies to the amount of life cover that has been replaced by the Policy.

Change	Prior to change	After change
<p>Removed all instances of <b>'defined by us'</b></p> <p>Examples are shown for illustration</p>	<p><b>Double Crisis Recovery</b></p> <p><b>Limitations and exclusions</b></p> <p><b>Limitations</b></p> <p>After a Crisis Event for which the full Double Crisis Recovery Sum Insured has been paid, no further amount will be made under Double Crisis Recovery. The Double Crisis Recovery benefit does not cover any disease, sickness or incapacity other than a Crisis Event <b>as defined by us</b> that occurs during the period the Double Crisis Recovery remains in force.</p>	<p><b>Double Crisis Recovery</b></p> <p><b>Limitations and exclusions</b></p> <p><b>Limitations</b></p> <p>After a Crisis Event for which the full Double Crisis Recovery Sum Insured has been paid, no further amount will be made under Double Crisis Recovery. The Double Crisis Recovery benefit does not cover any disease, sickness or incapacity other than a Crisis Event that occurs during the period the Double Crisis Recovery remains in force</p>
<p>Removed all instances of <b>'to our satisfaction'</b> and <b>'must be satisfactory to us'</b> and <b>'we are satisfied that'</b></p> <p>Examples are shown for illustration</p>	<p><b>Chronic Diagnosis Advancement benefit</b></p> <p>The Chronic Diagnosis Advancement benefit is an advance payment of the Double Crisis Recovery Sum Insured and is payable when certain medical conditions have been diagnosed but have not yet met the definition of that Crisis Event. The payment is 25% of the Crisis Recovery Sum Insured up to a maximum of \$25,000 under all policies that we have issued to you, the Life Insured.</p> <p>This benefit will be paid if an appropriate specialist Medical Practitioner confirms <b>to our satisfaction</b> that you have suffered or been medically diagnosed with one of the following medical conditions but have not yet met our definition of that Crisis Event:</p> <ul style="list-style-type: none"> <li>• Motor Neurone Disease</li> <li>• Multiple Sclerosis</li> <li>• Muscular Dystrophy, or</li> <li>• Parkinson's Disease.</li> </ul> <p>If a Chronic Diagnosis Advancement benefit is paid, the applicable Crisis Recovery Sum Insured and Life Cover Sum Insured (where applicable) will be reduced by the amount paid. If you subsequently qualify for the payment of a Crisis Recovery Sum Insured, the reduced Crisis Recovery Sum Insured will be paid.</p> <p>We will only make a payment for the Chronic Diagnosis Advancement benefit once.</p>	<p><b>Chronic Diagnosis Advancement benefit</b></p> <p>The Chronic Diagnosis Advancement benefit is an advance payment of the Double Crisis Recovery Sum Insured and is payable when certain medical conditions have been diagnosed but have not yet met the definition of that Crisis Event. The payment is 25% of the Crisis Recovery Sum Insured up to a maximum of \$25,000 under all policies that we have issued to you, the Life Insured.</p> <p>This benefit will be paid if an appropriate specialist Medical Practitioner confirms that you have suffered or been medically diagnosed with one of the following medical conditions but have not yet met our definition of that Crisis Event:</p> <ul style="list-style-type: none"> <li>• Motor Neurone Disease</li> <li>• Multiple Sclerosis</li> <li>• Muscular Dystrophy, or</li> <li>• Parkinson's Disease.</li> </ul> <p>If a Chronic Diagnosis Advancement benefit is paid, the applicable Crisis Recovery Sum Insured and Life Cover Sum Insured (where applicable) will be reduced by the amount paid.</p> <p>If you subsequently qualify for the payment of a Crisis Recovery Sum Insured, the reduced Crisis Recovery Sum Insured will be paid.</p> <p>We will only make a payment for the Chronic Diagnosis Advancement benefit once.</p>
	<p><b>Income Protection – Severity benefit</b></p> <p>If we have been paying a benefit for more than six consecutive months after the Waiting Period, we will pay an additional 1/3rd of your Insured Monthly Benefit until the end of the Benefit Period if you are:</p> <ul style="list-style-type: none"> <li>• Totally Disabled to the extent that you cannot perform at least two Activities of Daily Living, and</li> <li>• under the constant care and supervision of another adult.</li> </ul> <p>We will make this payment as long as <b>we are satisfied that</b> you continue to be Totally Disabled to the extent that you are unable to perform at least two of the Activities of Daily Living.</p> <p>Payment will be subject to re-assessments, based on medical evidence that you require ongoing continuous care and supervision by another adult.</p> <p>The sum of the Total Disablement and Severity benefit cannot exceed \$30,000 per month, and claim offsets may apply.</p>	<p><b>Income Protection – Severity benefit</b></p> <p>If we have been paying a benefit for more than six consecutive months after the Waiting Period, we will pay an additional 1/3rd of your Insured Monthly Benefit until the end of the Benefit Period if you are:</p> <ul style="list-style-type: none"> <li>• Totally Disabled to the extent that you cannot perform at least two Activities of Daily Living, and</li> <li>• under the constant care and supervision of another adult.</li> </ul> <p>We will make this payment as long as you continue to be Totally Disabled to the extent that you are unable to perform at least two of the Activities of Daily Living.</p> <p>Payment will be subject to re-assessments, based on medical evidence that you require ongoing continuous care and supervision by another adult.</p> <p>The sum of the Total Disablement and Severity benefit cannot exceed \$30,000 per month, and claim offsets may apply.</p>

