



Priority Protection

Product Disclosure Statement
Version 7.1, Issued 24 June 2009



AIA.COM.AU

Who issues Priority Protection?

This Product Disclosure Statement describes the main features of five separate financial plans;

- Life Cover Plan,
- Crisis Recovery Stand Alone Plan,
- Disability Income Plan,
- Business Expenses Plan, and
- The Superannuation Life Cover Plan (when acquired by a trustee of a self managed superannuation fund),

which are all issued by AIA Australia Limited (ABN 79 004 837 861 AFSL 230043). Freecall: 1800 333 613.

The Superannuation Life Cover Plan (when issued through the AIA Superannuation Fund, ABN 78 757 377 348 (**the Fund**)), is owned by CCSL Limited, ABN 51 104 967 964, AFS Licence No. 287084, (**Trustee**) as the trustee of the Fund. The Trustee is the issuer of a risk-only superannuation product with benefits referable solely to the Superannuation Life Cover Plan. The Trustee is located at Level 16, 114 William Street, Melbourne Australia 3000, Phone (03) 9616 8600.

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

This Product Disclosure Statement ('PDS') covers both the insurance products issued by AIA Australia and, where the Superannuation Life Cover Plan is issued through the AIA Superannuation Fund, the risk-only superannuation product issued by the Trustee. AIA Australia and the Trustee each take full responsibility for the entirety of this Product Disclosure Statement.

This PDS, including any changes to the Superannuation Life Cover Plan, may be updated or replaced at any time, and you can obtain a copy of the current version on request, free of charge, by calling AIA Australia on Freecall 1800 333 613. Changes that are not materially adverse will be updated and made available to you at www.aia.com.au. You will be advised of material changes or significant events as required by law.

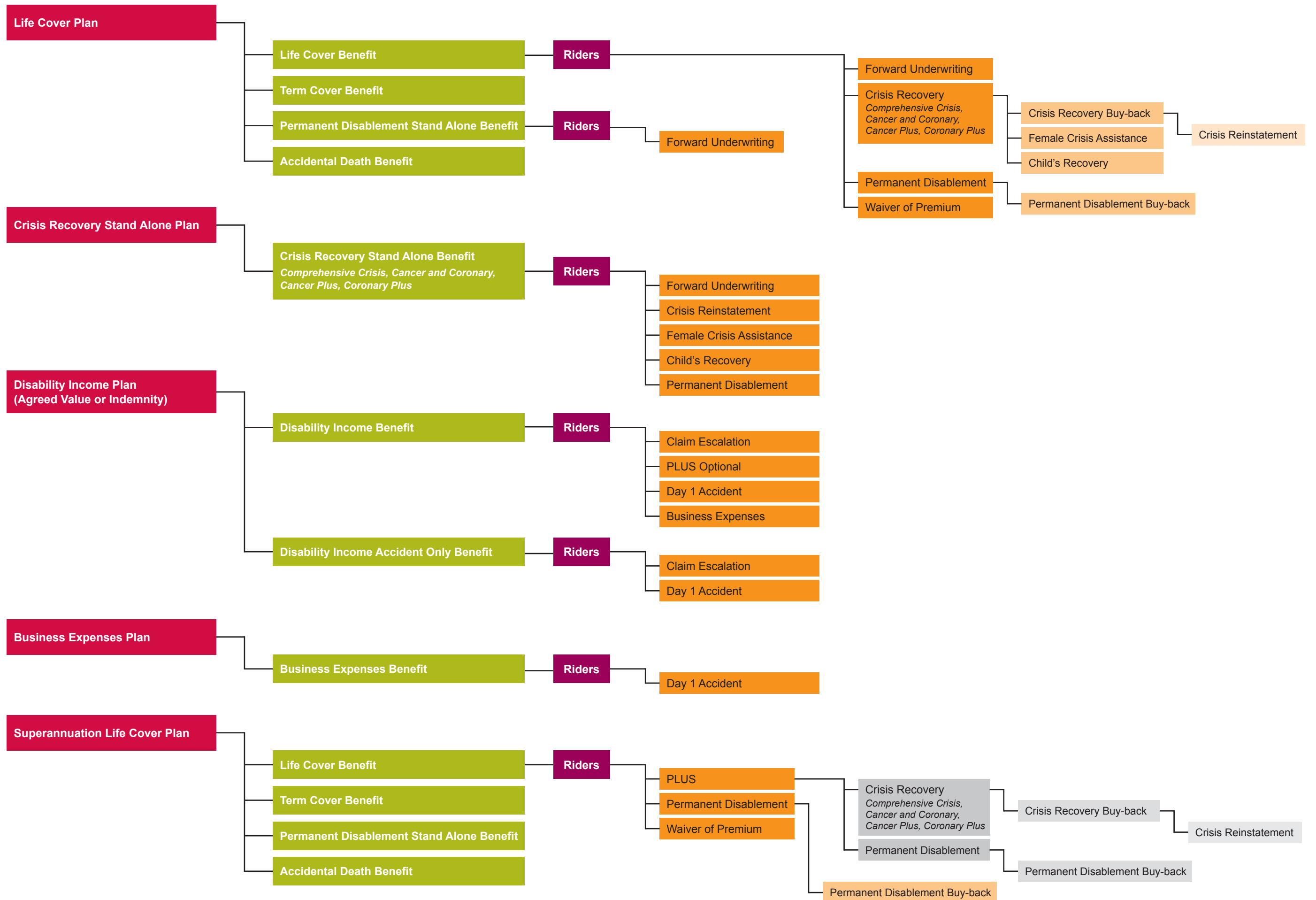
Priority Protection is only available to persons receiving the offer and making an application in Australia. It is not an offer, invitation or recommendation by AIA Australia or the Trustee to invest in Priority Protection in any other jurisdiction. Applications from outside Australia will not be accepted. AIA Australia is also not bound to accept any application.

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

Please note: your cooling off rights and the external dispute resolution scheme to deal with any complaints about the product are different, depending on whether the issuer is AIA Australia or the Trustee. Further details can be found in the relevant sections of this PDS.

In this PDS (which includes the attached Application Form) any reference to:

- 'we', 'us', 'our' or 'the insurer' means AIA Australia Limited, 'except where reference is specifically made to the Trustee as issuer of the risk-only superannuation product';
- 'you' means any potential customer likely to become the person insured unless otherwise specified;
- 'Priority Protection' means all of the insurance plans referred to in the PDS unless otherwise specified.



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Life Cover Plan

Life Cover Benefit	Rider Benefits ¹									Term Cover Benefit	Permanent Disablement Stand Alone Benefit	Accidental Death Benefit
	Crisis Recovery	Crisis Recovery Buy-back ²	Crisis Reinstatement ³	Female Crisis Assistance ²	Child's Recovery ²	Permanent Disablement	Permanent Disablement Buy-back ⁴	Waiver of Premium	Forward Underwriting			

Entry age next birthday (years) between

Occupation Category	AAA, AA, A	B	C	D	E	Home Duties	16 and 64	16 and 60	16 and 64	16 and 55	11 and 60 (5 year term); 11 and 55 (10 year term)	16 and 64	16 and 75
AAA, AA, A							16 and 64	16 and 60	16 and 64	16 and 55	16 and 64	16 and 64	
B							16 and 64	16 and 60	16 and 64	16 and 55	16 and 64	16 and 64	
C							16 and 55	16 and 55	16 and 55	16 and 55	16 and 55	16 and 55	
D							16 and 55	16 and 55	16 and 55	16 and 55	16 and 55	16 and 55	
E							16 and 50	16 and 50	16 and 50	16 and 50	16 and 50	16 and 50	
Home Duties							16 and 64	16 and 60	16 and 64	16 and 64	16 and 64	16 and 64	

Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA, A	B	C	D	E	Home Duties	65	65	65	65	65	End of chosen benefit term (5 or 10 years)	65	100
AAA, AA, A							65	65	65	65	65	65	65	
B							65	65	65	65	65	65	65	
C							65	65	65	65	65	65	65	
D							65	65	65	65	65	65	65	
E							55	55	55	55	55	55	55	
Home Duties							65	65	65	65	65	65	65	

Maximum Sum Insured

Occupation Category	AAA, AA, A	B	C	D	E	Home Duties	\$3,000,000 ^{6,11}	\$2,000,000 ^{6,11}	\$2,000,000 ^{6,11}	\$2,000,000 ^{6,11}	\$1,000,000 ^{6,11}	Permanent Disablement Sum Insured	N/A	\$10,000,000	\$3,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$1,000,000 ¹¹	\$1,000,000
AAA, AA, A							\$3,000,000 ^{6,11}	\$2,000,000 ^{6,11}	\$2,000,000 ^{6,11}	\$2,000,000 ^{6,11}	\$1,000,000 ^{6,11}	Permanent Disablement Sum Insured	N/A	\$10,000,000	\$3,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$1,000,000 ¹¹	\$1,000,000
B							\$3,000,000 ^{6,11}	\$2,000,000 ^{6,7} (age 16-55 next birthday)	\$2,000,000 ^{6,11}	\$2,000,000 ^{6,11}	\$1,000,000 ^{6,11}	Permanent Disablement Sum Insured	N/A	\$10,000,000	\$3,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$1,000,000 ¹¹	\$1,000,000
C							\$3,000,000 ^{6,11}	\$1,500,000 ^{6,7} (age 56-64 next birthday)	\$2,000,000 ^{6,11}	\$2,000,000 ^{6,11}	\$1,000,000 ^{6,11}	Permanent Disablement Sum Insured	N/A	\$10,000,000	\$3,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$1,000,000 ¹¹	\$1,000,000
D							\$3,000,000 ^{6,11}	\$2,000,000 ^{6,7} (age up to 40 next birthday)	\$2,000,000 ^{6,11}	\$2,000,000 ^{6,11}	\$1,000,000 ^{6,11}	Permanent Disablement Sum Insured	N/A	\$10,000,000	\$3,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$1,000,000 ¹¹	\$1,000,000
E							\$3,000,000 ^{6,11}	\$2,000,000 ^{6,7} (age up to 40 next birthday)	\$2,000,000 ^{6,11}	\$2,000,000 ^{6,11}	\$1,000,000 ^{6,11}	Permanent Disablement Sum Insured	N/A	\$10,000,000	\$3,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$1,000,000 ¹¹	\$1,000,000
Home Duties							\$3,000,000 ^{6,11}	\$1,500,000 (age up to 40 next birthday) \$1,000,000 (age 41-55 next birthday) \$750,000 (age 56-75 next birthday)	\$2,000,000 ^{6,11}	\$2,000,000 ^{6,11}	\$1,000,000 ^{6,11}	Permanent Disablement Sum Insured	N/A	\$10,000,000	\$3,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$2,000,000 ¹¹	\$1,000,000 ¹¹	\$1,000,000

1. Life Cover benefit must be purchased.
 2. Crisis Recovery benefit must be purchased.
 3. Crisis Recovery Buy-back benefit must be purchased.
 4. Permanent Disablement benefit must be purchased.
 5. Subject to financial underwriting.
 6. Cannot exceed Life Cover Sum Insured.
 7. Applies to the total sums insured for Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
 8. Applies to the total sums insured for Female Crisis Assistance and other similar benefits with us and other insurers.
 9. Applies to the total sums insured for Child's Recovery benefit under Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
 10. Cannot exceed Crisis Recovery Sum Insured.
 11. Applies to the total sums insured for Permanent Disablement and Permanent Disablement Stand Alone and other similar benefits with us and other insurers.

Crisis Recovery Stand Alone Plan

Business Expenses Plan

Crisis Recovery Stand Alone Benefit	Rider Benefits ¹				
	Permanent Disablement	Crisis Reinstatement	Female Crisis Assistance	Child's Recovery	Forward Underwriting

Business Expenses Benefit	Rider Benefit
	Day 1 Accident

Entry age next birthday (years) between

Occupation Category	AAA, AA, A	16 and 64	16 and 64	16 and 60	16 and 60	16 and 60 (life insured) 2 and 15 (child)	16 and 55
	B		16 and 64				
	C		16 and 55				
	D		16 and 55				
	E		16 and 50				
	Home Duties		16 and 64				

16 and 60	16 and 60
16 and 60	16 and 60
16 and 55	16 and 55
16 and 55	16 and 55
Not available	Not available
Not available	Not available

Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA, A	70	65	65	70	21 (child) or 70 (life insured), if earlier	65
	B		65				
	C		65				
	D		65				
	E		55				
	Home Duties		65				

65	65
Not available	Not available
Not available	Not available

Maximum Sum Insured

Occupation Category	AAA, AA, A	\$2,000,000 ² (age 16–55 next birthday) \$1,500,000 ² (age 56–64 next birthday)	\$2,000,000 ⁵ (age 16–55 next birthday); \$1,500,000 ⁵ (age 56–64 next birthday)	Crisis Recovery Stand Alone Sum Insured	\$25,000 ³ Minimum Sum Insured is \$10,000	\$200,000 ^{4,5}	\$10,000,000		
	B								
	C								
	D								
	E								
	Home Duties							\$750,000 (age up to 40 next birthday) \$500,000 ⁵ (age 41–64 next birthday)	\$750,000 ⁵ (age up to 40 next birthday) \$500,000 ⁵ (age 41–64 next birthday)

Refer to Maximum Insured Monthly Benefit table on page 35	Refer to Maximum Insured Monthly Benefit table on page 35
Not available	Not available
Not available	Not available

1. Crisis Recovery Stand Alone benefit must be purchased.
 2. Applies to the total sums insured for Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
 3. Applies to the total sums insured for Female Crisis Assistance and other similar benefits with us and other insurers.
 4. Applies to the total sums insured for Child's Recovery benefit under Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
 5. Cannot exceed Crisis Recovery Stand Alone Sum Insured.

Disability Income Plan

	Disability ¹ Income Benefit (Agreed Value or Indemnity)	Disability ¹ Income Accident Only Benefit (Agreed Value or Indemnity)	Rider Benefits ²				2 Year Benefit Period To Age 70 (Indemnity only)
			Claim Escalation	PLUS Optional ³	Day 1 Accident	Business Expenses ³	

Entry age next birthday (years) between

Occupation Category	AAA, AA	16 and 60	16 and 60	Same as Disability Income benefit or Disability Income Accident Only benefit chosen	Same as Disability Income benefit	Same as Disability Income benefit or Disability Income Accident Only benefit chosen	16 and 60	61 and 65	
	A	16 and 60	16 and 60				16 and 60	16 and 60	Not available
	B	16 and 60	16 and 60				16 and 60	16 and 60	Not available
	C	16 and 55	16 and 55				16 and 55	16 and 55	Not available
	D	16 and 55 (Indemnity)	16 and 55 (Indemnity)				16 and 55	16 and 55	Not available
	E	16 and 50 (Indemnity)	16 and 50 (Indemnity)				16 and 50	Not available	Not available

Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA	65	65	Same as Disability Income benefit or Disability Income Accident Only benefit chosen	Same as Disability Income benefit	Same as Disability Income benefit or Disability Income Accident Only benefit chosen	65	70	
	A	65	65				65	65	Not available
	B	65	65				65	65	Not available
	C	65	65				65	65	Not available
	D	65	65				65	65	Not available
	E	55	55				55	Not available	Not available

Maximum Sum Insured

Refer to Maximum Insured Monthly Benefit table on page 26	Refer to Maximum Insured Monthly Benefit table on page 26	Disability Income benefit or Disability Income Accident Only benefit chosen	Disability Income benefit	Disability Income benefit or Disability Income Accident Only benefit	Refer to Maximum Insured Monthly Benefit table on page 35	\$10,000
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1. Either the Disability Income or Disability Income Accident Only benefit can be selected (not both).
2. Disability Income benefit or Disability Income Accident Only benefit must be purchased.
3. Disability Income benefit must be purchased.

Superannuation Life Cover Plan

Life Cover Benefit	Rider Benefits ¹						Term Cover Benefit	Permanent Disablement Stand Alone Benefit	Accidental Death Benefit
	Crisis Recovery	Crisis Recovery Buy-back ²	Crisis Reinstatement ³	Permanent Disablement	Permanent Disablement Buy-back ⁴	Waiver of Premium			

Entry age next birthday (years) between

Occupation Category	AAA, AA, A	11 and 74	16 and 64	16 and 60	16 and 60	16 and 64	16 and 60	16 and 64	11 and 60 (5 year term); 11 and 55 (10 year term)	16 and 64	16 and 74
	B					16 and 64	16 and 60	16 and 64		16 and 64	
	C					16 and 55	16 and 55	16 and 55		16 and 55	
	D					16 and 55	16 and 55	16 and 55		16 and 55	
	E					16 and 50	16 and 50	16 and 50		16 and 50	
	Home Duties					16 and 64	16 and 60	16 and 64		16 and 64	

Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA, A	75	70	65	65	65	65	65	End of chosen benefit term (5 or 10 years)	65	75
	B					65	65	65		65	
	C					65	65	65		65	
	D					65	65	65		65	
	E					55	55	55		55	
	Home Duties					65	65	65		65	

Maximum Sum Insured

Occupation Category	AAA, AA, A	None ⁵	\$2,000,000 ^{6,7} (age 16-55 next birthday)	Crisis Recovery Sum Insured	Crisis Recovery Sum Insured	\$3,000,000 ^{6,8}	Permanent Disablement Sum Insured	N/A	None ⁵	\$3,000,000 ⁸	\$1,000,000
	B					\$2,000,000 ^{6,8}				\$2,000,000 ⁸	
	C					\$2,000,000 ^{6,8}				\$2,000,000 ⁸	
	D					\$2,000,000 ^{6,8}				\$2,000,000 ⁸	
	E					\$1,000,000 ^{6,8}				\$1,000,000 ⁸	
	Home Duties					\$1,500,000 ^{6,7} (age up to 40 next birthday) \$1,000,000 ^{6,7} (age 41-55 next birthday) \$750,000 ^{6,7} (age 56-75 next birthday)				\$750,000 ^{6,7} (age up to 40 next birthday) \$500,000 ^{6,7} (age 41-64 next birthday)	

1. Life Cover benefit must be purchased.
2. Crisis Recovery benefit must be purchased.
3. Crisis Recovery Buy-back benefit must be purchased.
4. Permanent Disablement benefit must be purchased.
5. Subject to financial underwriting.
6. Cannot exceed Life Cover Sum Insured.
7. Applies to the total sums insured for Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
8. Applies to the total sums insured for Permanent Disablement and Permanent Disablement Stand Alone and other similar benefits with us and other insurers.

Overview

The Priority Protection product provides you with a selection of plans to cater for your life insurance needs. There are four plans available under the policy:

- **Life Cover Plan;**
- **Crisis Recovery Stand Alone Plan;**
- **Disability Income Plan (Agreed Value or Indemnity);** and
- **Business Expenses Plan.**

In addition there is a **Superannuation Life Cover Plan**, which is a separate policy that can only be acquired as part of a superannuation arrangement. It can be issued to the trustee of your self-managed superannuation fund or by you becoming a member of the AIA Superannuation Fund.

Each of the Plans offer one or more stand-alone benefits, which can be selected individually or in combination. In addition, some of the stand-alone benefits allow you to select from a range of rider benefits. The tables on pages 3 to 6 summarise the stand-alone benefits and benefits available under each Plan. These are then described in more detail throughout this PDS.

It is also important to read the Definitions to understand what is or is not covered and the Exclusions that may apply.

Categories of risk

Risk needs can be categorised into three broad areas:

- The need for life cover,
- The need to protect your ability to earn an income, and
- The need to make provision for lifestyle adjustments due to illness, injury or impairment.

What are some of the uses for Life Cover

- It can be used to settle debt, outstanding loans, estate duty and other financial costs in the event of death.
- It can pay out a lump sum that can be used to provide financial security for loved ones when the Life Insured no longer can.
- It allows business partners to continue running the business without added capital strain.

Preparing for the inevitable is preparing for life!

What are some of the uses for Crisis Recovery Cover

- Crisis Events such as heart attacks, strokes and cancer happen without discrimination.
- Physical impairments, such as the loss of use of arms, legs or eyes, could change your lifestyle completely.
- When an unpredictable event happens, there is an immediate need for financial help.

Making sure that when lifestyle adjustments are made, there is cover.

What are some of the uses for Disability Income Cover

- To provide an income when you cannot earn one because you have become disabled or severely ill.
- To ensure that business continuity is catered for even when you, the owner, can no longer run the business.

Get paid an income – even when you cannot earn one!

Overview

The Life Cover benefit and 5-year and 10-year Term Cover benefits pay a lump sum if you die before the benefit expires and your death is due to illness, injury or you are diagnosed with a terminal illness. The lump sum amount will be paid to the policy owner or your nominated beneficiary/ies.

The Accidental Death benefit will pay a lump sum if you die as a result of an accident only. This lump sum will only be paid if the definition of Accidental Death is met as defined on page 56 in the 'Definitions'. Death must occur within 6 months of the accident taking place.