Change	Prior to change	After change
In many instances the word 'reasonable' has been inserted as in the definition of Agreed Value	<p><b>Agreed Value</b> means:</p> <ul style="list-style-type: none"> <li>the Insured Monthly Benefit is agreed with you at the time of application and is based on your Income at that time</li> <li>the Insured Monthly Benefit is guaranteed subject to receipt by us of financial evidence in relation to your application. That evidence <b>must be satisfactory to us</b>. 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 (see Section 5.1.4), and</li> <li>cover on an Agreed Value basis is available only to Occupation Categories A1, A2, M, A3, A4, B, C and CT.</li> </ul>	<p><b>Agreed Value</b> means:</p> <ul style="list-style-type: none"> <li>the Insured Monthly Benefit is agreed with you at the time of application and is based on your Income at that time</li> <li>the Insured Monthly Benefit is guaranteed subject to receipt by us of <b>reasonable</b> financial evidence in relation to your income at the time of application. If reasonable financial evidence in relation to your application is not provided to us at time of application, that evidence must be provided before the payment of any claim. Claim offsets for other sources of income may apply (see Section 5.1.4), and</li> <li>cover on an Agreed Value basis is available only to Occupation Categories A1, A2, M, A3, A4, B, C and CT.</li> </ul>
Clarified footnote wherever appears throughout the PDS to replace ' <b>imposed by us</b> '	Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or which <b>have been imposed by us</b> and notified to the Policy Owner such as any applicable Benefit Indexation.	Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or <b>as adjusted by us in accordance with the policy terms and conditions</b> and notified to the Policy Owner such as any applicable Benefit Indexation.
Added ' <b>reasonable</b> ' when we require evidence in all instances in the PDS  Examples are shown for illustration	<p>Examples include:</p> <ul style="list-style-type: none"> <li>determined by us</li> <li>determined by us at our discretion</li> <li>we may at our discretion</li> <li>as determined by us at our discretion</li> <li>we will require satisfactory proof of the occurrence</li> <li>we will require proof of the event</li> <li>as evidenced by tax invoices etc.</li> </ul>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>as <b>reasonably</b> determined by us</li> <li>we will require <b>reasonable</b> proof of the occurrence</li> <li>we will require <b>reasonable</b> proof of the event</li> <li>as evidenced by tax invoices <b>or other reasonable proof</b></li> <li>You will also need to provide the following evidence, along with any other evidence we <b>reasonably</b> require at the time</li> <li>Where appropriate and <b>as reasonably determined</b> by us, you may need to be medically examined by our Medical Practitioner or undergo other medical examination (including blood tests and other tests) when and <b>as often as is reasonable</b> in connection with your claim.</li> <li>the amount of financial evidence that you will be <b>reasonably</b> required to provide</li> <li>You must be able to provide <b>reasonable</b> evidence of Involuntary Unemployment that we may <b>reasonably</b> request</li> <li>you must provide <b>reasonable</b> financial evidence before we can</li> </ul>
<p><b>Business Expenses</b></p> <p><b>Partial Disablement benefit amount</b></p> <p>Clarified calculations</p>	<p>Your share of business expenses actually incurred or of business turnover will be determined <b>in line with the usual manner of apportioning profits and/or losses of the business between you and any co-owners of the business</b>.</p> <p>When you are Partially Disabled and not working, 'business turnover' will be determined by us. <b>We will, in our determination</b>, consider the opinion of your Medical Practitioner and Medical Practitioners nominated by us.</p>	<p>Your share of business expenses actually incurred or of business turnover will be determined <b>based on the reasonable review of relevant financial information about your business that you are required to provide to us</b>.</p> <p>When you are Partially Disabled and not working, 'business turnover' will be <b>reasonably</b> determined by taking into consideration the opinion of your Medical Practitioner and Medical Practitioners <b>reasonably</b> nominated by us.</p>

Change	Prior to change	After change