Benefit overview

Detail	Life Cover Benefit	5-year Term	10-year Term	Accidental Death
Level Premiums	✓	✓	✓	✓
Stepped Premiums	✓	✓	✓	✓
Optimum Premiums	✓	—	—	✓
Available in Superannuation*	✓	✓	✓	✓
Built-in benefits				
Benefit Indexation	✓	✓	✓	✓
Premium Freeze	✓	—	—	✓
Complimentary Interim Accidental Death Cover	✓	✓	✓	✓
Terminal Illness	✓	✓	✓	—
Final Expenses	✓	✓	✓	✓
Financial Planning Reimbursement	✓	✓	✓	✓
Guaranteed Future Insurability	✓	—	—	—
Benefits at an additional cost (Rider Benefits)				
Crisis Recovery	✓	—	—	—
Crisis Recovery Buy-back	✓	—	—	—
Crisis Reinstatement	✓	—	—	—
Female Crisis Assistance	✓	—	—	—
Child's Recovery	✓	—	—	—
Permanent Disablement	✓	—	—	—
Permanent Disablement Buy-back	✓	—	—	—
Waiver of Premium	✓	—	—	—
Forward Underwriting benefit	✓	—	—	—

*Some of the built-in benefits and additional benefits do not apply to the Superannuation Life Cover Plan.

Built-in benefits

The following benefits are built in to your Life Cover Plan.

Premium Freeze

You can freeze your premiums if you are age 35 or older and you are paying your premiums on a stepped premium basis. This is not available on the 5-year and 10-year Term Cover Plans.

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

Benefit Indexation

The Sum Insured on your benefit will automatically increase each year by the higher of the CPI increase or 5%. If you don't want your cover to increase, please indicate on the application form. You will need to contact us on the anniversary of your policy instructing us to cancel the increase.

See page 47 in 'Additional information' for a detailed description of this built-in benefit.

Terminal Illness benefit

If you are diagnosed with a terminal illness before your policy expires, we will pay you 100% of your life cover.

This benefit is not available under the Accidental Death benefit.

For further information, please see page 69 in the 'Definitions'.

Final Expenses benefit

If you die before your policy expires we will pay your nominated beneficiary or the policy owner 10% of the Sum Insured (up to a maximum of \$10,000) to assist them in dealing with immediate financial expenses. We will need to see a certified copy of the death certificate before we pay this benefit.

Any payments we make under this benefit will be deducted from the Life Cover benefit, 5-year or 10-year Term Cover benefits or Accidental Death benefit. The Final Expenses benefit is only payable in the event of Accidental Death under the Accidental Death benefit.

Financial Planning Reimbursement benefit

If a claim is paid for death or terminal illness, we will reimburse your nominated beneficiary/ies or the policy owner the cost of obtaining advice from one or more financial planners. This advice must be in relation to how the claim proceeds should be managed or invested. The claim is subject to the following conditions:

- The benefit will be paid in addition to the claim amount;
- Each financial adviser providing and charging for financial planning advice must be a properly authorised representative;
- The financial planning costs must be incurred and paid within the first 6 months following the claim payment;
- The maximum total amount reimbursed will be the lower of \$3,000 and the actual financial planning costs incurred as evidenced by tax invoices etc.; and
- The benefit can be paid more than once (up to a maximum of \$3,000).

Guaranteed Future Insurability benefit

If you experience a 'personal event' or a 'business event' before the age of 55 you are eligible for the Guaranteed Future Insurability benefit. This benefit allows you to apply for increases in your Life Cover Sum Insured and any Permanent Disablement Sum Insured without supplying further evidence of health or insurability.

A maximum number of increases apply. Please see the policy document for terms and conditions applicable to all such increases.

For 'Personal Events' and 'Business Events' definitions, see Guaranteed Future Insurability definitions on page 62 in the 'Definitions'.

Complimentary Interim Accidental Death Cover

See page 75 for details.

Can my Sum Insured be reduced?

Yes – we will reduce the Sum Insured under your Life Cover benefit by any amount we pay for terminal illness, Crisis Recovery benefit, Permanent Disablement benefit, Loss of Independence benefits or Final Expenses benefit.

Your 5-year and 10-year Term Cover sums insured will also be reduced by any amount paid for a Terminal illness or Final Expenses benefit.

Your Accidental Death benefit Sum Insured will be reduced by any amount paid for Final Expenses benefit.

When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

Conditions applicable for Accidental Death

- This benefit is only available to lives insured who are Permanent Residents or Citizens of Australia.
- You must be residing and working permanently in Australia at the time of application.

Benefits at an additional cost

The following benefits are available at an additional premium cost:

- Crisis Recovery (see page 16)
- Crisis Recovery Buy-back (see page 19)
- Crisis Reinstatement (see page 20)
- Female Crisis Assistance (see page 21)
- Child's Recovery (see page 22)
- Permanent Disablement (see page 10)
- Permanent Disablement Buy-back (see page 13)
- Waiver of Premium (see page 14)
- Forward Underwriting (see page 23)

Overview

The Permanent Disablement benefit will pay a lump sum if you become totally and permanently disabled as defined on pages 69 to 71. This benefit will also pay a partial payment if you suffer total and permanent loss of use of one limb or sight in one eye. (This Partial and Permanent Disablement benefit is not available under the Superannuation Life Cover Plan.)

To be eligible for this benefit you must be in full-time employment. For this benefit we classify full-time as working at least 20 hours per week, for 48 weeks per year (excluding public holidays).

Benefit overview

Detail	Permanent Disablement
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Permanent Disablement Stand Alone	✓
Rider benefit (to Life Cover benefit and Crisis Recovery Stand Alone)	✓
Available in Superannuation*	✓
Built-in benefits	
Total and Permanent Disablement	✓
Partial and Permanent Disablement (not available under Superannuation)	✓
Premium Freeze	✓
Benefit Indexation	✓
Financial Planning Reimbursement	✓
Own Occupation definition	✓
Any Occupation definition	✓
All Duties Occupation definition	✓
Conversion to Loss of Independence at 65	✓
Benefits at an additional cost (Rider Benefits)	
Permanent Disablement Buy-back	✓
Forward Underwriting	✓

*Some of the built-in benefits do not apply to the Superannuation Life Cover Plan.

Built-in benefits

The following benefits are built into your Permanent Disablement benefit and Permanent Disablement Stand Alone benefit.

Total and Permanent Disablement (TPD) – Standard Definition

This definition applies to Occupation Categories AAA, AA, A, B, C, D and Home Duties (see page 55 for Occupation Categories).

Total and Permanent Disablement relates to you being 'unlikely to ever' return to work in your own occupation or any other occupation for which you are reasonably suited to by reason of education, training or experience.

If you are able to return to work and perform any other reasonable occupation but your earnings are less than 25% of your previous 12 months earnings, we will still pay your Permanent Disablement benefit.

The following table outlines the definitions available to the various Occupation Categories:

Disablement Definition	Occupation Category
Own Occupation	AAA, AA, A, and B
Any Occupation	AAA, AA, A, B, C, D and Home Duties
All Duties	E

Your premium amount is dependent on the Total and Permanent Disablement definition you select (see definitions section pages 69 to 71) and on your Occupation Category.

Partial and Permanent Disablement benefit

We will pay you a partial benefit if you suffer the permanent loss of use of:

- one arm, or
- one leg, or
- the loss of sight in one eye

and you survive for a period of 14 days. This survival condition is only applicable if you select the Permanent Disablement Stand Alone benefit.

We will pay the lesser of:

- 25% of your Sum Insured, and
- \$250,000.

We will only pay this benefit once during the lifetime of your policy.

Your Permanent Disablement benefit Sum Insured will be reduced by any amount paid for a Partial and Permanent Disablement benefit.

Premium Freeze

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

Financial Planning Reimbursement benefit

This benefit is available if you become totally and permanently disabled. For further information, please see page 9.

Conversion to Loss of Independence at age 65

This benefit applies to:

- Permanent Disablement benefit under the Life Cover benefit, and
- Permanent Disablement Stand Alone benefit under the Life Cover Plan.

It does not apply to the Permanent Disablement benefit under the Crisis Recovery Stand Alone benefit or if you have an Occupation Category E.

Your Permanent Disablement benefit will cease when you reach the age of 65. Instead of the benefit expiring, we will convert the benefit to a 'Loss of Independence' benefit. This will enable you to keep your benefit until you reach the age of 100.

The Sum Insured for the Loss of Independence benefit issued on conversion from the Permanent Disablement benefit will be the lesser of:

- Permanent Disablement Sum Insured at the time the Permanent Disablement benefit ceases; and
- \$1,000,000.

For further details on Loss of Independence see page 64 in the 'Definitions'.

Can my Sum Insured be reduced?

Yes, the Permanent Disablement Sum Insured will be reduced by any amount payable under the Life Cover benefit in respect of a terminal illness or payable under the Crisis Recovery benefit. The Permanent Disablement Sum Insured will be reduced by any amount payable under the Partial and Permanent Disablement benefit.

Yes, the Loss of Independence Sum Insured, issued on conversion from the Permanent Disablement benefit, will be reduced by any amount payable under the Life Cover benefit in respect of a terminal illness or payable under the Crisis Recovery benefit.

No, the Permanent Disablement Stand Alone Sum Insured will not be reduced by any amount payable under another benefit under this policy other than by any amount payable under the Partial and Permanent Disablement benefit. The benefit will cease on the death of the life insured.

Permanent Disablement benefit (under Crisis Recovery Stand Alone benefit)

- The Crisis Recovery Stand Alone benefit will be reduced by the amount paid under this benefit.

When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

Benefits at an additional cost

The following benefits are available at an additional premium cost:

- Permanent Disablement Buy-back (see page 13)
- Forward Underwriting (see page 23).

Overview

The Permanent Disablement Buy-back benefit is a rider benefit available under the Permanent Disablement benefit under the Life Cover benefit. It does not apply to the Permanent Disablement Stand Alone benefit or to the Permanent Disablement benefit under the Crisis Recovery Stand Alone benefit.

After a claim has been paid under your Permanent Disablement benefit, the Permanent Disablement Buy-back benefit enables you to repurchase the life cover that was reduced when the Permanent Disablement claim was paid. The buy-back option can only be exercised within 30 days from the first anniversary of the date of the claim payment.

Benefit overview

Detail	Permanent Disablement
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Rider benefit (to the Permanent Disablement benefit under the Life Cover benefit)	✓
Available in Superannuation	✓
Built-in benefits	
Benefit Indexation	✓
Premium Freeze	✓

Built-in benefits

The following benefits are built into the Permanent Disablement Buy-back benefit.

Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

Premium Freeze

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

Can my Sum Insured be reduced?

This is not applicable.

When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

Benefits at an additional cost

There are no additional benefits available under this benefit.

Overview

The Waiver of Premium benefit will waive your premiums for specified benefits up to the age of 65 if you become totally and permanently disabled. To be eligible for this benefit you must be in paid full-time employment or on full-time 'home duties'.

For this benefit we classify full-time as working at least 20 hours per week, for 48 weeks per year (excluding public holidays).

Benefit overview

Detail	Waiver of Premium
Level Premiums	✓
Stepped Premiums	✓
Rider benefit under the Life Cover benefit	✓
Available in Superannuation	✓
Built-in benefits	
Total and Permanent Disablement	✓
Any Occupation definition	✓
Own Occupation definition	✓
All Duties Occupation definition	✓

Built-in benefits

The following benefits are built into the Waiver of Premium benefit.

Total and Permanent Disablement (TPD) – Standard Definition

This definition applies to Occupation Categories AAA, AA, A, B, C, D and Home Duties.

Total and Permanent Disablement relates to you being ‘unlikely ever to’ return to work in your own occupation or any other occupation for which you are reasonably suited to by reason of education, training or experience.

If you are able to return to work and perform any other reasonable occupation but your earnings are less than 25% of your previous 12 months earnings, we will still pay your Waiver of Premium benefit.

The following table outlines the definition available to the various Occupation Categories:

Disablement Definition	Occupation Category
Own Occupation	AAA, AA, A, and B
Any Occupation	AAA, AA, A, B, C, D and Home Duties
All Duties	E

Your premium amount is dependent on the Total and Permanent Disablement definition you select (see definitions section pages 69 to 71) and on your Occupation Category.

The definition of Total and Permanent Disablement chosen for the Waiver of Premium benefit must be the same as the definition chosen for any Permanent Disablement benefit.

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

When will my cover end?

See the ‘When will my cover end?’ table on page 50 for details.

Benefits at an additional cost

There are no additional benefits available under this benefit.

If you become totally and permanently disabled we will waive your premiums under the following:

- **Life Cover benefit;**
- **Other rider benefits under the Life Cover benefit;**
- **Term Cover benefits;**
- **Crisis Recovery Stand Alone benefit;**
- **Rider benefits under the Crisis Recovery Stand Alone benefit.**

The waiver also applies to any benefit indexation increases but not to certain voluntary increases. Please refer to the terms and conditions in the policy document for further information.

Each definition of Total and Permanent Disablement that you can choose for the Waiver of Premium benefit contains a qualifying period (either three or six months). During this qualifying period you must be absent from employment solely as a result of Injury or Sickness in order to be eligible to claim under the benefit.

The premiums due on the policy must still be paid by the policy owner/life insured during the qualifying period.

Upon acceptance of your Waiver of Premium claim, any premiums that you have paid will not be refunded.

Overview

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

The Crisis Recovery benefits are structured into four modules so that your individual needs can be easily catered for. The four modules are structured as follows:

Comprehensive Crisis

Provides comprehensive cover for:

- Cancer events
- Coronary events
- Other Serious Crisis Events

Cancer and Coronary

Provides cover for:

- Cancer events
- Coronary Events

Cancer Plus

Provides cover for:

- Cancer events
- Other Serious Crisis Events

Coronary Plus

Provides cover for:

- Coronary events
- Other Serious Crisis Events

Benefit overview

Detail	Comprehensive Crisis	Cancer and Coronary	Cancer Plus	Coronary Plus
Crisis Recovery Stand Alone	✓	✓	✓	✓
Rider benefit (to Life Cover benefit)	✓	✓	✓	✓
Level Premiums	✓	✓	✓	✓
Stepped Premiums	✓	✓	✓	✓
Optimum Premiums	✓	✓	✓	✓
Built-in benefits				
Premium Freeze	✓	✓	✓	✓
Benefit Indexation	✓	✓	✓	✓
Financial Planning Reimbursement	✓	✓	✓	✓
Death Cover (Crisis Recovery Stand Alone only)	✓	✓	✓	✓
Cancer Events Cover	✓	✓	✓	—
Coronary Events Cover	✓	✓	—	✓
Other Serious Crisis Events Cover	✓	—	✓	✓
Conversion to Loss of Independence at age 70 (not available under stand alone version)	✓	✓	✓	✓
Benefits at an additional cost (Rider Benefits)				
Forward Underwriting (Crisis Recovery Stand Alone only)	✓	—	—	—
Crisis Recovery Buy-back (not available under Crisis Recovery Stand Alone)	✓	✓	✓	✓
Crisis Reinstatement	✓	✓	✓	✓
Female Crisis Assistance	✓	✓	✓	✓
Child's Recovery	✓	✓	✓	✓

You can purchase Crisis Recovery as a:

- stand alone benefit, or
- rider benefit under your Life Cover benefit.

If you choose the rider benefit, the Sum Insured must not be more than the Sum Insured of your Life Cover benefit. Additionally, any claim payment made under the Crisis Recovery rider benefit will reduce the Sum Insured under your Life Cover benefit.

For example:

Joe purchases \$1,000,000 of Life Cover benefit and \$600,000 as a Crisis Recovery rider benefit. If Joe makes a claim under his Crisis Recovery benefit, after paying Joe his Crisis Recovery claim of \$600,000, his Life Cover Sum Insured will reduce by \$600,000 leaving him with \$400,000 of Life Cover.

Built-in benefits

The following benefits are built in to the Crisis Recovery and Crisis Recovery Stand Alone benefits.

Premium Freeze

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

Death Cover

If you choose the Crisis Recovery Stand Alone benefit, we will pay your nominated beneficiary/ies or policy owner up to \$5,000 if you die.

Chronic Diagnosis Advancement benefit

If we are able to confirm the diagnosis of certain Crisis Events (see below), we will pay an advance payment of your Crisis Recovery or Crisis Recovery Stand Alone benefit.

An appropriate specialist Medical Practitioner acceptable to us must confirm that you:

- have suffered or been medically diagnosed with one of the following Crisis Events:
 - Motor Neurone Disease;
 - Multiple Sclerosis;
 - Muscular Dystrophy; or
 - Parkinson's Disease,
 but have not yet met the definition of that Crisis Event (please refer to pages 65 to 66 for full definitions); or
- have been placed on a waiting list to receive a major organ transplant of the kind described for the Major Organ Transplant crisis event (please refer to page 65 for full definitions) and that the procedure is unrelated to any previous procedure or surgery undergone by the life insured.

The payment is 25% of the Crisis Recovery or Crisis Recovery Stand Alone Sum Insured (up to a maximum of \$25,000).

If we pay you the Chronic Diagnosis Advancement benefit, the Sum Insured under the Crisis Recovery, Life Cover and any Permanent Disablement benefit under the Life Cover benefit will be reduced by the amount paid.

If the Chronic Diagnosis Advancement benefit is paid under the Crisis Recovery Stand Alone benefit, the Sum Insured under the Crisis Recovery Stand Alone and any Permanent Disablement benefit under the Crisis Recovery Stand Alone benefit will be reduced by the amount paid.

If you sustain another crisis event, we will pay the reduced Crisis Recovery benefit or Crisis Recovery Stand Alone benefit.

We can only pay one Chronic Diagnosis Advancement benefit payment.

Conversion to Loss of Independence at age 70

Your Crisis Recovery benefit will cease when you reach the age of 70. Instead of the benefit expiring, we will convert the benefit to a 'Loss of Independence' benefit.

This will enable you to remain covered under the policy until you reach the age of 100.

This benefit applies to the Crisis Recovery benefit under the Life Cover benefit only. It does not apply to the Crisis Recovery Stand Alone benefit.

The Sum Insured for the Loss of Independence benefit issued on conversion from the Crisis Recovery benefit will be the lesser of:

- Crisis Recovery Sum Insured at age 70, and
- \$1,000,000.

For further details on Loss of Independence see page 64 in the 'Definitions'.

Financial Planning Reimbursement benefit

Refer to description of benefit on page 9 under Life Cover Plan.

The following table lists the Crisis Events covered by the Crisis Recovery and Crisis Recovery Stand Alone benefit.

Cancer events	Other Serious Crisis Events
<ul style="list-style-type: none"> • Carcinoma in Situ of the Breast* • Hodgkin's Disease* • Invasive Cancer* • Leukaemia* • Malignant Bone Marrow Disorder* • Skin Cancer* 	<ul style="list-style-type: none"> • Accidental HIV Infection* • Alzheimer's Disease • Aplastic Anaemia • Bacterial Meningitis • Benign Brain Tumour* • Blindness • Chronic Liver Disease • Chronic Lung Disease • Coma • Dementia • Diplegia • Hemiplegia • Kidney Failure • Loss of Hearing • Loss of Independence • Loss of Limbs and/or Sight • Loss of Speech • Major Burns • Major Head Trauma • Major Organ Transplant* • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Paraplegia • Parkinson's Disease • Pneumonectomy • Quadriplegia • Rheumatoid Arthritis • Terminal Illness* (Stand Alone only) • Viral Encephalitis
Coronary events	
<ul style="list-style-type: none"> • Cardiomyopathy • Coronary Artery Angioplasty* • Coronary Artery By-pass Surgery* • Heart Attack* • Heart Valve Surgery* • Other Serious Coronary Artery Disease* • Pulmonary Artery Hypertension (Primary)* • Stroke* • Surgery to the Aorta* 	

*Qualifying Period

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

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

Survival Period

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

Can my Sum Insured be reduced?

The Crisis Recovery Sum Insured will be reduced by any payments (partial or total) made for the following

- Cancer or Coronary Artery Angioplasty under this benefit;
- Chronic Diagnosis Advancement benefit under this benefit;
- Terminal illness under the Life Cover benefit; and
- Total and Permanent Disablement under the Permanent Disablement or Loss of Independence benefit under the Life Cover benefit.

Once total payments under the Crisis Recovery benefit reach the Crisis Recovery Sum Insured, the Crisis Recovery benefit will cease.

The Crisis Recovery Stand Alone Sum Insured will be reduced by any payments (partial or total) made for the following:

- Cancer or Coronary Artery Angioplasty under this benefit;
- Chronic Diagnosis Advancement benefit;
- Total and Permanent Disablement under the Permanent Disablement optional benefit under the Crisis Recovery Stand Alone benefit.

Once total payments under the Crisis Recovery Stand Alone benefit reach the Crisis Recovery Stand Alone Sum Insured, the Crisis Recovery Stand Alone benefit will cease.

When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

Pre-existing medical condition

If you have consulted a Medical Practitioner or undergone an investigation in relation to a Crisis Event (please refer to pages 56 to 73 for full definitions) before the benefit commencement date and have not disclosed full details to us, the Crisis Recovery and/or Crisis Recovery Stand Alone benefit will not be paid in respect of that Crisis Event or any associated Crisis Events.

Please also refer to 'Your duty of disclosure' on page 53.

Benefits at an additional cost

The following benefits are available at an additional premium cost.

- Forward Underwriting (Crisis Recovery Stand Alone only – see page 23)
- Crisis Recovery Buy-back (not available under Crisis Recovery Stand Alone – see page 19)
- Crisis Reinstatement (see page 20)
- Female Crisis Assistance (see page 21)
- Child's Recovery (see page 22)

Overview

The Crisis Recovery Buy-back benefit is only available if you select the Crisis Recovery benefit as a rider to your Life Cover benefit.

After a claim has been paid under your Crisis Recovery benefit, the Crisis Recovery Buy-back benefit enables you to repurchase the Sum Insured under the Life Cover benefit that was reduced when the Crisis Recovery claim was paid. The buy-back option can only be exercised within 30 days from the first anniversary of the date of the claim payment.

Benefit overview

Detail	Crisis Recovery Buy-back
Stand Alone	—
Rider benefit (to Crisis Recovery benefit under the Life Cover benefit)	✓
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Built-in benefits	
Benefit Indexation	✓
Premium Freeze	✓

Built-in benefits

The following benefits are built into your Crisis Recovery Buy-back benefit.

Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

Premium Freeze

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

Benefits at an additional cost

There are no additional benefits available under this benefit.

Overview

This benefit will allow you to repurchase your Crisis Recovery Sum Insured after you make a Crisis Recovery claim for the full Sum Insured.

Built-in benefits

The following benefits are built into your Crisis Recovery Reinstatement benefit.

Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

Premium Freeze

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

Benefits at an additional cost

There are no additional benefits available under this benefit.

Benefit overview

Detail	Crisis Recovery Reinstatement
Stand Alone	—
Rider benefit (to Crisis Recovery benefit)	✓
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Built-in benefits	
Benefit Indexation	✓
Premium Freeze	✓

How the benefit works

You may only repurchase your Crisis Recovery Sum Insured if you notify us in writing within 30 days from the first anniversary of the date that your claim was paid.

If you have selected Crisis Recovery as a rider benefit under the Life Cover benefit, the Crisis Recovery Buy-back option will also have to be exercised at the same time as the Crisis Recovery Reinstatement option.

If you choose to reinstate your Crisis Recovery benefit or Crisis Recovery Stand Alone benefit, you will be covered for the following Crisis Events:

Module chosen	Crisis Events group claimed from	Module or group reinstated
Comprehensive Crisis	Cancer	Coronary Plus Module*
Comprehensive Crisis	Coronary	Cancer Plus Module*
Comprehensive Crisis	Other Serious Crisis Events	Comprehensive Crisis Module#
Cancer and Coronary	Cancer	Coronary Group
Cancer and Coronary	Coronary	Cancer Group
Cancer Plus	Cancer	Other Serious Crisis Events Group*
Cancer Plus	Other Serious Crisis Events	Cancer Plus Module#
Coronary Plus	Coronary	Other Serious Crisis Events Group*
Coronary Plus	Other Serious Crisis Events	Coronary Plus Module#

*If you make a claim under your Crisis Recovery or Crisis Recovery Stand Alone benefit we will reinstate your crisis cover excluding the group from which you made a claim. For example, if you have Comprehensive Crisis and make a claim under the 'Cancer' group, we will reinstate your crisis cover for the 'Coronary' and 'Other Serious Crisis Events'. So, you will be covered for all Crisis Events within the reinstated groups other than the Loss of Independence and the Terminal Illness (Stand Alone only) crisis event.

Where a benefit has been paid for a crisis event in the Other Serious Crisis Events group and the crisis cover has been reinstated, going forward you will be covered for all Crisis Events within the Other Serious Crisis Events group excluding the crisis event for which we made a claim payment and the Loss of Independence and Terminal Illness (Stand Alone only) crisis event.

If you choose to reinstate your Crisis Recovery benefit or Crisis Recovery Stand Alone benefit, your premiums will be based on the Crisis Recovery module in force prior to the payment of your claim.

Please note that you can only reinstate your Crisis Recovery benefit or Crisis Recovery Stand Alone benefit once.

Overview

The Female Crisis Assistance benefit will pay a lump sum of up to \$25,000 per crisis event as listed below.

Benefit overview

Detail	Female Crisis Assistance
Rider benefit (to Crisis Recovery benefit or Life Cover benefit)	✓
Stepped Premiums	✓
Built-in benefits	
Benefit Indexation	✓
Female Cancers	✓
Complications of Pregnancy	✓
Congenital Abnormalities of Child	✓
Reconstructive Cosmetic Surgery	✓
Other Illnesses	✓

Built-in benefits

The following benefits are built into the Female Crisis Assistance benefit.

Crisis Event	Medical conditions covered
Female Cancers	<ul style="list-style-type: none"> • Carcinoma-in-Situ: <ul style="list-style-type: none"> – Breast – Cervix – Uterus – Ovary – Vagina – Vulva – Fallopian Tube
Complications of Pregnancy	<ul style="list-style-type: none"> • Pre-eclampsia of Pregnancy • Disseminated Intravascular Coagulation • Ectopic Pregnancy • Hydatidiform Mole • Still Birth
Congenital Abnormalities of Child	<ul style="list-style-type: none"> • Down's Syndrome • Spina Bifida Myelomeningocele • Tetralogy of Fallot • Transposition of Great Vessels • Congenital Blindness • Congenital Deafness
Reconstructive Cosmetic Surgery	<ul style="list-style-type: none"> • Reconstructive Cosmetic Surgery or Skin Grafting due to accident – (100% of Sum Insured under the Female Crisis Assistance benefit for medically necessary reconstructive cosmetic surgery or skin grafting due to an accident). • Reconstructive Cosmetic Surgery or Skin Grafting due to Crisis Event Covered – (50% of Sum Insured under the Female Crisis Assistance benefit for medically necessary reconstructive cosmetic surgery or skin grafting due to crisis event covered).
Other Illnesses	<ul style="list-style-type: none"> • Osteoporosis • Rheumatoid Arthritis • Systemic Lupus Erythematosus

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

Benefits at an additional cost

There are no additional benefits available under this benefit.

For further information, please see pages 58 to 69 in the 'Definitions'.

Overview

The Child's Recovery benefit pays you, the parent, a lump sum if your child suffers one of the listed Crisis Events up to the full Child's Recovery Sum Insured.

You can insure a maximum of 10 children under the one benefit.

Benefit overview

Detail	Child's Recovery
Rider benefit (to Crisis Recovery)	✓
Level Premiums	✓
Stepped Premiums	✓
Built-in benefits	
Cancer Cover	✓
Coronary Cover	✓
Other Illness Cover	✓
Conversion Option	✓

Built-in benefits

The following table lists the Crisis Events included in the Child's Recovery benefit.

• Death
• Terminal Illness
• Cancer cover (excluding Carcinoma in Situ of the Breast) <ul style="list-style-type: none"> – Invasive Cancer* – Hodgkin's Disease* – Leukaemia* – Malignant Bone Marrow Disorder* – Skin Cancer*
• Coronary Cover <ul style="list-style-type: none"> – Cardiomyopathy – Stroke*
• Other Illness Cover <ul style="list-style-type: none"> – Accidental HIV infection* – Aplastic Anaemia – Bacterial Meningitis – Blindness – Coma – Kidney Failure – Loss of Hearing – Loss of Limbs and/or Sight – Loss of Speech – Major Burns – Major Head Trauma – Major Organ Transplant* – Paralysis <ul style="list-style-type: none"> - Diplegia - Hemiplegia - Paraplegia - Quadriplegia – Viral Encephalitis
* Qualifying Period: <p>The Child's Recovery benefit is not payable if your child suffers a crisis event within three months of the benefit being activated.</p> <p>We will waive this three-month qualifying period if your policy replaces another policy from a previous insurer for the same Sum Insured or lower where the full qualifying period was already served.</p>

For further details see pages 57 to 73 in the 'Definitions'.

Conversion Option

We guarantee that your insured child/children will be able to purchase a Crisis Recovery benefit in their own name, with no additional medical underwriting, when they reach the age of 21 provided there has not been a claim on the Child's Recovery benefit prior to conversion.

The amount of cover that your child/children will be able to purchase may be equal to or less than the cover that was in place under the Child's Recovery benefit at the time of conversion.

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

Pre-existing medical condition

If the child insured has consulted a Medical Practitioner or undergone an investigation in relation to an event(s) before the benefit commencement date and this has not been disclosed to us by the proposer, the Child's Recovery benefit will not be paid in respect of that event(s) and any associated event(s).

Please also refer to 'Your duty of disclosure' on page 53.

Benefits at an additional cost

There are no additional benefits available under this benefit.

Overview

The Forward Underwriting benefit allows you to use your current state of health to secure the option to buy cover in the future, with no medical underwriting, for the following benefits:

- Life Cover benefit;
- Permanent Disablement benefit; and
- Crisis Recovery benefits.

You can select any amount of Forward Underwriting Cover between \$100,000 and \$10 million (Permanent Disablement and Crisis Recovery are capped at \$3 million and \$2 million respectively). You are eligible to exercise the option to buy cover without further evidence of health when a 'business event', 'personal event' or 'other event' has occurred. The amount of Forward Underwriting Cover that you can exercise is dependent on the type of event that you have experienced.

Benefit overview

Detail	Forward Underwriting
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Built-in benefits	
Personal Event options	✓
Business Event options	✓
Other Event	✓
Optional benefit available under:	
Life Cover benefit	✓
Permanent Disablement Stand Alone benefit	✓
Crisis Recovery Stand Alone benefit	✓

Built-in benefits

The following events are built into the Forward Underwriting benefit to provide the option to obtain new or additional cover.

Built-in Options	The percentage of forward underwriting cover that can be exercised
Business Event options	
Increase in personal liability	The lesser of 50% and the amount of increase in your monetary liabilities, shareholder value or value to business as a result of the business activity.
Increase in shareholder value	
Increase in your value to the business	
Personal Event options	
Marriage	Up to 25%
Permanent separation	Up to 25%
Mortgage	The lesser of 50% and the value of the mortgage.
New child dependant	Up to 25%
Child dependant's education cost	The lesser of 25% and the number of years of future attendance at an institution, multiplied by the first year's tuition fees, PLUS the number of years of future attendance at an institution, multiplied by the first year's fees for accommodation provided by the institution.
Child born with Spina Bifida	Up to 25%
Child born with Cerebral Palsy	Up to 25%
Other Event option	
Every 3rd benefit anniversary	Up to 25%

Please refer to the section on 'Forward Underwriting Benefit' in the 'Definitions' section on page 61 for further explanation of each of the Business and Personal Events.

Forward Underwriting Cover Amount:

- The Forward Underwriting Cover Amount is the amount that can be used to apply for a new Life Cover benefit, Permanent Disablement benefit or Crisis Recovery benefit, subject to the maximum amounts as detailed above.
- The sum of all options exercised over the term of the policy may not exceed the Forward Underwriting Cover Amount.

Option Percentage:

- The Option Percentage is the percentage of the Forward Underwriting Cover Amount that may be utilised to purchase cover when an option is available.
- The Option Percentage will differ, depending on the type of option.
- A combination of any lump sum benefits may be purchased when exercising an option, up to a maximum of the Option Percentage for that option.

Conditions applicable to the Forward Underwriting benefit:

- You can select any amount of Forward Underwriting Cover between \$100,000 and \$10 million (Permanent Disablement and Crisis Recovery are capped at \$3 million and \$2 million respectively).
- If you exercise an option, the minimum level of cover that can be selected is \$10,000.
- If you exercise an option, all existing benefits with AIA Australia will be taken into consideration.
- If you have purchased the maximum amount of Crisis Recovery and Permanent Disablement cover with AIA Australia or any other insurer, you will not be able to exercise an option.
- If you suffer a Crisis Event and make a claim under the Crisis benefit that was purchased via a Forward Underwriting option, then you will not be able to purchase the Crisis benefit from which the benefit was paid.
- Payment for a crisis event will only be made if the diagnosis of that crisis event occurred after you exercised an option.
- Should you suffer a permanent disablement or are eligible to make a claim on any life insurance policy for permanent disablement, then when exercising an option, you will not be able to purchase the Permanent Disablement benefit.
- At the time when you exercise an option, the minimum contractual premium must be adhered to.
- When exercising an option and you are increasing or adding a new benefit to your existing policy, then the life insured and policy owner must be the same. When exercising an option and you are purchasing a new policy, then only the life insured needs to be the same.

- When an option event occurs, you have 60 days to apply for cover.
- The Forward Underwriting benefit is not available to you, if at the initial underwriting stage, you are subjected to:
 - any health loadings, exclusions, or
 - any occupation loadings, exclusions, or
 - any other loadings, exclusions or restrictions, whether temporary or permanent.
- Only one option may be exercised in each policy year, unless a child is born with either Spina Bifida or Cerebral Palsy whereupon two options may then be exercised.
- All events exercised under this option are subject to financial underwriting.

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

Benefits at an additional cost

There are no additional benefits available under this benefit.

Overview

The Disability Income benefit (including the PLUS Optional benefit) will provide you with a monthly income if you become disabled due to Injury or Sickness.

The Disability Income Accident Only benefit will provide you with a monthly income if you become disabled as a result of an Accidental Injury only.

Benefit overview*

Detail	Disability Income	PLUS Optional	Disability Income Accident Only
Level Premiums	✓	✓	✓
Stepped Premiums	✓	✓	✓
Optimum Premiums	✓	✓	✓
Built-in benefits			
Agreed Value	✓	✓	✓
Indemnity Value	✓	✓	✓
Benefit Indexation	✓	—	✓
AIDS Cover	✓	—	✓
Total Disablement (Duties Based Definition)	✓	—	✓
Partial Disablement (Duties Based Definition)	✓	—	✓
Waiver of Premium	✓	—	✓
Rehabilitation Expenses	✓	—	✓
Recurrent Disablement	✓	—	✓
Death benefit	✓	—	✓
Worldwide Protection	✓	—	✓
Complimentary Interim Accidental Death Cover	✓	—	✓
Complimentary Interim Accidental Disability Income Cover	✓	—	✓
Dual Definition for Total Disablement	—	✓	—
Dual Definition for Partial Disablement	—	✓	—
Specified Injury benefit	—	✓	—
Crisis Recovery benefit	—	✓	—
Bed Confinement benefit	—	✓	—
Cosmetic or Elective Surgery benefit	—	✓	—
Accommodation benefit	—	✓	—
Family Care benefit	—	✓	—
Home Care benefit	—	✓	—
No Claim Bonus	—	✓	—
Relocation Benefit	—	✓	—
Rehabilitation Incentive benefit	—	✓	—
Guaranteed Future Insurability benefit	—	✓	—
Benefits at an additional cost (Optional Benefits)			
Day 1 Accident benefit	✓	—	✓
Claim Escalation benefit	✓	—	✓
Business Expenses benefit	✓	—	—

*Note: Special conditions apply to 2-year benefit period to age 70.

When will a benefit be paid?

Benefits only commence to be paid from the expiry of a waiting period until the end of a benefit period.

The following tables show the waiting periods and benefit limits available under the disability income benefits:

Waiting Periods

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

Benefit Periods

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

For Occupation Categories please see page 55.

2-year Benefit Period to age 70

The maximum Insured Monthly Benefit is \$10,000.

- If you are between 61 and 65 years of age, you are eligible for this benefit.
- Stepped premiums only – not available on level or optimum premium basis.
- If you are being paid a government age pension, this payment will not be offset against any claim payments made under this benefit.
- Benefit Indexation will apply.
- Premium Freeze will not apply.
- Expiry date is the latest policy anniversary prior to your 70th birthday. Any claim under this benefit, in course of payment at the benefit expiry date will cease at that date.

Maximum Insured Monthly Benefit

Occupation Categories	Maximum Monthly Sum Insured
AAA and AA	\$30,000
A, B and C	\$22,500
D	\$15,000
E	\$10,000

Built-in benefits

The following built-in benefits apply to the Disability Income benefits available.

Agreed Value

Agreed Value means your monthly benefit is agreed with you at the time of application and is based on your income at that time.

Your monthly benefit is guaranteed subject to you providing us with satisfactory financial evidence in relation to your application.

If you do not provide financial evidence in relation to your application at the time of application, please note that if you make a claim, that evidence must be provided before we make any claim payments.

Claim offsets for other sources of income may apply.

See page 67 in the 'Definitions' for a definition of pre-disablement income (agreed value).

Indemnity

If you become totally disabled, we will pay you a monthly benefit. The monthly benefit payment is the lesser of:

- your Insured Monthly Benefit under your income protection benefit; and
- your calculated monthly income as set out in the table below.

Percentage of income	Your monthly income prior to becoming totally disabled
75%	First \$26,667
Plus 50%	Next \$20,000

See page 67 in the 'Definitions' for a definition of pre-disablement income (indemnity).

For example:

Joe earns \$380,000 per annum (monthly income = \$31,666). The following table illustrates how to calculate his monthly benefit.

Percentage of income	Your monthly income prior to becoming totally disabled	Calculation
75%	First \$26,667	$\$26,667 \times 75\% = \$20,000$
Plus 50%	Next \$5,000	$\$5,000 \times 50\% = \$2,500$
		$\\$20,000 + 2,500 = \\$22,500$ per month

Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

AIDS Cover

All Disability Income benefits cover you if you become disabled directly or indirectly due to the Human Immunodeficiency Virus (HIV) or the Acquired Immune Deficiency Syndrome (AIDS).

Total Disablement benefit (AAA, AA and A)

This is applicable to Occupation Categories AAA, AA and A.

If you are disabled longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain disabled.

The claim payment will be calculated on a daily basis and we will pay this to you at the end of every month. If you have other sources of income, your claim payment may be reduced according to your occupation. Please refer to the section on 'Claim Offsets' on page 31 for further information.

Total Disablement benefit (B, C, D and E)

This is applicable to Occupation Categories B, C, D and E.

If you are totally disabled longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain totally disabled.

The claim payment will be calculated on a daily basis and we will pay this to you at the end of every month. If you have other sources of income, your claim payment may be reduced according to your occupation. Please refer to the section on 'Claim Offsets' on page 31 for further information.

Partial Disablement benefit

This is applicable to Occupation Categories B, C, D and E.

To be eligible for this benefit, you must be totally disabled for at least 7 consecutive days from the start of your waiting period, then partially disabled throughout and beyond your waiting period. This benefit will not be payable during your waiting period. Claim offsets may apply (see page 31 for further information).

If you are partially disabled longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain partially disabled.

The claim payment will be calculated (as defined in the Partial Disablement – Disability Income Capability Clause definition on page 67) and we will pay this to you at the end of every month. If you have other sources of income, your claim payment may be reduced according to your occupation.

We will pay your total disablement benefit amount if you are earning less than 25% of your pre-disablement income during any of the first three months of your partial disablement (following the conclusion of your waiting period).

Claim Offsets may apply (see page 31 for further information).

Partial Disablement (Waiting Period requirements)

Available to Occupation Categories AAA, AA and A only.

We will pay a claim payment if:

- you have been continuously disabled for the waiting period;
- you have been continuously disabled since the end of the waiting period; and
- you are partially disabled.

This benefit will be a proportion of your Insured Monthly Benefit. We will start paying your claim from the first day you are partially disabled following the end of your waiting period.

Claim Offsets may apply (see page 31 for further information).

Waiver of Premium

We will waive premiums from the later of the date you became totally disabled and the end of the Waiting Period, until the end of the Benefit Period, or until the date total disablement ceases, whichever occurs first.

Premium payments will recommence from the date on which the waiving of premium ceases.

Rehabilitation Expenses benefit

We will pay the cost of a rehabilitation program, however, we will need to approve the program in advance. The rehabilitation program must be necessary as part of a structured return to work program.

This benefit does not cover additional expenses such as wheelchairs, artificial limbs, home and car modifications, travelling and education expenses. The maximum claim amount paid under this benefit is 12 times your Insured Monthly Benefit and is payable in addition to any other claim payments.

Recurrent Disablement

If you have returned to work on a full-time basis following payment of a disablement benefit and the same or related disablement recurs within 12 months of returning to work, we will waive the waiting period.

We will treat the claim as a continuation of your most recent claim. We will continue to pay your claim up to the end of your benefit period.

Death Benefit

If you die before the expiry date of your benefit, we will pay your nominated beneficiary or the policy owner six times your Insured Monthly Benefit up to a maximum of \$60,000 independent of whether you have made a claim.