<p><b>Income Protection Lump Sum</b></p> <p><b>Built-in Benefits and Lump sum payable</b></p> <p>Removed 'we determined'</p>	<p><b>Built-in Benefits</b></p> <p>The Income Protection Lump Sum benefit is calculated using the multiple based on your age after the date the claim was lodged for this benefit (as shown below) when we can first reasonably determine that you have met the Total and Permanent Disablement definition for the purposes of this benefit.</p> <p><b>Lump sum payable</b></p> <p>The Income Protection Lump Sum benefit is calculated as the lesser of:</p> <ul style="list-style-type: none"> <li>• \$3 million, and</li> <li>• an annualised monthly benefit multiplied by a factor based on your age.</li> </ul> <p>The annualised monthly benefit is 12 times your total Insured Monthly Benefit at the time we determine you are Totally and Permanently Disabled, including Claim Escalation benefit increases (if applicable), less any offsets that would have been applied to the monthly benefit if you had not chosen to receive the Income Protection Lump Sum benefit.</p>	<p><b>Built-in Benefits</b></p> <p>The Income Protection Lump Sum benefit is calculated using the multiple based on your age at the date that you have first met the Total and Permanent Disablement definition for the purposes of this benefit.</p> <p><b>Lump sum payable</b></p> <p>The Income Protection Lump Sum benefit is calculated as the lesser of:</p> <ul style="list-style-type: none"> <li>• \$3 million, and</li> <li>• an annualised monthly benefit multiplied by a factor based on your age.</li> </ul> <p>The annualised monthly benefit is 12 times your total Insured Monthly Benefit at the date you first became Totally and Permanently Disabled, including Claim Escalation benefit increases (if applicable), less any offsets that would have been applied to the monthly benefit if you had not chosen to receive the Income Protection Lump Sum benefit.</p>
<p><b>Income Protection Lump Sum</b></p> <p><b>Limitations and exclusions</b></p> <p>Removed 'in our opinion'</p>	<p><b>Limitations</b></p> <p>The Income Protection Lump Sum Rider Benefit must be purchased at the same time as the Income Protection insurance cover and cannot be cancelled at a later date.</p> <p>This benefit will not be paid in conjunction with the Specified Injury or the Severity benefit.</p> <p>We will not pay an Income Protection Lump Sum benefit if in our opinion the Injury or Sickness causing the Total and Permanent Disablement will lead to you passing away within 12 months of the date we determine you to be Totally and Permanently Disabled.</p> <p>If we pay you an Income Protection Lump Sum benefit, no further benefit under the Income Protection benefit will be payable and the Income Protection benefit will end.</p>	<p><b>Limitations</b></p> <p>The Income Protection Lump Sum Rider Benefit must be purchased at the same time as the Income Protection insurance cover and cannot be cancelled at a later date.</p> <p>This benefit will not be paid in conjunction with the Specified Injury or the Severity benefit.</p> <p>We will not pay an Income Protection Lump Sum benefit if the Injury or Sickness causing the Total and Permanent Disablement will lead to you passing away within 12 months of the date we determine you to be Totally and Permanently Disabled.</p> <p>If we pay you an Income Protection Lump Sum benefit, no further benefit under the Income Protection benefit will be payable and the Income Protection benefit will end.</p>
	<p><b>Limitations</b></p> <p><b>Two and Five Year Benefit Periods</b></p> <p>Where a claim for a condition has been paid for the maximum Benefit Period (two or five years), we will not accept any subsequent claim for the same condition or associated complications of the same condition unless:</p> <ul style="list-style-type: none"> <li>• you make a full recovery (as certified by a Medical Practitioner), and</li> <li>• in our opinion you have returned to Full-time Employment and have fully undertaken all of the important income-producing duties of your occupation for a period of at least 12 months prior to the subsequent claim.</li> </ul> <p>For a subsequent claim that is in our opinion independent of the original claim, a new Waiting Period and Benefit Period will apply.</p>	<p><b>Limitations</b></p> <p><b>Two and Five Year Benefit Periods</b></p> <p>Where a claim for a condition has been paid for the maximum Benefit Period (two or five years), we will not accept any subsequent claim for the same condition or associated complications of the same condition unless:</p> <ul style="list-style-type: none"> <li>• you make a full recovery (as certified by a Medical Practitioner), and</li> <li>• you have returned to Full-time Employment and have fully undertaken all of the important income-producing duties of your occupation for a period of at least 12 months prior to the subsequent claim.</li> </ul> <p>For a subsequent claim that is independent of the original claim, a new Waiting Period and Benefit Period will apply.</p>

Change	Prior to change	After change
Updated all instances of 'intend to adjust future payments' throughout the PDS  Example included for illustration	<b>Total Disablement (not actively employed)</b>  If we are making monthly benefit payments and intend to adjust future payments due to a change in how we calculate your earned income, we will notify you 30 days prior to this taking place.	<b>Total Disablement (not actively employed)</b>  If we are making monthly benefit payments and these are adjusted in accordance with the terms of the Policy, we will notify you 30 days prior to this taking place.