Worldwide Protection

If you travel overseas, full cover is provided 24 hours a day, 7 days a week, anywhere in the world.

Complimentary Interim Accidental Death and Disability Income Cover

Each Disability Income benefit will provide Complimentary Interim Accidental Death and Disability Income Cover (see page 75).

PLUS Optional built-in benefits

Total Disablement – Dual Definition

This benefit is available to Occupation Categories AAA, AA and A only. If you become totally disabled you will be assessed under the following definitions for total disablement.

- a) If you are employed, or have been unemployed or on maternity or paternity leave for 12 months or less immediately before your disablement started, we will consider you to be totally disabled if, solely due to Injury or Sickness you are:
- unable to perform the important income producing duties of your usual occupation for more than 10 hours per week; and
 - not working more than 10 hours per week in your usual occupation or any gainful occupation; and
 - under the regular care of, and following the advice of a Medical Practitioner.

However, if you have been unemployed or on maternity or paternity leave for more than 12 months immediately before your disablement started, we will consider you to be totally disabled if, solely due to Injury or Sickness you are:

- unable to perform the important income producing duties of any occupation for which you are reasonably suited by education, training or experience for more than 10 hours per week; and
- not working for more than 10 hours per week in any gainful occupation; and
- under the regular care of, and following the advice of a Medical Practitioner.

Or,

- b) We will consider you to be totally disabled if solely due to Injury or Sickness, you are:
- unable to perform one or more duties of your usual occupation, that is important or essential in producing income; and
 - under the regular care of, and following the advice of a Medical Practitioner; and
 - not working (whether paid or unpaid).

However, if you have been unemployed or on maternity or paternity leave for more than 12 months immediately before your disablement started, then Total Disablement will mean that due to Injury or Sickness, you are:

- unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- under the regular care of, and following the advice of a Medical Practitioner; and
- not working (whether paid or unpaid).

If you are on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering you, whichever is the shorter period.

This dual definition will be applicable to the Business Expenses benefit when taken together with the PLUS Optional benefit under the Disability Income benefit.

Partial Disablement – Dual Definition

This benefit is available to Occupation Categories AAA, AA and A only, if you become partially disabled you will be assessed under the following definitions for partial disablement.

If you are employed, or have been unemployed or on maternity or paternity leave for 12 months or less immediately before your disablement started, we will consider you to be partially disabled if, solely due to Injury or Sickness:

- you are working for more than 10 hours per week in your usual occupation; and
- your monthly income is less than your pre-disablement income; and
- you are not totally disabled; and
- you are under the regular care of, and following the advice of a Medical Practitioner.

If you have been unemployed for more than 12 consecutive months immediately before your disablement started, we will treat your usual occupation as being '*any occupation for which you are reasonably suited by education, training or experience*'.

This dual definition will be applicable to the Business Expenses benefit when taken together with the PLUS Optional benefit under the Disability Income benefit.

Specified Injury benefit

If you suffer a listed event (see page 29) as a result of an Injury, we will pay you a monthly benefit for the payment period shown even if you are working.

Payments will begin from the date of the Injury, regardless of the waiting period. This benefit will be paid instead of any of the following benefits:

- Total or Partial Disablement benefit;
- Bed Confinement benefit;
- Day 1 Accident benefit.

If you are still disabled at the end of the payment period, any other disablement payments will be determined in accordance with the terms of the Plan.

If you suffer another listed event during the payment period, we will:

- continue to pay the balance of the original payment period; or
 - commence paying your benefit according to the new payment period;
- whichever is the longer period.

If you are eligible to claim a Crisis Recovery benefit (see page 29) at the same time as a Specified Injury benefit, we will pay the benefit with the longest payment period.

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

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

'Loss' means the total and permanent loss of:

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

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

The Specified Injury benefit starts from the date you suffer the event as a result of an Injury and will be paid monthly in advance. We will stop paying your benefit at the earliest of the following to occur:

- the payment period ends, or
- the benefit period expires, or
- the Plan expires, or
- you die.

Crisis Recovery benefit

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

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

In addition to the Crisis Events covered under the Crisis Recovery Plan (see page 18), the PLUS Optional benefit also includes crisis cover for Occupationally Acquired Hepatitis B or Hepatitis C Infection. Refer to the definitions section on pages 56 to 73 for detailed description of these Crisis Events.

Please note that the following partial payments will not be made under the Crisis Recovery benefit under the Disability Income benefit:

- Carcinoma in situ of the breast
- Total and permanent loss of use of:
 - one foot,
 - one hand, or
 - sight in one eye.
- Any partial payments under the provision of 'Angioplasty'.

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

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

The Crisis Recovery benefit is payable once only during the term of the Disability Income PLUS Optional benefit.

Payment of the remainder of the total or partial disablement benefit will commence six months after the end of the Waiting Period under the policy provided you are then totally or partially disabled.

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

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

Survival period

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

Qualifying Period

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

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

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

Bed Confinement benefit

We will pay this benefit if you become totally disabled and are confined to bed for more than three days during your selected waiting period. We will need written confirmation from your Medical Practitioner stating that you require full-time care of a registered nurse.

We will pay 1/30 of your Insured Monthly Benefit for each complete day you are confined to bed. Claim payments will be made up to a maximum of 90 days or until the end of the waiting period, whichever occurs first.

For terms and conditions, please refer to the Policy Document.

Cosmetic or Elective Surgery benefit

We will pay your Total Disablement benefit if you become totally disabled as a result of:

- cosmetic surgery, or
- other elective surgery, or
- as a result of surgery to transplant an organ from you into the body of another person.

The benefit will be payable subject to your surgery taking place more than 6 months after the commencement date of your benefit or date of any increase or reinstatement.

Accommodation benefit

We will pay this benefit if you become totally disabled and are more than 100 kilometres from your home or, on the advice of your practitioner, you need to travel to a place more than 100 kilometres from your home.

The Accommodation benefit will assist an immediate family member to pay for accommodation to be nearer to you, provided you are confined to bed. We will pay \$250 a day, up to 30 days in any 12 month period, for each day your immediate family member has to stay away from home.

Family Care benefit

We will pay this benefit if, as a result of you becoming totally disabled you are totally dependent on an immediate family member for your essential everyday needs.

We will pay the lesser of:

- the amount by which your immediate family member's pre-tax monthly income is reduced as a result of looking after you; and
 - 50% of your Insured Monthly Benefit;
- for a maximum of 3 months, starting from the end of your selected waiting period.

Home Care benefit

We will pay this benefit if, after your waiting period, you are:

- totally disabled,
- confined to or in the near vicinity of a bed, other than in a hospital or a similar institution that provides nursing care, and
- totally dependent upon a paid professional home carer.

We will reimburse the lesser of \$150 a day or 100% of your Insured Monthly Benefit for up to six months to help cover the cost. This payment is subject to you remaining totally dependent upon the professional home carer. You are not eligible for this benefit if you are already receiving the Family Care benefit or Accommodation benefit.

No-Claim Bonus

If you don't make a claim for at least 3 years after purchasing your PLUS Optional benefit, you will be rewarded in the form of an increased monthly insured benefit, at no additional cost to you.

The following table outlines the increase to your Insured Monthly Benefit according to the number of claim-free years.

Claim-free years	Bonus
3	5%
4	10%
5	15%

The increased benefit will be paid for up to 12 months while claim payments are being made. We will only pay this benefit once during the life of your policy.

Relocation benefit

If, while you are travelling or residing outside of Australia, you become totally disabled for over 3 months, we will reimburse you the lesser of:

- the cost of a single standard economy airfare to Australia (you will need to select the most direct route available); or
- three times your Insured Monthly Benefit.

The amount of this benefit will be reduced by any other reimbursements which you are entitled to in relation to transportation (such as benefits provided by private medical and health insurance and travel insurance).

Rehabilitation Incentive benefit

We will pay this once-off benefit if you return to full-time paid employment for 6 consecutive months after attending a rehabilitation program. The program will need to be approved by us. The benefit is equal to 3 times your Insured Monthly Benefit.

Guaranteed Future Insurability benefit

This benefit enables you to increase your Insured Monthly Benefit under the Disability Income benefit, without medical underwriting, whenever your salary package increases. The maximum amount that you can increase your Insured Monthly Benefit is the lesser of:

- 10% of your Insured Monthly Benefit, including benefit indexation increases since the commencement of your Disability Income benefit; and
- \$1,500.

For terms and conditions, please refer to the Policy Document.

Claim Offsets (applicable to all Disability Income benefits)

Occupation Categories AAA and AA (see page 55)

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

Amounts that can be offset include regular payments made from another insurance policy or from a superannuation/pension plan that you didn't disclose when you applied for your policy, or when you applied for an increase in cover.

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

Occupation Categories A, B, C, D and E (see page 55)

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

Amounts that can be offset include:

- (i) regular payments made under:
 - a workers' compensation; or
 - motor accident claim; or
 - a claim made under any similar state or federal legislation; and
- (ii) regular payments made from another insurance policy or from a superannuation/pension plan that you didn't disclose when you applied for your policy, or when you applied for an increase in cover.

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

All Occupation Categories

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

- your Total Disablement benefit and any other payments made (as previously detailed according to your Occupation Category) do not exceed your monthly pre-disablement income (this can be calculated using the table below):

Percentage of income	Your monthly income prior to becoming totally disabled
75%	First \$26,667
Plus 50%	Next \$20,000

- the Partial Disablement benefit, the balance of your usual monthly income and any other payments made (as previously detailed according to your Occupation Category) do not exceed 100% of your monthly pre-disablement income (which can be calculated using the table above).

Termination of benefits

Disability Income (Agreed Value or Indemnity), Disability Income Accident Only (Agreed Value or Indemnity), Claim Escalation, PLUS Optional and Day 1 Accident

Benefits in the course of payment will stop on the earliest to occur of the:

- death of the life insured;
- life insured's ceasing to be disabled;
- end of the benefit period; and
- expiry date of the benefit.

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

Pre-existing medical condition

If the life insured has consulted a Medical Practitioner or undergone an investigation in relation to a Crisis Event before the commencement date of the benefit and has not disclosed full details to us, the Crisis Recovery benefit under this plan will not be paid in respect of that Crisis Event and any associated Crisis Events.

Please also refer to 'Your duty of disclosure' on page 53.

Benefits at an additional cost

Claim Escalation benefit

If we pay your claim payments for more than 12 consecutive months, your claim amount will automatically increase each year by the greater of 5% or the Consumer Price Index (CPI) increase. This will continue to increase until the earlier to occur of:

- the end of your benefit period; or
- when your disablement ends.

Day 1 Accident benefit

If you are totally disabled for at least 30 consecutive days from the date the Accidental Injury occurred, we will pay one lump sum per claim. Your claim payment will be equal to your Insured Monthly Benefit less any payments made under the Bed Confinement benefit, Specified Injury benefit or Crisis Recovery benefit.

This benefit is not available where the Disability Income benefit or Disability Income Accident Only benefit has a waiting period of 14 days.

Business Expenses benefit

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

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

You can purchase this benefit on its own as the Business Expenses Plan, or together with the Disability Income benefit. You are not able to purchase this benefit in combination with the Disability Income Accident Only benefit.

For an explanation of the Business Expenses benefit see page 33.

Overview

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

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

You can purchase this benefit on its own as the Business Expenses Plan, or together with the Disability Income benefit. You are not able to purchase this benefit in combination with the Disability Income Accident Only benefit.

Benefit overview

Detail	Business Expenses
Business Expenses Stand Alone	✓
Rider benefit (to Disability Income benefit)	✓
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Benefit Period of 12 months	✓
Indemnity	✓
Built-in benefits	
Total Disablement	✓
Partial Disablement	✓
Waiver of Premium	✓
Benefit Indexation	✓
Benefit at an additional cost	
Day 1 Accident benefit	✓

Waiting Periods

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

Built-in benefits

The following benefits are included in the Business Expenses benefit.

Total Disablement benefit (Business Expenses)

This is applicable to Occupation Categories AAA, AA and A.

If you are disabled longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain disabled. Claim offsets may apply (see page 35).

The dual definition for Total Disablement is applicable to the Business Expenses benefit when it is selected together with the PLUS Optional benefit under the Disability Income benefit. This dual definition is available to Occupation Categories AAA, AA and A only. For further details, see page 73 in the 'Definitions'.

Total Disablement benefit (Business Expenses)

This is applicable to Occupation Categories B, C and D.

If you are totally disabled longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain totally disabled. Claim offsets may apply (see page 35).

Extension of Benefit Period

If you remain totally disabled (Business Expenses) at the end of your benefit period, and the total benefit paid is less than 12 times the Insured Monthly Benefit, we will continue to pay your benefit until the earliest to occur of the following:

- payment of 12 times the Insured Monthly Benefit;
- expiry of a further 12 months;
- end of the Total Disablement (Business Expenses); or
- expiry date of the benefit.

Partial Disablement benefit

To be eligible for this benefit, you must be totally disabled (Business Expenses) for at least 7 consecutive days from the start of your waiting period, then disabled throughout and beyond your waiting period. This benefit will not be payable during your waiting period. Claim offsets may apply (see page 35).

The dual definition for Partial Disablement is applicable to the Business Expenses benefit when it is selected together with the PLUS Optional benefit under the Disability Income benefit. This dual definition is available to Occupation Categories AAA, AA and A only. For further details, see page 67 in the 'Definitions'.

Partial Disablement (Waiting Period requirements)

Available to Occupation Categories AAA, AA and A only.

We will pay a benefit if, while covered under this policy:

- you have been continuously disabled for the waiting period;
- you have been continuously disabled since the end of the waiting period; and
- you are partially disabled.

This benefit will be a proportion of your Insured Monthly Benefit and will be payable from the first day you are partially disabled beyond the waiting period.

Waiver of Premium

We will waive premiums from the later of the date you became totally disabled and the end of the Waiting Period, until the end of the Benefit Period, or until the date total disablement ceases, whichever occurs first.

Premium payments will recommence from the date on which the waiving of premium ceases.

Benefit Indexation

See page 47 in 'Additional information' for a detailed description of this built-in benefit.

Business Expenses covered

These are the regular normal operating expenses of your business or practice. They include, but are not limited to, the following:

- Accounting and audit fees.
- Regular advertising costs, postage, printing and stationery.
- Electricity, gas, heating, water, telephone and cleaning costs.
- Security costs.
- Rent, property rates and taxes.
- Membership fees, publications and subscriptions to professional bodies.
- Leasing costs of plant and equipment.
- Bank charges, interest on business loans.
- Business related insurance premiums but not including premiums for this policy.
- Salaries and other related costs (e.g.: payroll tax, superannuation contributions, FBT) for non-income generating employees of your business.
- Net costs associated with employing a locum.

Please see policy terms and conditions for further details as contained in the policy document.

Business Expenses not covered:

Business Expenses not covered under this benefit include, but are not limited to, the following:

- Salaries and other related costs (e.g.: payroll, tax, superannuation, FBT) for yourself and income generating employees of the business other than a locum.
- Salaries and other related costs for any of your relatives or the policy owner unless that person was employed for at least 60 consecutive days prior to your disablement.
- Commissions or bonuses payable to yourself.
- Repayments of principal of any loan or other finance agreement.
- Any costs of a capital nature including the cost of any books, equipment, fittings, fixtures, furniture goods, implements, merchandise or stock.
- Depreciation on real estate.
- Losses on investments.
- Taxes, other than in respect of related costs for non income generating employees as above.
- Any payment which we determine on a fair and reasonable basis not to be a regular operating expense.

Claim Offsets:

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

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

Maximum Insured Monthly Benefit

Occupation Categories	Maximum amounts insured per month
AAA, AA, A and B	\$25,000
C and D	\$15,000

The maximum combined Insured Monthly Benefit for Disability Income and Business Expenses for each Occupation Category is listed as follows:

Occupation Categories	Maximum amounts insured per month
AAA and AA	\$50,000
A and B	\$40,000
C and D	\$25,000

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

Benefit at an additional cost

Day 1 Accident benefit

If you are totally disabled for at least 30 consecutive days from the date the Accidental Injury occurred, we will pay one lump sum per claim. Your claim payment will be equal to your Insured Monthly Benefit less any payments made under the Bed Confinement benefit, Specified Injury benefit or Crisis Recovery benefit under this Plan.

This benefit is only available with a waiting period of 30 days.

Overview

The Superannuation Life Cover benefit, 5-year and 10-year Term Cover benefits pay a lump sum if you die or are diagnosed with a terminal illness before the policy expires. The lump sum amount will be paid to the trustee of your superannuation arrangement. If you have included the Permanent Disablement benefit we will pay a lump sum payment to the trustee should you become totally and permanently disabled. The Permanent Disablement Buy-back benefit can also be added as a rider to the Permanent Disablement benefit, where the Permanent Disablement benefit is added as a rider benefit to the Life Cover benefit.

The Superannuation Accidental Death benefit will pay a lump sum benefit if you die as a result of an accident only, to the trustee of your superannuation arrangement.

The Superannuation PLUS benefit will provide you with a Superannuation Life Cover benefit within your superannuation arrangement, which will pay a lump sum if you die or are diagnosed with a terminal illness, to the trustee, linked with a Permanent Disablement benefit and Crisis Recovery benefit, both of which will be issued in your name and which are structured outside of the superannuation environment. This means that if you become permanently disabled or suffer a listed crisis event, we will pay the lump sum claim amount to you directly, and subsequently reduce the Life Cover benefit Sum Insured by the same claim amount. This facility allows you to retain the flexibility of retaining ownership of the Permanent Disablement benefit and the Crisis Recovery benefit whilst paying a reduced premium for these two rider benefits.

Benefit overview

Detail	Superannuation PLUS	Superannuation Life Cover	Superannuation 5-year Term Cover	Superannuation 10-year Term Cover	Superannuation Accidental Death
Level Premiums	✓	✓	✓	✓	✓
Stepped Premiums	✓	✓	✓	✓	✓
Optimum Premiums	✓	✓	—	—	✓
Built-in benefits					
Benefit Indexation	✓	✓	✓	✓	✓
Premium Freeze	✓	✓	—	—	✓
Complimentary Interim Accidental Death Cover	✓	✓	✓	✓	✓
Terminal Illness	✓	✓	✓	✓	—
Guaranteed Future Insurability	✓	✓	—	—	—
Benefits at an additional cost (Rider Benefits)					
Crisis Recovery (outside of super)	✓	—	—	—	—
Crisis Recovery Buy-back (outside of super)	✓	—	—	—	—
Crisis Reinstatement (outside of super)	✓	—	—	—	—
Permanent Disablement	✓	✓	—	—	—
Permanent Disablement Buy-back	✓	✓	—	—	—
Waiver of Premium	✓	✓	—	—	—

Insurance benefits under the Superannuation Life Cover Plan

Important: the insurance benefits described in this section are specific to the Superannuation Life Cover Plan and have different terms and conditions from those benefits available under the non-superannuation plans. A number of the optional benefits available under the non-superannuation plans are not available under the Superannuation Life Cover Plan.

For more information about benefits under the Superannuation Life Cover Plan see page 42.

Who can apply?

The Superannuation Life Cover Plan can only be purchased as part of a superannuation arrangement:

1. The trustee of your private/self-managed superannuation fund (**SMSF**) can purchase the Plan; or
2. If you do not have a SMSF, you can obtain the benefits by becoming a member of the AIA Superannuation Fund ABN 78 757 377 348 (**the Fund**).

Important: The owner of the policy will be either the trustee of your SMSF or the Trustee of the Fund. You (the life insured) will have no direct relationship with AIA Australia except under Superannuation PLUS where you will own the Permanent Disablement and Crisis Recovery benefits.

How do the superannuation arrangements work?

Purchase by your Self-Managed Superannuation Fund

If you want to purchase a policy under Superannuation Life Cover Plan and you are a member of a SMSF, the trustee of your SMSF can purchase the policy from us on your behalf. The trustee of your SMSF will be the policy owner. Any insurance benefit due under the policy will therefore be paid to the trustee of your SMSF. The trustee of your SMSF can only pay the benefit from the SMSF to you (or your beneficiaries) if it is permitted to do so under the SMSF trust deed and the superannuation law.

Important: The owner of the policy will be either the trustee of your SMSF or the Trustee of the Fund. You (the life insured) will have no direct relationship with AIA Australia except under Superannuation PLUS where you will own the Permanent Disablement and Crisis Recovery benefits whereby the benefit will be paid to the policy owner.

Who issues the Plan?

AIA Australia is the issuer of the Superannuation Life Cover Plan when it is acquired by the trustee of your SMSF after we accept an application from the trustee of your SMSF. Insurance cover will not commence until AIA Australia accepts the risk and issues the policy.

This PDS does not cover your SMSF so you need to refer all of your queries about the trust deed and other rules governing your SMSF to the trustee of your SMSF.

Membership of AIA Superannuation Fund

If you do not have a SMSF and want to obtain insurance benefits under the Superannuation Life Cover Plan, you can become a risk-only member of the Fund. The Trustee of the Fund will be the policy owner of the Plan for the purposes of providing access to the Plan's insurance benefits. Any insurance benefit due under the Plan must be paid to the Trustee of the Fund. The Trustee can only pay the benefit from the Fund to you (or your beneficiaries) if it is permitted to do so under the Fund Trust Deed and the superannuation law.

Important:

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

Who issues the Fund?

CCSL Limited (ABN 51 104 967 964, AFS Licence No. 287084) is the trustee of the Fund and the issuer of a risk-only superannuation product.

The Fund complies with the requirements of the *Superannuation Industry (Supervision) Act 1993* and other relevant laws. You can obtain further information about the Fund (such as a copy of the Trust Deed or the Trustee's latest annual report) free of charge by contacting the Fund's administrator. For the Fund administrator's contact details please call 1800 333 613.

How to apply for Fund membership

If you want to be covered under a Superannuation Life Cover Plan and you are not a member of a SMSF, you must first apply for and be accepted for membership of the Fund as a risk-only member.

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

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

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

While your application is being assessed, your initial premium (or instalment premium) will be held in a trust account administered by the Trustee until the policy is issued. The Trustee will retain any interest earned on the money held in trust.

What are the eligibility requirements?

In order to make contributions to the Fund so that the Trustee can pay your premiums for the Plan you must be:

- under age 65; or
- age 65 or over and under age 75 and gainfully employed for at least 40 hours in a period of 30 consecutive days in the financial year in which the contributions are made.

Making contributions

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

Your employer can make contributions from the time you become a member of the Fund or it can start paying later.

You must tell the Trustee when your employer takes over paying contributions or when it stops paying.

- All contributions go towards the payment of insurance premiums under the Plan – the Fund is not an investment vehicle.
- Under superannuation law you can't withdraw contributions once they are paid – superannuation contributions are 'preserved' until you meet a 'condition of release' (see 'Payment of benefits' on page 38).
- Under superannuation law the Fund cannot accept certain types of contributions unless the Trustee holds your Tax File Number (TFN). If the Trustee inadvertently receives a contribution that it cannot accept, it must refund the amount after deducting any permissible charges.

Can I transfer money from other superannuation arrangements?

Since the Fund is not an investment vehicle the Trustee will only accept transfers from other complying superannuation arrangements if the transferred amount equals the yearly premium for your insurance cover under the Plan. There is a standard form with proof of identity requirements that must be completed for transfers between complying superannuation funds.

Does the Fund accept co-contributions from the Government?

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

Payment of benefits

Superannuation funds can only pay benefits if a condition of release is met. The most relevant conditions of release for the Fund are:

- death;
- permanent incapacity;
- terminal illness.

Superannuation benefits can be transferred to another complying superannuation fund at any time.

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

For example, if a Permanent Disablement benefit becomes payable under the policy, it must be preserved in the Fund. Before the Trustee can pay you the benefit, you must demonstrate to the Trustee that you meet the definition of permanent incapacity under superannuation law.

If you cannot satisfy the Trustee that you meet the permanent incapacity definition, the insurance benefit will be retained in the Fund until:

- you transfer the benefit to another complying superannuation fund; or
- the Trustee is satisfied that you have met the permanent incapacity definition or the terminal illness definition;
- you die; or
- you reach age 65 years; or
- you reach your preservation age and retire.

Your preservation age depends on your date of birth:

Date of birth	Preservation age
Before 1 July 1960	55
From 1 July 1960 to 30 June 1961	56
From 1 July 1961 to 30 June 1962	57
From 1 July 1962 to 30 June 1963	58
From 1 July 1963 to 30 June 1964	59
After 30 June 1964	60

There are other circumstances that may allow part payment of the benefit, such as financial hardship or compassionate grounds, but conditions apply. For more information, phone the Administrator. Contact details on page 79.

What is the definition of permanent incapacity under superannuation law?

To meet this definition, a Medical Practitioner must certify that you are unlikely to engage in gainful employment for which you are reasonably qualified by education, training or experience because of ill health.

What is the definition of terminal illness under superannuation law?

To meet this definition, two Medical Practitioners (one of whom must be a specialist in your condition) must certify that you have suffered an illness or have incurred an injury that is likely to result in your death within 12 months of the date of the certificate.

Who receives the benefit if I die?

You can nominate the beneficiaries to receive your death benefit by completing Step 4 (Nomination of Beneficiary) in Section W of the Application Form. You may only nominate beneficiaries who are your *dependants*, in an *interdependent relationship* with you or your *legal personal representative* because these are the only people who are eligible to receive superannuation death benefits under superannuation law. These terms are explained under 'Binding Nomination' and 'Non-binding Nomination' on pages 39 and 40. The Trustee may request information or evidence to establish eligibility before making a death benefit payment from the Fund.

How do I nominate my beneficiaries?

The nomination you make may be either a:

- Binding nomination, or a
- Non-binding nomination.

If you do not give a nomination to the Trustee, your benefit will be paid to your legal personal representative or dependants or relatives according to the Trustee's discretion.

Binding Nomination

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

If anyone you nominate is not entitled to receive a share of your benefit, the Trustee may distribute that person's share between the other persons you have nominated.

Some conditions apply to binding nominations. They are:

- To be a valid binding nomination it must be signed by you in the presence of two witnesses who must each sign and date the declaration where indicated and set out their full name and date of birth.
Each witness must be over 18 years of age and must not be one of your nominated beneficiaries;
- A nomination is effective only when it is received by the Trustee;
- A binding nomination is valid for three years from the day after it was first signed by you, or last confirmed or amended by you;
- A valid binding nomination will become a non-binding nomination after three years unless you complete and sign a new binding nomination;
- The Trustee may notify you in writing before the end of the three-year period that the binding nomination is about to lapse and may provide you with the opportunity to lodge a replacement binding nomination;
- You may revoke or change your nomination at any time by completing a fresh, valid Nomination of Beneficiary form and lodging it with the Trustee. You may also change your nomination from binding to non-binding at any time;
- An invalid binding nomination will be treated as a non-binding nomination by the Trustee but will not revoke or replace an existing, valid binding nomination; and
- The Trustee will contact you if your nomination is clearly invalid (completed incorrectly) and will give you the opportunity to re-submit a valid nomination.

What benefit is payable if I die?

If you die, AIA Australia will pay a lump sum equal to the insured amount under the Life Cover, Term Cover and/or Accidental Death benefits to the trustee of your SMSF or the Trustee of the Fund, who will deal with the benefit in accordance with the rules of the superannuation fund.

Non-binding Nomination

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

Some conditions apply to non-binding nominations. They are:

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

Eligible beneficiaries

Dependants

- Your spouse (which includes a de facto spouse and certain same-sex partners) and children (including certain children of same-sex partners).
For this purpose, 'spouse' means:
 - a person to whom you are legally married;
 - a person (whether of the same or a different sex) who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple (de facto); or
 - a person (whether of the same or a different sex) with whom you are in a relationship that is registered under a relevant law of a State or Territory.
- Another person who is financially dependent on you.

Legal Personal Representative

The person acting as executor or administrator of your deceased estate. If paid to your legal personal representative, a death benefit will form part of your deceased estate and be distributed according to your Will (or the laws of intestacy if you don't have a valid Will).

People in an Interdependent relationship

An interdependent relationship will exist if you and other person:

- have a close personal relationship;
- live together; and
- one (or both) of you provides the other with financial support, domestic support and personal care.

This may include same-sex couples, live-in adult carers of elderly parents and siblings with common finances.

Note: Where you have a close personal relationship and either or both of you suffer from a physical, intellectual or psychiatric disability, the other requirements for an interdependent relationship do not apply.

When will interest be paid on insurance benefits?

If AIA Australia has paid a death or disablement benefit to the Trustee of the Fund and the benefit remains in the Fund for more than 90 days before it is paid, interest will be added to the benefit up to the date the benefit is eventually released. The amount of interest will be determined by the Trustee, and will be based on the net rate of interest earned by the Trustee on the benefit while held within the Fund.

Transfers to an eligible rollover fund

Money held for you in the Fund can be transferred to an eligible rollover fund (**ERF**) in some circumstances. These circumstances include:

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

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

The Trustee has selected Super Money Eligible Rollover Fund (SMERF) as the ERF to which it will make these transfers. Contact details are on page 79.

The Trustee may review and alter this arrangement in future.

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

- You will stop being a Fund member and become a member of the ERF, so your money will be governed by the ERF's rules, including the ERF's fee structure.
- In an ERF, administration charges cannot usually exceed investment earnings. However, Government charges, such as taxes, may be deducted.
- The ERF may not be able to accept any ongoing contributions from you or your employer, but rollovers from other superannuation funds may be permitted.
- An ERF does not offer insurance benefits. Any insurance cover you had as part of the Fund will lapse on transfer to an ERF.

What fees and charges are payable for Fund membership?

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

Privacy – Fund information

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

What personal information does the Fund hold?

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

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

How is personal information disclosed?

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

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

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

Can members gain access to personal information?

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

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

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

The Trustee has adopted a Privacy Policy detailing the way it handles personal information. If you would like a copy of the Trustee's Privacy Policy please contact the Trustee's Privacy Officer. Contact details on page 79.

Inquiries and complaints about the Fund

If you are a member of the Fund and have any questions about the Fund, please contact the Administrator. If you have a complaint, please ask to speak to the Fund Complaints Officer who will investigate your complaint and, if necessary, refer it to the Trustee. The Trustee will respond to any questions or complaints as soon as possible. In any event, complaints will be handled within 90 days as required under superannuation law. In special circumstances, we may take longer.

If you are not satisfied with the Trustee's response to a complaint, you may refer your complaint to the Superannuation Complaints Tribunal (SCT). The SCT is an independent body set up by the Federal Government to help resolve superannuation complaints. The SCT can only accept complaints after you have made use of the Trustee's complaint handling process. Contact details are on page 79.

Trustee indemnity insurance

The Trustee has trustee indemnity insurance in place to cover claims against it.

Superannuation Life Cover Plan

The Superannuation Life Cover and Term Cover benefits provide:

- a lump sum amount if you die before the cover expires. Life Cover expires on the last policy anniversary date before your 75th birthday and Term Cover expires on the 5th or 10th policy anniversary date (as applicable).
- 100% of the Sum Insured if you are diagnosed with a terminal illness (as defined in the policy).

The Superannuation Accidental Death benefit will provide:

- a lump sum amount if you die as a result of an accident before the cover expires.

Superannuation PLUS

The Superannuation PLUS benefits provide:

- a lump sum amount if you die before the cover expires. Life Cover expires on the last policy anniversary date before your 75th birthday.
- 100% of the Sum Insured if you are diagnosed with a terminal illness (as defined in the policy).
- a lump sum equal to the Crisis Recovery Sum Insured on the diagnosis of a crisis event via an insurance policy issued in your name outside of the superannuation fund. See page 16 for more information on this benefit.
- a lump sum equal to the Permanent Disablement Sum Insured if you become totally and permanently disabled before the cover expires via an insurance policy issued in your name outside of the superannuation fund. See page 10 for more information on this benefit.

Built-in benefits

The following benefits are built in to the Superannuation Life Cover Plan.

Premium Freeze

Premium Freeze is only available under the Superannuation PLUS benefit, Superannuation Accidental Death benefit, Permanent Disablement Stand Alone benefit and Superannuation Life Cover benefit, not under the 5-year and 10-year Term Cover benefits.

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

Terminal Illness

If you are diagnosed with a terminal illness before your policy expires, we will pay 100% of your life cover.

This benefit is not available under the Accidental Death benefit.

For further information, please see page 69 in the 'Definitions'.

Guaranteed Future Insurability

Guaranteed Future Insurability is only available under the Superannuation PLUS benefit and Superannuation Life Cover benefit, not under the 5-year and 10-year Term Cover benefits or Accidental Death benefits.

See page 62 in the 'Definitions' for a detailed description of this built-in benefit.

Complimentary Interim Accidental Death Cover

See page 75 for information on this benefit.

Benefits at an additional cost

The following benefits are available to be owned (outside of your superannuation arrangement) by the life insured at an additional premium cost under the Superannuation PLUS benefit:

- Crisis Recovery benefit (see page 16).
- Crisis Recovery Buy-back benefit (see page 19).
- Crisis Recovery Reinstatement benefit (see page 20).
- Permanent Disablement (see page 10).
- Permanent Disablement Buy-back benefit (see page 13).

The following benefits are available at an additional premium cost under the Superannuation Life Cover benefit:

- Permanent Disablement benefit (see page 10);
- Permanent Disablement Buy-back benefit (see page 13);
- Waiver of Premium (see page 14).

The Permanent Disablement and Waiver of Premium benefits are payable if you become Totally and Permanently Disabled (as defined in the policy) before the last policy anniversary before your 65th birthday (or your 55th birthday if you are in Occupation Category E).

If you would like to transfer from your Superannuation Life Cover Plan to a non-superannuation plan prior to age 75, you may transfer the following to a non-superannuation plan then on offer by AIA Australia without providing any medical evidence:

- the life cover;
- the permanent disablement cover (including the Loss of Independence cover);
- the permanent disablement buy-back cover;
- the waiver of premium cover.

Permanent Disablement cover

Under the Superannuation Life Cover Plan, you can purchase Permanent Disablement Stand Alone cover (i.e. without the Life Cover benefit) or you can purchase Permanent Disablement cover as an additional benefit (i.e. with the Life Cover benefit).

Permanent Disablement cover provides:

- a lump sum amount if you become Totally and Permanently Disabled before the cover expires. Permanent Disablement cover expires on the last policy anniversary date before your 65th birthday (or your 55th birthday if you are in Occupation Category E).
- a choice of three different definitions of 'Total and Permanent Disablement'. The definitions you can choose from depend on your Occupation Category (see page 55).

Other features	Permanent Disablement Stand Alone	Permanent Disablement	More information
Premium freeze (if age 35 or older)	Yes	Yes	Page 47
Discounted premiums for non-smokers	Yes	Yes	—

What benefit is payable if I become totally and permanently disabled?

If you become Totally and Permanently Disabled according to the definition you have chosen, AIA Australia will pay a lump sum equal to the insured amount under your Permanent Disablement cover to the trustee of your SMSF or the Trustee of the Fund, who will deal with the benefit in accordance with the rules of the superannuation fund.

Permanent Disablement Buy-back benefit

See page 13 for a detailed description of this benefit.

Waiver of Premium benefit

This benefit only applies where you have both Permanent Disablement cover and Life Cover benefit in your Superannuation Life Cover Plan. If selected, the definition of Total and Permanent Disablement chosen for the Waiver of Premium benefit must be the same as the definition chosen for your Permanent Disablement cover.

If you become totally and permanently disabled before the last policy anniversary date before your 65th birthday (or your 55th birthday if you are in Occupation Category E), AIA Australia will waive the premiums under the:

- Life Cover benefit
- Term Cover; and
- Permanent Disablement Buy-back benefit up to the last policy anniversary before your 65th birthday.

Once you turn 65, any premium payments for Life Cover benefit will then resume.

Important: Each definition of the Total and Permanent Disablement under the policy contains a qualifying period (either three or six months) during which you must be 'absent from employment solely as a result of Injury or Sickness' in order to be eligible to claim under the benefit. You must pay premiums during this qualifying period and they will not be refunded if and when we accept the Waiver of Premium claim.

Conditions apply to Permanent Disablement cover and Waiver of Premium benefits:

- Cover is not available for certain occupations or if you are not working full-time in an occupation acceptable to AIA Australia. The definition of 'full-time' is working a minimum of 20 hours per week and 48 weeks per year, excluding public holidays.
- The standard definition of Total and Permanent Disablement applicable for most occupations (Categories AAA, AA, A, B, C and D) except heavy blue collar occupations (Category E) relates to your inability to perform 'any occupation'. If you are in a professional occupation or white collar occupation (Category AAA, AA, A and B) you can elect to be covered by a definition that relates to your inability to perform your 'own occupation'. If you are working in a heavy blue collar occupation (Category E) you can only select the 'all duties' definition.
- The premium that will be charged for each cover depends on the definition of Total and Permanent Disablement you select.

(See pages 69 to 71 for the definitions of Total and Permanent Disablement and page 55 for the Occupation Categories.)

When will my cover end?

Life Cover benefit, 5-year and 10-year Term Cover, Accidental Death benefit, Permanent Disablement benefit (rider or Stand Alone) and Waiver of Premium benefits under the Superannuation Life Cover Plan will stop on the earliest of:

- your death;
- payment of the full insured amount for the relevant benefit;
- expiry date of the benefit;
- cancellation of the benefit;
- your ceasing to be eligible to contribute to the Fund under the SIS Act;
- lapse or cancellation of the policy; or
- your ceasing to be a member of the Fund or the SMSF that holds the policy.

If you are a member of the Fund, your risk-only membership of the Fund will cease when cover stops (unless an insurance benefit is payable). If cover stops, any contributions that have not been applied towards premium payments may be transferred to an ERF.

How do I make a claim?

If you wish to claim an insurance benefit under the Superannuation Life Cover Plan, AIA Australia must receive written notice of the claim, with full particulars of the circumstances, as soon as possible. Claim forms can be obtained from the Claims Department at AIA Australia. If you are a member of the Fund, your claim must be submitted via the Trustee.

Can my Sum Insured be reduced?

Yes – as set out in this table:

Benefit	Reduced by terminal illness payment	Reduced by optional Permanent Disablement benefit	Reduced by Permanent Disablement Stand Alone benefit	Reduced by Superannuation PLUS Crisis Recovery – Rider	Reduced by Superannuation PLUS Permanent Disablement – Rider
Life Cover	Yes	Yes	No	Yes	Yes
Term Cover	Yes	No	No	No	No
Permanent Disablement – Rider	Yes	Yes	No	Yes	Yes
Permanent Disablement Stand Alone	No	No	Yes	No	No
Accidental Death benefit	No	No	No	No	No
Superannuation PLUS Crisis Recovery – Rider	Yes	Yes	No	Yes	Yes
Superannuation PLUS Permanent Disablement – Rider	Yes	Yes	No	Yes	Yes

What about tax?

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

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

Is tax payable on a death benefit?

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

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

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

Is tax payable on a permanent disablement benefit?

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

Is tax payable on a terminal illness benefit?

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

What taxes are payable by the AIA Superannuation Fund?

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

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

Is there a tax deduction for superannuation contributions?

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

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

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

and the fund must acknowledge a Deduction Notice in certain circumstances.

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

Are there any contribution limits?

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

Concessional contributions

A concessional tax rate of 15% generally applies to concessional contributions up to \$50,000 per person per year for the 2008/2009 financial year (subject to indexation in future years). This tax is payable by the superannuation fund (after subtracting any allowable deductions).

Transitional arrangements apply, from 2007 to 2012, for those aged 50 or over at any time during this period to allow concessional contributions of up to \$100,000 per person per year.

Concessional contributions in excess of these limits will incur additional tax of 31.5% payable directly by the individual. (A member may withdraw an amount to pay the additional tax from a superannuation fund upon presentation of a release authority issued by the Tax Office). Any excess concessional contributions will also count towards the member's non-concessional contributions limit.

Non-concessional contributions

Non-concessional contributions are limited to \$150,000 per person per year (for the 2008/2009 financial year). People under age 65 can bring forward two years of future non-concessional limits, giving them a cap of \$450,000 over a three-year period. The \$150,000 cap will be indexed in future years so it is always three times the cap on concessional contributions.

Non-concessional contributions in excess of these limits will incur tax at the top marginal tax rate (plus Medicare levy) payable directly by the individual. (An amount to pay the tax must be released by a superannuation fund upon presentation of a release authority issued by the Tax Office).

It has been proposed in the 2009 Federal Budget that the above contribution limits will be amended with effect from the 2009/2010 financial year (ie from 1 July 2009). Under the proposed rules:

- A concessional tax rate of 15% will generally apply to concessional contributions up to \$25,000 (reduced from \$50,000) per person per year for the 2009/2010 financial year (subject to indexation in future years).
- Transitional arrangements will apply, from 2007 to 2012, for those aged 50 or over at any time during this period to allow concessional contributions of up to \$50,000 (reduced from \$100,000) per person per year. This limit is not indexed.

As at the date of this PDS, the legislation giving effect to the Budget proposals had not been passed. Further information is available from www.aia.com.au and www.ato.gov.au

Collection of Tax File Numbers (TFN)

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

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

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

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

What is the cooling-off period?

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

For more information about the cooling-off period please refer to page 51.

Cancellation of Fund membership

You can cancel your membership of the Fund within 28 days of the day the trustee confirms acceptance of your membership or the 5th day (if earlier) after the date your membership is accepted. You lose your right to cancel your membership if you exercise any rights or powers under the trust deed during the cooling off period.