Removed 'but not limited to'  <b>Business Expenses</b>  <b>Limitations and exclusions</b>  <b>Business Expenses not covered</b>	<b>Business Expenses not covered</b>  Business Expenses not covered under this benefit include, but are not limited to, the following:	<b>Business Expenses not covered</b>  Business Expenses not covered under this benefit include the following:
Changed 'our conditions for payment'  <b>Insurance through Super</b>  <b>Payment of benefits</b>	<b>Payments outside of superannuation (Linked Benefits)</b>  <b>Superannuation PLUS</b>  Any Superannuation PLUS benefits that meet our conditions for payment will be paid directly to you or your beneficiary(ies) as applicable. You will not be required to meet a condition of release as the payments are made outside of superannuation.  <b>Repayment Relief</b>  Any Repayment Relief benefits that meet our conditions for payment will be paid directly to you or your beneficiary(ies) as applicable. You will not be required to meet a condition of release as the payments are made outside of superannuation.	<b>Payments outside of superannuation (Linked Benefits)</b>  <b>Superannuation PLUS</b>  Any Superannuation PLUS benefits that meet the policy terms for payment will be paid directly to you or your beneficiary(ies) as applicable. You will not be required to meet a condition of release as the payments are made outside of superannuation.  <b>Repayment Relief</b>  Any Repayment Relief benefits that meet the policy terms for payment will be paid directly to you or your beneficiary(ies) as applicable. You will not be required to meet a condition of release as the payments are made outside of superannuation.
Changed 'we accept the claim and consider the benefit payment payable'  <b>Super Extras</b>  <b>How Super Extras works</b>	<b>How Super Extras works</b>  By purchasing Super Extras as a Linked Benefit to your Superannuation Income Protection Plan, it allows you to access Income Protection cover inside and outside of super. Income Protection benefits that cannot be paid within superannuation because they do not satisfy a Permitted Condition of Release (see Section 9.1) may be paid outside of the superannuation via Super Extras instead.  If an Income Protection claim is made, it will firstly be assessed under the Superannuation Income Protection Plan. If we accept the claim and we consider the benefit payment payable under superannuation law, the benefit will be paid to the trustee of the relevant fund. The trustee will then process the benefit according to the governing rules of the superannuation fund and superannuation law.  If we accept the claim and consider that the benefit payment is not payable under superannuation law, the benefit will be paid to you under your Super Extras Policy.	<b>How Super Extras works</b>  By purchasing Super Extras as a Linked Benefit to your Superannuation Income Protection Plan, it allows you to access Income Protection cover inside and outside of super.  Income Protection benefits that cannot be paid within superannuation because they do not satisfy a Permitted Condition of Release (see Section 9.1) may be paid outside of the superannuation via Super Extras instead.  If an Income Protection claim is made, it will firstly be assessed under the Superannuation Income Protection Plan. If the benefit payment is payable under superannuation law, the benefit will be paid to the trustee of the relevant fund. The trustee will then process the benefit according to the governing rules of the superannuation fund and superannuation law.  If the benefit payment is not payable under superannuation law, the benefit will be paid to you under your Super Extras Policy.

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