If the cancellation of membership occurs within the cooling-off period, initial premiums paid will be refunded directly to the source of payment. If the cancellation of membership occurs after the cooling-off period, initial premiums paid must be preserved in the superannuation fund.

If you are a member of the Fund, any premium you paid is a superannuation contribution and must be preserved and cannot be refunded to you directly. If you cancel the policy you must provide details of another complying superannuation fund so that the Trustee can transfer the preserved money into that fund. Otherwise the Trustee will transfer the preserved money to an ERF.

What you need to know about your premium

Premiums

The premiums you pay may depend on your age, sex, smoking status, occupation category and state of health.

If you are purchasing the Child's Recovery benefit, your premiums will depend on your child's age.

Premium patterns

When applying for cover you can select from one of three premium patterns. Your adviser can provide you with a personalised premium quotation for each option.

Stepped	Your premiums will increase at each policy anniversary in line with your age until the benefit expiry date.
Level	Your premiums will remain constant each year up to your 65th birthday. After this time, your premiums will continue on a stepped premium basis until the benefit expiry date.
Optimum	Your premiums will commence on a stepped pattern and automatically convert to the level pattern once the stepped premium is greater than the level premium. Level premiums will remain constant each year up to your 65th birthday. This option is available only when the life insured is age 35 or older. A loading according to your age at inception of your optimum premium cover will be charged up until your 65th birthday.

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

Can I alter my premium type?

You will not be able to switch from Optimum to either a stepped or level premium structure once your policy has commenced.

You can switch between stepped and level premiums at any time unless otherwise specified.

Benefit indexation increases

You can increase your Sum Insured each policy year by that policy year's percentage increase in the Consumer Price Index (CPI) increase or by 5% whichever is the greater.

Your benefit indexation will cease at the last policy anniversary prior to your 70th birthday or at the expiry date of the benefit whichever occurs first.

Unless you advise us, we will assume that you require benefit indexation to apply to your policy.

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

Minimum premium

The minimum premium is \$300 per year per policy inclusive of the policy fee and stamp duty.

Premium guarantee

The premium rates for your policy are guaranteed for a minimum of one year.

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

Premium Freeze

Provided the life insured is 35 years of age or older at the anniversary of the policy, you may select to pay in a policy year and in all subsequent policy years, the same premium as you paid for the previous policy year.

The Sum Insured for each benefit will decrease on the policy anniversary. This process will be repeated each year on the policy anniversary and any such advice to us must be in writing.

You must notify our office each year before the policy anniversary if you wish to continue with the Premium Freeze option. If our office is not notified in writing, your premium will increase in accordance with your age next birthday.

When the Premium Freeze option has been exercised, any indexation of benefit will cease and you will be unable to exercise any of the Guaranteed Future Insurability options. If you wish to unfreeze your premium, you will need to advise us in writing.

What happens if I stop paying premiums?

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

Premium payment methods

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

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

Premium discounts

Initial selection discount

All benefits purchased on a stepped premium pattern will receive a discount for the first 2 years of the policy.

Year	Discount
Year 1	3%
Year 2	3%
Year 3 onwards	0%

Large Sum Insured discount

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

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

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

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

Life Cover and Term Cover benefit

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

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

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

Permanent Disablement benefit (Rider)

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

Permanent Disablement Stand Alone benefit

Sum Insured	Large Sum Insured discount for all ages
Up to \$249,999	0%
\$250,000 to \$499,999	0%
\$500,000 to \$999,999	5%
\$1,000,000 to \$1,999,999	10%
\$2,000,000 or greater	10%

Crisis Recovery Stand Alone benefit

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

Disability Income and Business Expenses Plan

Sum Insured	Large Sum Insured discount for all ages
Up to \$2,999	0%
\$3,000 to \$4,999	5%
\$5,000 to \$9,999	10%
\$10,000 or greater	15%

The same premium rate discounts will apply to the Claim Escalation benefit, PLUS Optional benefit and Day 1 Accident benefit when selected.

Multi-plan discount

If you have purchased multiple plans and at least 2 of these plans have premiums of \$500 or more per year, you will be eligible to receive a multi-plan discount as outlined in the table below:

Number of plans with premiums \$500 or more per year.	Premium discount
3 or more plans	10%
2 plans	5%
1 plan	Nil

This discount excludes any stamp duty and fees that apply to your policy.

An increase in coverage by way of Benefit Indexation or voluntary increase, and in premiums due to an increase in age, will be taken into consideration when determining the multi-plan discount at renewal.

If you qualify for a multi-plan discount, the discount will apply to all plans under the policy, including plans with premiums of less than \$500 per year.

What are the fees and charges?

Policy fee

The policy fee is currently \$72 per year per life insured regardless of the number of plans, benefits or policies purchased.

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

Premium frequency charge

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

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

Do I pay stamp duty on my policy?

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

Do I pay GST on my policy?

The premium applicable to your policy is input taxed for the purposes of the Goods & Services Tax (GST). This means there is no GST payable by you when you purchase a policy.

Changes to fees and charges

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

Commissions

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

Additional information about your policy

When will my cover end?

All Plans: (on the earliest to occur)	<ul style="list-style-type: none"> • Death of the life insured. • Expiry date of the benefit. • Cancellation of the benefit. • Lapse of the benefit (non-payment of premiums).
Life Cover benefit, Term Cover benefits, Accidental Death benefit, Crisis Recovery benefit, Child's Recovery benefit, Crisis Recovery Stand Alone benefit, Female Crisis Assistance benefit, Permanent Disablement benefit, Permanent Disablement Stand Alone benefit, Superannuation Life Cover benefit	<ul style="list-style-type: none"> • Payment of the full benefit.
Crisis Recovery Buy-back, Crisis Reinstatement, Permanent Disablement Buy-back	<ul style="list-style-type: none"> • 30 days after first anniversary of Crisis Recovery or Permanent Disablement claim payment date. • Date that the option is exercised.
All Disability Income Protection and Business Expenses Plans: (on the earliest to occur)	<ul style="list-style-type: none"> • Permanent retirement from the workforce except as a direct result of disablement.
Superannuation Life Cover Plan: (on the earlier to occur)	<ul style="list-style-type: none"> • Ceasing to be eligible to contribute to the Fund under the SIS Act. • Ceasing to be a member of your superannuation arrangement.
Forward Underwriting benefit	<ul style="list-style-type: none"> • Full utilisation of the Forward Underwriting Benefit Cover Amount (maximum \$10,000,000).

What you need to know about your Sum Insured

Can I change my Sum Insured?

You may request your Sum Insured to be increased at any time subject to underwriting, maximum Sum Insured limits and benefit rules.

Decrease in Sum Insured and/or Insured Monthly Benefit

You can decrease the Sum Insured and/or the Insured Monthly Benefit at any time your premium is due providing the reduced amount is not below the minimums in force at the time of the decrease.

Policy upgrades

When we improve the benefits under a policy and there is no increase in premium rates, we will upgrade your policy with the improved benefits automatically and advise you of the enhancements.

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

If a situation arises where you are disadvantaged in any way as a result of the upgrade, the previous policy wording will apply.

The upgraded terms will only apply to future claims – not past or current claims or claims resulting from health conditions or events which began or took place before the effective date of the upgraded terms.

Guaranteed renewable

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

Nomination of beneficiary

You are entitled to nominate a beneficiary to receive all death claim proceeds arising from the non-superannuation plans under this policy.

Where you select a benefit within your superannuation arrangement under the Superannuation Life Cover Plan, you can nominate beneficiaries direct to the trustee of your superannuation arrangement (see pages 39 and 40).

Policy reinstatement

You can apply for your policy to be reinstated within 6 months of your policy lapsing; however, you may be required to provide evidence of continued good health and eligibility prior to reinstatement of your policy.

Changes in ownership (assignment)

If you purchased a non-superannuation policy, you may transfer ownership of that policy to another person or company provided that policy does not include any Superannuation PLUS benefits. If you purchased a superannuation policy, you may request a transfer of ownership of that policy from the trustee of the AIA Superannuation Fund to the trustee of a SMSF. By assigning the policy to the person, the company or the trustee of the SMSF you will revoke any previous nomination of beneficiary. You also relinquish all rights to benefits payable under the policy and it may give rise to tax implications.

Cancelling your policy

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

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

Lost or destroyed policy documentation

We will replace your lost or destroyed policy documents. You may be charged a fee up to \$100 to cover the cost of reissuing the lost document, including advertising the loss – a statutory requirement in some circumstances. We may also require you to sign a statutory declaration to the effect that the policy document has been lost or destroyed.

Statutory fund

Your Priority Protection policy will be written in the AIA Statutory Fund No. 1.

How to apply

Priority Protection is sold only through advisers who are qualified to provide advice on AIA Australia products.

Your adviser will provide you with a quotation detailing the benefits you wish to purchase and assist you with the application process.

Health and other information required

We will ask for medical and other information about the person to be insured such as health, income, occupation, residency, travel details, lifestyle and pastimes. We will treat this information as confidential. This information will enable us to assess:

- your eligibility for the type of cover you have selected,
- any exclusions or special conditions that may apply to your policy,
- the correct premium of your policy.

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

Information on your policy

When your application has been approved for cover by us, we will mail or deliver to you a policy document and your policy schedule free of charge.

Our contract with you includes this PDS, the policy document and your policy schedule. Please read these documents carefully and contact your adviser or us directly if you have any concerns.

Where the policy is to be owned by the trustee of a SMSF, the policy document and policy schedule will be sent to the trustee of the SMSF.

Where the policy is to be owned by the Trustee of the AIA Superannuation Fund, the policy document and policy schedule will be sent to the life insured/member of the Fund.

What is the cooling-off period?

The cooling-off period commences from when you received the policy document from us or from the end of the 5th day after the day on which we sent the policy document to you, whichever occurred first.

From this date you will have a 28 day 'cooling off period' to check that the policy and benefits meet your needs. Within these 28 days you may cancel the policy and receive a full refund of all premiums paid.

During the cooling-off period you should ensure that the policy meets your expectations and needs, in consultation with your adviser.

If you need to return your policy within the cooling-off period, please send us the policy document and your request to cancel the policy either by letter, fax or email.

If the Superannuation Life Cover Plan was obtained as a member of the Fund, please send the Trustee the policy document and your request to cancel the policy either by letter, fax or email.

You will lose the right to return your policy within the cooling-off period if beforehand you exercise any other right or power available to you under the policy other than the right to return your policy.

Making a claim

Written notice with full details of any claim should be provided to us as soon as possible.

Payment of claims is subject to us confirming the diagnosis.

Once we receive written notice of a claim, we will send you the appropriate form(s) to enable proof of positive diagnosis to be filed with us. You may need to be medically examined by our Medical Practitioner.

Your questions or concerns

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

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

Should you not be satisfied with our response to your concerns after they have been ruled upon by the Committee, then you may take the matter up with the independent Financial Ombudsman Service (FOS) (formerly known as the Financial Industry Complaints Service Ltd). Details as follows:

Financial Ombudsman Service (FOS)
GPO Box 3
MELBOURNE VIC 3001
Telephone: 1300 78 08 08
Facsimile: (03) 9613 6399
Email: info@fos.org.au

AIA Australia Limited (ABN 79 004 837 861) follows the National Privacy Principles developed under the Privacy Amendment (Private Sector) Act 2000.

You can read about our privacy policies and procedures at www.aia.com.au

If you are purchasing the Superannuation Life Cover Plan by becoming a member of the AIA Superannuation Fund, the Fund's administrator can give you a copy of the Trustee's policies and procedures. There is more information about the Trustee's privacy policies on page 41.

We will collect personal information about you to:

- a) process your application(s);
- b) administer and manage your policy including claims;
- c) facilitate our business operations; and
- d) market promotional material about services that we believe you may be interested in. (The Privacy Declaration contained in your Application allows you to elect whether you wish to receive direct marketing material from us.)

Why we need information about you

The information we collect about you is used in processing your application and later in the management of your policy and any claims. We may also use the information in marketing services that may be of interest to you. If you do not wish to receive marketing material please indicate this on the application form.

If you are unwilling to provide us with the information we need then we may not be able to provide you with insurance cover.

Access to your information

If you would like to have access to your personal information held by us please write to:

Policy Services Manager
AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008

You can also ask us to update your personal information at any time if it is inaccurate, incomplete or out of date.

There may be some situations when we are unable to provide you with access to your personal information for legal reasons. If this is the case we will provide you with a written explanation.

For members of the Fund see page 41.

Disclosure of information

We may disclose your personal information to:

- a) another member of the AIA group of companies (whether in Australia or overseas);
- b) your adviser;
- c) our contractors and third party service providers, e.g. Medical Practitioners and reinsurers;
- d) your employer (for employee superannuation products);
- e) financial institutions you nominate;
- f) mail houses and archive companies; and
- g) the Trustee and all parties relevant to administer the Superannuation Life Cover Plan.

We will only disclose your personal information to these parties for the main purpose for which it was collected. There are some circumstances when we are entitled to disclose your personal information to third parties without your authorisation, for example to law enforcement agencies or government authorities to protect our interests or to report illegal activities.

Any questions or concerns about privacy

(For members of the AIA Superannuation Fund – see page 41.)

If you have any questions or concerns about your personal information, please write to:

Compliance Manager
AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008

Our internal dispute resolution process deals with customer complaints about our compliance with the National Privacy Principles. The process aims to handle complaints fairly and quickly and is free for users.

If you have a privacy complaint you should write to our Compliance Manager. You will receive a letter from us within five days which explains our complaints handling process. Your complaint is then referred to our Internal Disputes Resolution Committee which aims to resolve your complaint within forty-five days of receipt.

If you are not satisfied with the outcome of the process you can take your complaint to the Privacy Commissioner at:

Office of the Federal Privacy Commissioner
GPO Box 5218
Sydney, NSW 2001

or call the Privacy Hotline on 1300 363 992.

There are some significant risks associated with life insurance:

Insurer fails

Your insurer may become insolvent and therefore may not pay your claims. Life insurers are supervised by the Australian Prudential Regulation Authority and are regulated under the Life Insurance Act 1995. As at the date of this PDS, the reserves in our Statutory Fund No. 1, which back this product, are in excess of the solvency and capital adequacy requirements that apply to life insurers.

Selection of wrong product

You may choose an insurance product that does not meet your needs. You should read the PDS and policy document for an insurance product carefully to prevent this. You may wish to consult an adviser for assistance.

Inadequate amount of insurance

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

Inability to obtain an increase in cover

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

Premium rates

Notwithstanding the premium rates guarantee, your premiums may be varied from time to time. (See page 47 for more information about premiums and the premium rates guarantee.)

Late payment of premiums

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

Electing to freeze premiums

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

Your duty of disclosure

Before you enter into a contract of insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate this contract of insurance.

Where applicable your duty of disclosure also extends to the Trustee under the terms of the Superannuation Life Cover Plan based on your membership in the Fund. This ensures that the Trustee is able to meet its disclosure obligations.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may elect to avoid the contract at any time from its inception. An insurer who is entitled to avoid a contract of insurance may, within three years of entering into it, elect not to avoid it but to reduce the Sum Insured in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the insurer.

The consequences outlined above also apply if you elect the Superannuation Life Cover Plan.

Exclusions	Lump Sum Benefits									
	Life Cover	Term Cover	Accidental Death	Permanent Disablement Stand Alone/ Rider	Waiver of Premium	Female Crisis Assistance	Child's Recovery	Crisis Recovery	Crisis Recovery Stand Alone	Loss of Independence
*Death from suicide in the first 13 months from commencement or re-instatement of the benefit.	✓	✓					✓		✓	
Any crisis event or disablement, directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by the life insured.				✓	✓	✓	✓	✓	✓	✓
An event directly or indirectly caused by intentional self-inflicted injury or any such attempt by the life insured.			✓	✓	✓	✓		✓	✓	✓
Complications of pregnancy as a result of abortion.						✓				
An event directly or indirectly caused by intentional self-inflicted injury or any attempt by the insured child.							✓			
An event caused by a congenital condition until the 10th birthday of the insured child.							✓			
An event intentionally caused by the insured child's parent, guardian or relative or someone who lives with or supervises the insured child.							✓			
Death occurring more than 6 months after the accident.			✓							
The direct or indirect effects of alcohol and/or drug abuse.			✓							
<ul style="list-style-type: none"> • War (whether formally declared or not), hostilities, civil commotion or insurrection. • Non permanent residents of Australia. • Any form of aviation activity other than as a fare-paying passenger on a scheduled airline. • Participation in or training for professional sports or speed contests. • Engaging in any unlawful acts. • Suicide. 			✓							

Exclusions	Income Benefits					
	Disability Income	Disability Income Accident Only	Claim Escalation	PLUS Optional	Day 1 Accident	Business Expenses
*Death from suicide in the first 13 months from commencement or re-instatement of the benefit.	✓	✓				
Disablement due to intentional self-inflicted injury or any such attempt by the life insured.	✓	✓	✓	✓	✓	✓
Disablement due to the life insured engaging in or taking part in service in the armed forces of any country.	✓	✓	✓	✓	✓	✓
Normal pregnancy, uncomplicated childbirth or miscarriage.	✓	✓	✓	✓	✓	✓

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

Occupation Category	Characteristics of Occupation Category
AAA	<ul style="list-style-type: none"> Professional white collar workers, other than those in medical and allied occupations, who must have tertiary qualifications, and other successful high income white collar workers, who have long-standing experience in their field of business.
AA	<ul style="list-style-type: none"> Professionals, who must have tertiary qualifications in the medical and allied occupations. e.g. doctors, dentists, optometrists, physiotherapists.
A	<ul style="list-style-type: none"> Other white collar occupations, that involve clerical and administrative work only. These workers are generally office bound. The working environment must present minimal Injury or Sickness risk.
B	<ul style="list-style-type: none"> Occupations not classified as white collar, involving some light manual work, including supervisors of manual workers and persons in a totally administrative job within an industrial environment. The working environment may present slight Injury or Sickness risk.
C	<ul style="list-style-type: none"> Fully qualified skilled tradespersons of various occupations, who perform light to medium manual work. e.g. qualified electricians, chefs and mechanics. The working environment may present a moderate Injury or Sickness risk.
D	<ul style="list-style-type: none"> Unqualified tradespersons, who perform light to medium manual work. e.g. cleaners, drivers, fencing contractors. The working environment may present a significant Injury or Sickness risk.
E	<ul style="list-style-type: none"> Unqualified tradespersons, who perform heavy manual work. e.g. concreters, earth-moving workers, carpet layers. The working environment may present a significant Injury or Sickness risk.
Home Duties	For a definition of the Home Duties occupation please contact your Adviser.

Accidental Death	<p>'ACCIDENTAL DEATH' means that death is a result of a physical injury which is caused solely and directly by violent, external and unexpected means that is not traceable, even indirectly, to the life insured's state of mental or physical health before the event.</p>
Accidental HIV Infection	<p>'ACCIDENTAL HIV INFECTION' means infection with the human immunodeficiency virus (HIV) acquired by accident or violence during the course of the life insured's normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within six months of the accident. HIV infection transmitted by any other means, including but not limited to sexual activity or non-medical intravenous drug use, is not Accidental HIV Infection under the policy.</p> <p>Any accident giving rise to a potential claim must be reported to us within 30 days and be supported by a negative HIV antibody test taken within seven days after the accident. We must be given access to test independently all blood samples used, if we require. We retain the right to take further independent blood tests or other medically accepted HIV tests.</p>
Accidental Injury	<p>'ACCIDENTAL INJURY' means a physical injury which is caused solely and directly by violent, accidental, external and visible means, which occurs while the benefit is in force and which results solely and directly and independently of a pre-existing condition or any other cause in total disablement. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Accidental Injury'.</p>
Agreed Value	<p>'AGREED VALUE' means</p> <ul style="list-style-type: none"> • The Insured Monthly Benefit is agreed with you at the time of application and is based on the life insured's income at that time. • The Insured Monthly Benefit is guaranteed subject to receipt by us of financial evidence in relation to your application. That evidence must be satisfactory to us. If financial evidence in relation to your application is not provided to us at time of application, that evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply; and • Cover on an agreed value basis is available only to Occupation Categories AAA, AA, A, B and C.
Alzheimer's Disease	<p>'ALZHEIMER'S DISEASE' means the diagnosis of Alzheimer's disease as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment.</p> <p>Significant cognitive impairment means deterioration in the life insured's mini-mental state examination, or equivalent thereof, scores to 20 or less.</p>
Aplastic Anaemia	<p>'APLASTIC ANAEMIA' means permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one of the following:</p> <ul style="list-style-type: none"> • blood product transfusion • marrow stimulating agents • immunosuppressive agents • bone marrow transplantation.
Bacterial Meningitis	<p>'BACTERIAL MENINGITIS' means the diagnosis of the life insured with bacterial meningitis. The meningitis must produce neurological deficit causing permanent and significant functional impairment. 'Significant' shall mean at least a 25% impairment of whole person function as defined in <i>Guides to the Evaluation of Permanent Impairment 5th edition</i>, American Medical Association. Diagnosis must be confirmed by a consultant neurologist. Bacterial meningitis in the presence of HIV is excluded. All other forms of meningitis including viral, are excluded.</p>
Benefit Period	<p>'BENEFIT PERIOD' is the maximum period during which the monthly income benefit is payable.</p>

Benign Brain Tumour

'BENIGN BRAIN TUMOUR' means a non-cancerous tumour on the brain giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory or motor skills impairment as confirmed by a consultant neurologist. The tumour must result in permanent neurological deficit, resulting in either:

- (a) at least 25% impairment of whole person function, as defined in *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association, or
- (b) the life insured being totally and permanently unable to perform any one of the following 'Activities of Daily Living':
 - (i) bathing,
 - (ii) dressing,
 - (iii) eating,
 - (iv) toileting,
 - (v) transferring.

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

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

Blindness

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

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

Cancer

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

- tumours which are histologically described as pre-malignant or showing the changes of 'carcinoma in situ';
 - 'carcinoma in situ of the breast' is not excluded if the entire breast is removed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist acceptable to us. (For carcinoma in situ of the breast, the benefit payable will be limited to 25% of the Sum Insured, subject to a maximum payment of \$25,000 under all policies we have issued covering the life insured.)
- melanomas of less than 1.5mm thickness, without ulceration as determined by histological examination;
- all hyperkeratoses or basal cell carcinomas of the skin;
- cutaneous squamous cell carcinomas of T2N0M0 and below grade tumours, where the tumour is less than 5 cm in greatest diameter.
- Polycythemia Rubra Vera requiring treatment by venesection alone, and
- tumours treated by endoscopic procedures alone.

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

- 100% of the Sum Insured for melanomas where the tumour is with ulceration or is diagnosed as 1.5mm or greater in Breslow's depth of invasion; and
- 10% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed stage T3N0M0 under the TNM Classification system; and
- 100% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed at greater than T3N0M0 or any T N1, 2 or 3 or metastases are present.

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

Carcinoma In Situ	<p>'CARCINOMA IN SITU' refers to a primary uncontrolled growth of cells that remains in the original location and has not invaded or destroyed neighbouring tissues nor penetrated the basement membrane. Carcinoma in situ covered by this policy must be confirmed by histopathology.</p> <p>Staging of carcinoma in situ is based on: Stage 0, FIGO (International Federation of Gynecologists and Obstetricians) classification and TIS, TNM classification.</p>
Carcinoma In Situ of Female Organs	<p>'CARCINOMA IN SITU OF FEMALE ORGANS' means a histologically proven, localised pre invasive lesion where cancer cells do not penetrate the basement membrane nor invade the surrounding tissues or stroma. 'Invade' means to infiltrate and/or actively destroy tissue or surrounding tissue. The disease of Carcinoma in Situ covered by this policy must be confirmed by a biopsy and is limited only to the following sites:</p> <ul style="list-style-type: none"> • Breast where the tumour is classified as TNM stage TIS. • Cervix, Uterus at or above CIN III Grading. • Ovary and Fallopian Tube, where the tumour must be classified as TIS according to the TNM Staging method or FIGO* Stage 0. • Vagina or Vulva, where the tumour must be classified as TIS according to the TNM staging method or FIGO* Stage 0. <p><i>*FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique.</i></p>
Cardiomyopathy	<p>'CARDIOMYOPATHY' means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment i.e. Class III on the New York Heart Association classification of cardiac impairment.</p> <p>The New York Heart Association classifications are: Class I – no limitation of physical activity, no symptoms with ordinary physical activity. Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity. Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity. Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.</p>
Child	<p>'CHILD' means the natural child, the stepchild or the adopted child of the policy owner or the life insured.</p>
Chronic Liver Disease	<p>'CHRONIC LIVER DISEASE' means end stage liver failure, together with two of the following conditions:</p> <ul style="list-style-type: none"> • permanent jaundice, • ascites, or • hepatic encephalopathy. <p>Such disease directly related to alcohol or drug abuse is excluded.</p>
Chronic Lung Disease	<p>'CHRONIC LUNG DISEASE' means end stage respiratory failure requiring permanent oxygen therapy with FEV 1 test results consistently showing less than one litre.</p>
Coma	<p>'COMA' means total failure of cerebral function characterised by total unarousable, unresponsiveness to external stimuli, persisting continually with the use of a life support system for a period of at least 96 hours. It must result in significant permanent loss of cerebral function as determined by a recognised consultant neurologist acceptable to us.</p> <p>For the purposes of this definition, 'significant' shall mean at least a 25% impairment of whole person function as defined in <i>Guides to the Evaluation of Permanent Impairment 5th edition</i>, American Medical Association.</p> <p>Excluded from this definition is coma induced medically or resulting from alcohol or drug abuse.</p>

Complications of Pregnancy

'COMPLICATIONS OF PREGNANCY' means one of the following:

1. Disseminated Intravascular Coagulation

Disseminated Intravascular Coagulation (DIC) where the following conditions are met:

- There is a pregnancy related cause of the DIC; and
- Excessive fibrin formation and fibrinolysis has caused the depletion of coagulation proteins and platelets; and
- There is life-threatening haemorrhage from multiple sites.

2. Ectopic Pregnancy

Pregnancy in which implantation of a fertilised ovum occurs outside the uterine cavity.

The ectopic pregnancy must be terminated by laparotomy or laparoscopic surgery.

The diagnosis of ectopic pregnancy must be confirmed by a medical specialist.

3. Hydatidiform Mole

The development of fluid-filled cysts in the uterus after the degeneration of the chorion during pregnancy which results in the death of the embryo. The diagnosis of Hydatidiform mole must be confirmed by a medical specialist.

4. Pre-eclampsia of Pregnancy

Pre-eclampsia is defined as:

- Maternal hypertension with diastolic blood pressure greater than 100mmHg consistently for a 24-hour period;
- Proteinuria equal to or greater than 3g (or 3000mg) per 24 hours urine collection; and
- Requires admission of the life insured to hospital.

Diagnosis must be confirmed by a consultant obstetrician/gynaecologist.

5. Stillbirth

Foetal death in utero after 28 weeks of pregnancy.

Elective termination of pregnancy and abortion are specifically excluded.

Congenital Abnormalities of Child

'CONGENITAL ABNORMALITIES OF CHILD' means one of the following:

1. Down's Syndrome

A specific genetic abnormality caused by an extra chromosome 21 that causes mental retardation and physical abnormalities.

2. Spina Bifida Myelomeningocele

Defective closure of the spinal column due to a neural tube deficit with a resultant meningomyelocele or meningocele and associated neurological deficit. The diagnosis must be confirmed by a medical specialist.

3. Tetralogy of Fallot

An anatomical abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular deoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be confirmed by a medical specialist and supported by an echocardiogram, and invasive surgery must be performed to correct the condition.

4. Transposition of Great Vessels

A congenital heart defect where the aorta arises from the right ventricle and the pulmonary artery from the left ventricle. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram, and invasive surgery must be performed to correct the condition.

5. Congenital Blindness

Complete absence of the sense of sight from birth. The diagnosis must be confirmed by a medical specialist.

6. Congenital Deafness

Complete absence of the sense of hearing from birth. The diagnosis must be confirmed by a medical specialist.

Consumer Price Index	<p>'CONSUMER PRICE INDEX' (CPI increase) means the percentage increase in the average CPI for the 6 state capital cities published by the Australian Bureau of Statistics and covering the most recent period of 12 months for which figures are available at the date of the policy fee, Sum Insured or Insured Monthly Benefit is to be increased. In the event of any suspension or discontinuance of the CPI as defined above, such other index as we shall consider appropriate shall be adopted for the purposes of the policy.</p>
Coronary Artery Angioplasty	<p>'CORONARY ARTERY ANGIOPLASTY' means the actual undergoing of either:</p> <ul style="list-style-type: none"> • balloon angioplasty; • insertion of a stent; • atherectomy; or • laser therapy <p>to correct a narrowing or blockage of coronary arteries within the same procedure. Angiographic evidence, indicating obstruction of the coronary arteries is required to confirm the need for this procedure. The procedure must be considered necessary by a cardiologist to correct or treat coronary artery disease.</p> <p>25% of the Sum Insured, with a maximum of \$25,000 will be payable where one coronary artery is obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or the insertion of up to two stents.</p> <p>50% of the Sum Insured, with a maximum of \$50,000 will be payable where two coronary arteries are obstructed and corrected with the use of either angioplasty, atherectomy or laser therapy, or, the insertion of more than two stents (regardless of the number of coronary arteries involved).</p> <p>100% of the Sum Insured will be payable where three or more coronary arteries are obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or stents.</p> <p>After any payment for coronary artery angioplasty the Sum Insured will be reduced by the payment made.</p>
Coronary Artery By-pass Surgery	<p>'CORONARY ARTERY BY-PASS SURGERY' means the actual undergoing of by-pass surgery (including saphenous vein or internal mammary graft(s) for the treatment of coronary artery disease. The operation must be for the treatment of one or more coronary arteries and angioplasty contra-indicated and must be considered necessary by a consultant cardiologist.</p>
Dementia	<p>'DEMENTIA' means the diagnosis of dementia as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment. Significant cognitive impairment means deterioration in the life insured's mini-mental state examination or equivalent thereof, scores to 20 or less.</p> <p>Dementia as a result of alcohol or drug abuse is excluded.</p>
Diplegia	<p>'DIPLEGIA' means the total and permanent loss of function of both sides of the body due to spinal cord injury or disease, or brain injury or disease.</p>

Forward Underwriting Benefit

The Forward Underwriting Benefit allows you the option to secure insurance cover for the future when one of the following business or personal events has occurred.

Marriage

- A marriage or customary union as recognised in terms of the laws of Australia.
- A union recognised as a marriage in accordance with the tenets of any religion.
- Two adults who are in a relationship as a couple (whether or not legally married to each other), regardless of their sex, where the two adults live with each other on a permanent and genuine domestic basis and have done so for a continuous period of at least 2 years.
- An option under the marriage event can only be exercised once. The event must not have occurred within 6 months of a permanent separation.
- The life insured must be a party to the marriage/union.

Permanent Separation

- A permanent separation of two parties to a marriage as defined above.
- An option under the Permanent Separation event can only be exercised once. The event must not have occurred within 6 months of the marriage event, as defined above.
- The life insured must be a party to the permanent separation.
- Permanent Separation to be evidenced by an order of divorce or a statutory declaration signed by both parties.

Mortgage

- The registration of a mortgage in respect of property owned by the life insured.

New Child Dependant

- The birth or legal adoption of a child.
- The life insured must be a parent of the child.
- Adoption of a child can be by same sex or heterosexual couples.

Child Dependant's Education Costs

- A child is registered for study at a private school or tertiary education institution.
 - This includes a University degree.

Child born with Spina Bifida

- The protrusion of a sac containing tissue, cerebrospinal fluid, nerves and part of the spinal cord through an opening in one or more of the vertebrae of the spinal column.
- The life insured must be a parent of the child.

Child born with Cerebral Palsy

- The diagnosis of Cerebral Palsy by a neurologist or paediatrician.
- The life insured must be a parent of the child.

Increase in personal liability and increase in shareholder value

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

Full-time Employment

FULL-TIME EMPLOYMENT means, for the Permanent Disablement and Permanent Disablement Stand Alone benefits and the Waiver of Premium benefit under the Life Cover benefit, working a minimum of 20 hours per week, 48 weeks per year excluding public holidays.

For the Disability Income and Business Expenses Plans, 'full-time employment' means working a minimum of 25 hours per week, 48 weeks per year excluding public holidays.

Guaranteed Future Insurability**'GUARANTEED FUTURE INSURABILITY'**

The Guaranteed Future Insurability benefit allows you to apply for increases in the Life Cover and any Permanent Disablement Sum Insured on the occurrence of certain 'personal events' and 'business events' before age 55 without supplying further evidence of health or insurability. A maximum number of increases applies. Please see the policy document for terms and conditions applicable to all such increases.

Personal Events covered are:

- Marriage;
- Divorce;
- Birth or adoption of a child; and
- Effecting a first mortgage on the purchase of a home, or increasing an existing first mortgage for the purpose of building or renovation works on the home. (The mortgage must be on the life insured's principal place of residence with a mortgage provider.)

For 'marriage', 'divorce' and 'birth or adoption of a child' events, the Life Cover/Permanent Disablement Sum Insured may be increased under this option by the lesser of:

- 25% of the original Life Cover/Permanent Disablement Sum Insured; and
- \$200,000.

For the 'effecting a first mortgage on the purchase of a home, or increasing an existing first mortgage' event, the Life Cover/Permanent Disablement Sum Insured may be increased under this option by the lesser of:

- 50% of the original Life Cover/Permanent Disablement Sum Insured;
- amount of the first mortgage;
- amount of the increase of the first mortgage; and
- \$200,000.

Business Events covered are:

- Where the life insured is a key person in a business (e.g. working partner or director, significant shareholder) and the value of their financial interest, including loan guarantees in the business, averaged over the last three years, increases;
- Where the life insured is a key person in a business, and the life insured's value to the business, averaged over the last three years, increases;
- Where the policy forms part of a written buy/sell, share purchase or business succession agreement and the life insured is a partner, shareholder or unit holder in the business, and the value of the life insured's financial interest in the business, averaged over the last three years, increases;
- Where the policy forms part of a loan guarantee from the life insured.

For a business event, the Life Cover/Permanent Disablement Sum Insured may be increased under this option by the lesser of:

- 25% of the original Life Cover/Permanent Disablement Sum Insured;
- the increase in the value of the life insured's financial interest in the business or of the life insured's value to the business, whichever is appropriate, averaged over the last three years; and
- \$500,000.

A Life Cover or Life Cover/Permanent Disablement Sum Insured increase under this option will be approved upon satisfactory proof being received by us of the occurrence and the date of the 'personal event' or the 'business event' respectively.

During the first 6 months after an increase in the Life Cover Sum Insured the cover for the increase will be death by accident only.

A suicide exclusion will apply to the increase in the Life Cover Sum Insured in the first 13 months following the increase.

The maximum increase from all circumstances over a 5-year period will be the lesser of:

- twice the original Sum Insured, and
- \$1,000,000.

Heart Attack	<p>'HEART ATTACK' (myocardial infarction) means the death of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by:</p> <ul style="list-style-type: none"> • typical rise and fall of cardiac biomarker blood test (Troponin T, Troponin I or CK-MB) with at least one level above the 99th percentile of the upper reference limit PLUS <ul style="list-style-type: none"> – acute cardiac symptoms and signs consistent with myocardial infarction (e.g. chest pain) OR – new serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB). <p>If the above tests are inconclusive we will consider other appropriate and medically recognised tests.</p> <p>Other acute coronary syndromes including but not limited to angina pectoris are excluded.</p>
Heart Valve Surgery	<p>'HEART VALVE SURGERY' means the actual undergoing of a procedure to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities occurring after the commencement date or last reinstatement date of the policy.</p>
Hemiplegia	<p>'HEMIPLEGIA' means the total and permanent loss of function of one side of the body due to spinal cord injury or disease, or brain injury or disease.</p>
Income (Employed Persons)	<p>'INCOME' in the case of an employed person is the pre-tax remuneration paid by an employer, including salary, fees and fringe benefits for the last financial year. This will include any statutory superannuation contributions and any other superannuation contributions made by an employer including those that are part of a salary sacrifice arrangement between the employed person and the employer. Where commissions and bonuses form over 40% of the pre-tax remuneration for the last financial year, we will take them into account. Where the employed person is a professional person employed by a professional practice company, income will include all commissions and bonuses paid, in addition to salary, fees, fringe benefits and superannuation contributions made by an employer, for the last financial year,.</p>
Income (Self-employed Persons)	<p>'INCOME' in the case of a self-employed person, a working director or partner in a partnership, is the income generated by the business or practice due to his or her personal exertion or activities, less his or her share of necessarily incurred business expenses, for the last financial year.</p> <p>Income does not include other unearned income such as dividends, interest, rental income or proceeds from the sale of assets, or ongoing commission or royalties.</p>
Indemnity	<p>'INDEMNITY'</p> <ul style="list-style-type: none"> • The monthly benefit payable in the event of total disablement is the lower of the Insured Monthly Benefit under the income protection benefit and 75% of the first \$26,666 of the life insured's monthly pre-disablement income (indemnity) at the start of the total disablement plus 50% of the next \$20,000 of the life insured's monthly pre-disablement income (indemnity). See page 67 for the definition of pre-disablement income (indemnity); • The Insured Monthly Benefit is not guaranteed; • Financial evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply (see page 31); and • Cover on an indemnity basis is available to Occupation Categories AAA, AA, A, B, C, D and E.
Injury	<p>'INJURY' means a physical injury which occurs whilst the policy is in force and which results solely and directly and independently of a pre-existing condition or any other cause, in Total or Partial Disablement within one year of the date of its occurrence. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Injury'.</p>
Insured Monthly Benefit	<p>'INSURED MONTHLY BENEFIT'</p> <p>The Insured Monthly Benefit is stated on the policy schedule and may be adjusted by any benefit alterations the policy owner has effected, or which have been imposed by us and notified to the policy owner.</p>

Kidney Failure

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

Loss of Hearing

'LOSS OF HEARING' means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of Injury or Sickness, as certified by an appropriate medical specialist.

Loss of Independence

'LOSS OF INDEPENDENCE' means:

- (a) A condition as a result of Injury or Sickness, where the life insured is totally and irreversibly unable to perform at least two of the following five 'Activities of Daily Living'. The condition should be confirmed by a consultant physician.

Bathing

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

Dressing

Means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the standby assistance of another person. The life insured will be considered able to dress himself or herself even if the above tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.

Eating

Means the ability to get nourishment into the body by any means once it has been prepared and made available to the life insured without the standby assistance of another person.

Toileting

Means the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing without the standby assistance of another person. The life insured will be considered able to toilet himself or herself even if he or she has an ostomy and is able to empty it himself or herself, or if the life insured uses a commode, bedpan or urinal, and is able to empty and clean it without the standby assistance of another person.

Transferring

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

or

- (b) Cognitive impairment, meaning a deterioration or loss in the life insured's intellectual capacity which requires another person's assistance or verbal cueing to protect himself or herself as measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:
- short or long term memory;
 - orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year);
 - deductive or abstract reasoning.

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

or

- (c) Loss of Limbs and/or Sight (see page 65 for definitions).

Loss of Use of Limbs and/or Sight	<p>'LOSS OF USE OF LIMBS AND/OR SIGHT' means the total and irrecoverable loss by the life insured of any of the:</p> <ul style="list-style-type: none"> • use of both hands • use of both feet • sight of both eyes (to the extent of 6/60 or less) • use of one hand and one foot • use of one hand and the sight of one eye • use of one foot and the sight of one eye. <p>We will pay a one-time partial benefit (not payable under Loss of Independence) in the event of the total and permanent loss of use of:</p> <ul style="list-style-type: none"> • one hand • one foot or • sight in one eye (to the extent of 6/60 or less). <p>The amount payable will be the greater of \$10,000 and 25% of the Sum Insured of the Crisis Recovery or Crisis Recovery Stand Alone benefit. The amount of the payment cannot exceed the Sum Insured.</p> <p>The Sum Insured of the Crisis Recovery or Crisis Recovery Stand Alone benefit will be reduced by the payment of this benefit and premiums will be adjusted accordingly.</p>
Loss of Speech	<p>'LOSS OF SPEECH' means the complete and irrecoverable loss of the ability to speak as a result of Injury or Sickness which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate medical specialist.</p>
Major Burns	<p>'MAJOR BURNS' means the life insured has suffered third degree burns to:</p> <ul style="list-style-type: none"> • at least 20% of the body surface; • whole of both hands, requiring surgical debridement and/or grafting; or • whole of the head requiring surgical debridement and/or grafting.
Major Head Trauma	<p>'MAJOR HEAD TRAUMA' means an accidental head injury resulting in neurological deficit, as certified by a consultant neurologist acceptable to us, causing at least a permanent 25% impairment of whole person function as defined in <i>Guides to the Evaluation of Permanent Impairment 5th edition</i>, American Medical Association.</p>
Major Organ Transplant	<p>'MAJOR ORGAN TRANSPLANT' means having received, from a human donor, a medically necessary transplant involving one or more of the following organs: kidney, heart, liver, lung, bone marrow and pancreas.</p>
Manifests	<p>'MANIFESTS' means that symptoms exist which would cause an ordinarily prudent person to seek diagnosis, care or treatment, or that medical advice or treatment has been recommended by or received from a Medical Practitioner.</p>
Marriage	<p>'MARRIAGE' means:</p> <ul style="list-style-type: none"> • a marriage or customary union as recognised in terms of the laws of Australia. • a union recognised as a marriage in accordance with the tenets of any religion. • two adults who are in a relationship as a couple (whether or not legally married to each other), regardless of their sex, where the two adults live with each other on a permanent and genuine domestic basis and have done so for a continuous period of at least two years.
Medical Practitioner	<p>'MEDICAL PRACTITIONER' means a legally qualified and registered Medical Practitioner other than the policy owner or the life insured, or a family member, business partner, employee or employer of either the policy owner or the life insured.</p>
Motor Neurone Disease	<p>'MOTOR NEURONE DISEASE' means the unequivocal diagnosis of Motor Neurone Disease confirmed by a consultant neurologist.</p>
Multiple Sclerosis	<p>'MULTIPLE SCLEROSIS' means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist, evidenced by:</p> <ol style="list-style-type: none"> (a) More than one episode of well defined neurological deficit, and (b) Residual neurological impairment persisting for a continuous period of at least 6 months.

Muscular Dystrophy	'MUSCULAR DYSTROPHY' means the unequivocal diagnosis of muscular dystrophy, confirmed by a consultant neurologist.
Non Smoker	'NON-SMOKER' means that, at a point in time, not having smoked tobacco or any other substance for a continuous period of 12 months ending at that point in time.
Occupationally Acquired Hepatitis B or Hepatitis C Infection	<p>'OCCUPATIONALLY ACQUIRED HEPATITIS B OR HEPATITIS C INFECTION' means the life insured is infected with Hepatitis B or Hepatitis C as a result of an occupational accident. An occupational accident means an accident that happens whilst the life insured is performing the usual duties of his or her normal occupation and involves contact with a body substance which puts the life insured at risk of transmission of the infections.</p> <p>This benefit will only be paid if all the following conditions for payment are satisfied. We require that:</p> <ul style="list-style-type: none"> • the life insured reports the accident to us within 48 hours after it happens; • the life insured is tested for infections within 48 hours after the accident and the results are negative; • a Medical Practitioner diagnoses the life insured to be: <ul style="list-style-type: none"> – positive to Hepatitis C within 180 days after the accident; or – positive to Hepatitis B within 180 days after the accident and still be positive within 180 days after the first diagnosis; • the life insured complies with all infection control precautions that apply; • the life insured is vaccinated or immunised for the infections as required by us; and • all tests be carried out according to the procedures we specify.
Osteoporosis	<p>'OSTEOPOROSIS' means, where the bone mineral density measured in at least two sites by dual-energy x-ray densitometry (DEXA) or quantitative CT scanning is consistent with severe osteoporosis with:</p> <p>(a) at least two vertebral body fractures occurring before the age of sixty-five (65); or</p> <p>(b) fracture of the neck of the femur.</p>
Other Serious Coronary Artery Disease	'OTHER SERIOUS CORONARY ARTERY DISEASE' means the narrowing of the lumen of at least three coronary arteries by a minimum of 60%, as proven for the first time by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.
Paraplegia	'PARAPLEGIA' means the total and permanent loss of function of the lower limbs due to spinal cord injury or disease, or brain injury or disease.
Parkinson's Disease	'PARKINSON'S DISEASE' means the unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist and requiring treatment. All other types of Parkinsonism are excluded.
Partial Disablement (Disability Income)	<p>'PARTIAL DISABLEMENT' means that solely due to Injury or Sickness, the life insured is:</p> <ul style="list-style-type: none"> • unable to work in his or her own occupation at full capacity but working in a reduced capacity in any occupation; • earning a monthly income which is less than his or her pre-disablement income; and • under the regular care of and following the advice of a registered Medical Practitioner.
Partial Disablement (Disability Income Accident Only)	<p>'PARTIAL DISABLEMENT (DISABILITY INCOME ACCIDENT ONLY)' means that solely due to Accidental Injury, the life insured is:</p> <ul style="list-style-type: none"> • unable to work in his or her own occupation at full capacity but working in a reduced capacity in any occupation; and • earning a monthly income which is less than his or her pre-disablement income; and • under the regular care of and following the advice of a registered Medical Practitioner.

**Partial Disablement –
Disability Income
Capability Clause**

'PARTIAL DISABLEMENT – DISABILITY INCOME CAPABILITY CLAUSE'

Partial Disablement Benefit Amount (Agreed Value and Indemnity)

The initial benefit payable will be: $(A - B)/A \times$ Insured Monthly Benefit, where A = life insured's monthly Pre-disablement Income (Agreed Value), and B = life insured's income from all sources for the month in which the partial disablement benefit is being paid.

When the life insured is partially disabled but not working to their optimum capability, 'B' will be calculated on the monthly income it would be reasonable for the life insured to earn if working to the extent of his/her optimum capability. In determining what the life insured could reasonably be expected to earn if the life insured were working to the extent of his/her optimum capability, the following will be taken into account:

- All available medical evidence from the life insured.
- All available medical evidence from the life insured's registered Medical Practitioner.
- Any additional information that directly relates to the life insured's medical condition.

The amount of benefit payable will be adjusted for any claim offsets. (Refer to the Claim Offsets section on page 31.)

If the life insured is earning 25% or less of Pre-disablement Income during any of the first three months immediately after the end of the Waiting Period, we will pay the total disablement benefit for that month.

**Partial Disablement
– Dual Definition
PLUS Optional benefit**

'PARTIAL DISABLEMENT' – Dual Definition PLUS Optional benefit
(Available to Occupation Categories AAA, AA and A only)

If you are employed, or have been unemployed or on maternity or paternity leave for 12 months or less immediately before your disability started, we will consider you to be partially disabled if, **solely due to Injury or Sickness:**

- you are working for more than 10 hours per week in your usual occupation, or a gainful occupation or you are able to work in your usual occupation or a gainful occupation;
- your monthly income is less than your pre-disablement income;
- you are not totally disabled; and
- you are under the regular care of and following the advice of a registered Medical Practitioner.

If you have been unemployed or on maternity or paternity leave for 12 consecutive months or more immediately before your disablement started, we will treat your usual occupation as being 'any occupation for which you are reasonably suited by education training or experience'.

Note: This Partial Disablement – Dual Definition will be applicable to Business Expenses when taken as an optional benefit under Disability Income Plus and as a stand alone benefit.

Pneumonectomy

'PNEUMONECTOMY' means undergoing a surgical procedure in which an entire lung is removed due to underlying lung disease or disorder.

**Pre-disablement Income
(Agreed Value)**

'PRE-DISABLEMENT INCOME (AGREED VALUE)' is the life insured's highest average monthly income for any financial year since the date two years before the commencement date of the Disability Income benefit up until the commencement of disablement.

During disablement the Pre-disablement Income (Agreed Value) amount will be increased every 12 months, following the date of disablement, by 5% or the Consumer Price Index (CPI) Increase (whichever is the greater).

**Pre-disablement Income
(Indemnity)**

'PRE-DISABLEMENT INCOME (INDEMNITY)' is the life insured's average monthly income for the latest financial year preceding the commencement of disablement.

During disablement the Pre-disablement Income (Indemnity) amount will be increased every 12 months, following the date of disablement, by 5% or the Consumer Price Index (CPI) increase (whichever is the greater).

Premium Pattern	<p>'PREMIUM PATTERN'</p> <p>Level premium rates remain constant until the latest policy anniversary prior to the life insured's 65th birthday or the expiry date of the benefit, if earlier, whereas stepped premium rates generally increase as the life insured's age increases.</p> <p>In addition, stepped or level premiums will change if:</p> <ul style="list-style-type: none"> • you request a change in your Sum Insured; • you choose to have your Sum Insured or Insured Monthly Benefit automatically increased to keep pace with inflation; or • premium rates are reviewed (see Premium guarantee on page 47). <p>You can switch between stepped and level premiums at any time unless otherwise specified by the policy/benefit.</p>
Pulmonary Arterial Hypertension (Primary)	<p>'PULMONARY ARTERIAL HYPERTENSION (PRIMARY)' means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant irreversible physical impairment of at least Class III of the New York Heart Association classification of cardiac impairment. Pulmonary Hypertension in association with chronic lung disease is specifically excluded.</p> <p>Other forms of hypertension (involving increased blood pressure) are specifically excluded.</p> <p>The New York Heart Association classifications are:</p> <p>Class I – no limitation of physical activity, no symptoms with ordinary physical activity.</p> <p>Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.</p> <p>Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.</p> <p>Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.</p>
Quadriplegia	<p>'QUADRIPLEGIA' means the total and permanent loss of function of the lower and upper limbs due to spinal cord injury or disease, or brain injury or disease.</p>
Reconstructive Cosmetic Surgery	<p>'RECONSTRUCTIVE COSMETIC SURGERY' means one of the following:</p> <ol style="list-style-type: none"> 1. Reconstructive cosmetic surgery or skin grafting due to accident. The actual undergoing of plastic or reconstructive surgery which is deemed medically necessary for the treatment of disfigurement as a direct result of an accident requiring inpatient hospital treatment of the life insured. 2. Reconstructive cosmetic surgery or skin grafting due to crisis event covered. The actual undergoing of plastic or reconstructive surgery which is deemed medically necessary for the treatment of disfigurement as a direct result of a crisis event covered under the Crisis Recovery benefit under the Life Cover Plan, the PLUS Optional benefit under the Disability Income Plan and the Crisis Recovery benefit.
Rheumatoid Arthritis	<p>'RHEUMATOID ARTHRITIS' means widespread joint destruction with major deformity of three or more of the following joint areas:</p> <p>Hands, wrists, elbows, cervical spine, knees, ankles, metatarsophalangeal joints in the feet. The condition must result in the permanent inability to perform any three of the following Activities of Daily Living:</p> <ul style="list-style-type: none"> • Bathing • Dressing • Eating • Toileting • Transferring
Sickness	<p>'SICKNESS' means illness or disease which Manifests itself after the policy is in force and which results in Total or Partial Disablement.</p>
Spina Bifida (Child Born With)	<p>'SPINA BIFIDA' (Child Born With)</p> <ul style="list-style-type: none"> • The protrusion of a sac containing tissue, cerebrospinal fluid, nerves and part of the spinal cord through an opening in one or more of the vertebrae of the spinal column. • The life insured must be a parent of the child.

Stroke	<p>'STROKE' means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis, where the following conditions are met:</p> <ul style="list-style-type: none"> • There is an acute onset of objective and ongoing neurological signs that last more than 24 hours, and • Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis. <p>Brain damage due to an accident, infection, reversible ischaemic neurological deficit, transient Ischaemic attack, vasculitis or an inflammatory disease is excluded.</p>
Sum Insured	<p>'SUM INSURED' means the Sum Insured for that benefit stated on the policy schedule adjusted by any benefit alterations the policy owner has effected, or which have been imposed by us and notified to the policy owner.</p>
Surgery to the Aorta	<p>'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, intra-arterial procedures or other non-surgical techniques.</p>
Systemic Lupus Erythematosus	<p>'SYSTEMIC LUPUS ERYTHEMATOSUS'</p> <p>Diagnosis must be confirmed by a consultant immunologist or rheumatologist and such diagnosis must be based on the current diagnostic criteria established by the American Rheumatism Association. Pathological evidence of such diagnosis must be provided. There must also be evidence-based involvement of one of the following systems:</p> <ul style="list-style-type: none"> (a) cardiac (b) pulmonary (c) nervous system, or (d) renal involvement. <p>All evidence must be satisfactory to us.</p>
Terminal Illness	<p>'TERMINAL ILLNESS' means the diagnosis of the life insured with an illness which in the opinion of an appropriate specialist physician approved by us, is likely to result in the death of the life insured within 12 months of the diagnosis regardless of any treatment that may be undertaken.</p>
Total and Permanent Disablement (All Duties)	<p>'TOTAL AND PERMANENT DISABLEMENT (ALL DUTIES)' means that:</p> <ul style="list-style-type: none"> (a) the life insured has suffered the total and irrecoverable loss of the: <ul style="list-style-type: none"> – sight of both eyes; – use of two limbs; or – sight of one eye and use of one limb; <p>or</p> (b) the life insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, immediately prior to the Injury or Sickness causing disablement: <ul style="list-style-type: none"> – has been absent from employment solely as a result of Injury or Sickness for an uninterrupted period of at least six consecutive months; and – is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and – at the end of the period of six months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render the life insured unable to perform all of the tasks of his/or her occupation or any other occupation. <p>The life insured is 'Totally and Permanently Disabled (All Duties)' if the life insured satisfies the definition of Total and Permanent Disablement (All Duties).</p>

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

'TOTAL AND PERMANENT DISABLEMENT (ANY OCCUPATION)' means that:

- (a) the life insured has suffered the total and irrecoverable loss of the:
- sight of both eyes;
 - use of two limbs; or
 - sight of one eye and use of one limb;
- or
- (b) the life insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, or where unemployed or on leave without pay for less than six months immediately prior to the Injury or Sickness causing disablement:
- has been absent from employment solely as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months; and
 - is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
 - at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render the life insured unlikely ever to engage in any business, profession or occupation for which the life insured is reasonably suited by education, training or experience.
- or
- (c) the life insured has suffered Loss of Independence.

If the life insured was not engaged in any business, profession or occupation or was on leave without pay for more than six months immediately prior to the time of the Injury or Sickness causing disablement then the Total and Permanent Disablement (Any Occupation) definition will continue to apply.

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

If the life insured is a home-maker at time of Disablement claim then the life insured will be assessed against the definition of 'Total and Permanent Disablement (Home Duties)'.

**Total and Permanent
Disablement
(Home Duties)**

'TOTAL AND PERMANENT DISABLEMENT (HOME DUTIES)' means that:

- (a) the life insured has suffered the total and irrecoverable loss of the:
- sight of both eyes;
 - use of two limbs; or
 - sight of one eye and use of one limb;
- or
- (b) the life insured, where wholly engaged in full-time unpaid domestic duties in his or her own residence:
- has been unable to perform normal domestic duties, leave home unaided and engage in any employment for an uninterrupted period of at least six consecutive months solely as a result of Injury or Sickness; and
 - is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
 - at the end of the period of six months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render him or her likely to require indefinite ongoing medical care and unable ever to perform normal domestic duties, leave home unaided and engage in any form of employment.
- or
- (c) the life insured has suffered Loss of Independence.

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

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

'TOTAL AND PERMANENT DISABLEMENT (OWN OCCUPATION)' means that:

- (a) the life insured has suffered the total and irrecoverable loss of the:
- sight of both eyes;
 - use of two limbs; or
 - sight of one eye and use of one limb;
- or
- (b) the life insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, or where unemployed or on leave without pay for less than twelve months immediately prior to the Injury or Sickness causing disablement:
- has been absent from employment solely as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months; and
 - is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
 - at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render him or her unlikely ever to engage in his or her own occupation.
- or
- (c) the life insured has suffered Loss of Independence.

If the life insured was not engaged in any business, profession or occupation or was on leave without pay for more than twelve months immediately prior to the time of the Injury or Sickness causing disablement, then the Total and Permanent Disablement (Any Occupation) definition will apply.

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

**Total Disablement
(Business Expenses)**

'TOTAL DISABLEMENT (BUSINESS EXPENSES)' means that, **solely due to Injury or Sickness**, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income;
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Business Expenses)' if the life insured satisfies the definition of Total Disablement (Business Expenses).

**Total Disablement
(Disability Income)**

'TOTAL DISABLEMENT (DISABILITY INCOME)' means that, **solely due to Injury or Sickness**, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income; and
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income) means that, **solely due to Injury or Sickness**, the life insured is:

- unable to perform any occupation for which the life insured is reasonably suited by education, training or experience; and
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

If the life insured is on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering the life insured, whichever is the shorter period.

The life insured is 'Totally Disabled (Disability Income)' if the life insured satisfies the definition of Total Disablement (Disability Income).

**Total Disablement
(Disability Income
Accident Only)**

'TOTAL DISABLEMENT (DISABILITY INCOME ACCIDENT ONLY)' means that, **solely due to Accidental Injury**, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income; and
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income Accident Only) means that, **solely due to Accidental Injury**, the life insured is:

- unable to perform any occupation for which the life insured is reasonably suited by education, training or experience; and
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

If the life insured is on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering the life insured, whichever is the shorter period.

The life insured is 'Totally Disabled (Disability Income Accident Only)' if the life insured satisfies the definition of Total Disablement (Disability Income Accident Only).

**Total Disablement
(Disability Income Accident
Only – Occupation E)**

'TOTAL DISABLEMENT (DISABILITY INCOME ACCIDENT ONLY – OCCUPATION E)' means that, **solely due to Accidental Injury**, the life insured is:

- unable to perform all of the duties of his or her occupation and any other occupation;
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income Accident Only – Occupation E) means that, **solely due to Accidental Injury**, the life insured is:

- unable to perform any occupation;
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Disability Income Accident Only – Occupation E)' if the life insured satisfies the definition of Total Disablement (Disability Income Accident Only – Occupation E).

**Total Disablement
(Disability Income
– Occupation E)**

'TOTAL DISABLEMENT (DISABILITY INCOME – OCCUPATION E)' means that, **solely due to Injury or Sickness**, the life insured is:

- unable to perform all of the duties of his or her occupation and any other occupation;
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income – Occupation E) means that, **solely due to Injury or Sickness**, the life insured is:

- unable to perform any occupation;
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Disability Income – Occupation E)' if the life insured satisfies the definition of Total Disablement (Disability Income – Occupation E).

**Total Disablement
– Dual Definition
PLUS Optional benefit**

'TOTAL DISABLEMENT' – Dual Definition PLUS Optional benefit
(Available to Occupation Categories AAA, AA and A only)

Should the life insured fall into the occupation categories of AAA, AA or A and becomes totally disabled, he/she will be assessed under the following definitions for total disablement;

- (a) If you are employed, or have been unemployed or on maternity or paternity leave for 12 months or less immediately before your disablement started, we will consider you to be totally disabled if, **solely due to Injury or Sickness** you are:
- unable to perform the important income producing duties of your usual occupation for more than 10 hours per week; and
 - not working more than 10 hours per week in your usual occupation or any gainful occupation; and
 - under the regular care of and following the advice of a registered Medical Practitioner.

However, if you have been unemployed or on maternity or paternity leave for 12 months or more immediately before your disablement started, we will consider you to be totally disabled if, **solely due to Injury or Sickness** you are;

- unable to perform the important income producing duties of any occupation for which you are reasonably suited by education, training or experience for more than 10 hours per week; and
- not working more than 10 hours per week in any gainful occupation; and
- under the regular care of and following the advice of a registered Medical Practitioner.

Working hours for this benefit will equate to 25 hours per week.

or,

- (b) We will consider you to be totally disabled if **solely due to Injury or Sickness**, you are:
- unable to perform one or more duties of your usual occupation, that is important or essential in producing income; and
 - under the regular care of and following the advice of a registered Medical Practitioner; and
 - not working (whether paid or unpaid).

However if you have been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income) means that **solely due to Injury or Sickness**, you are:

- unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

If you are on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering you, whichever is the shorter period.

Viral Encephalitis

'VIRAL ENCEPHALITIS' means the diagnosis of the life insured with encephalitis due to direct viral infection of the central nervous system. The encephalitis must produce neurological deficit causing permanent and significant functional impairment certified by a consultant neurologist. 'Significant' shall mean at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association. Encephalitis in the presence of HIV infection is excluded.

Waiting Period

'WAITING PERIOD' is stated on the policy schedule and means the number of days at the beginning of a period of Total Disablement, in respect of which no Total or Partial Disablement benefit is payable.

The Waiting Period begins on the earlier to occur of the date:

- the life insured first consults a Medical Practitioner about the condition that is causing the disablement; and
- the life insured first ceases work due to the condition that is causing the disablement as long as it is not more than seven days before the life insured first consults a Medical Practitioner about the condition and provides reasonable medical evidence about when the disablement began.

If during the Waiting Period the life insured returns to work, as defined in our definition of 'full-time' employment, or

- 5 consecutive days or a shorter period for Waiting Period of 14 or 30 days, or
- 10 consecutive days or a shorter period for Waiting Period of 60, 90 days, 1 year or 2 years, then the Waiting Period will not recommence but will be extended by the number of days worked.

If the life insured returns to work for a longer period, the Waiting Period will restart from the day after the last day worked, provided a Medical Practitioner confirms that the life insured is totally disabled.

Complimentary Interim Accidental Death Cover

AIA Australia Limited
(ABN 79 004 837 861 AFSL 230043)
will provide

.....
(name of proposer)

with Interim Accidental Death Cover
in the event of the life to be insured's accidental death.*
(The amount payable is explained overleaf.)

This certificate is valid for 90 days from

.....
(date of application)

or

until the policy is issued or the application is declined or withdrawn,
whichever is the earliest to occur.

.....
Adviser's Signature



Complimentary Interim Accidental Disability Income Cover

AIA Australia Limited
(ABN 79 004 837 861 AFSL 230043)
will provide

.....
(name of proposer)

with Interim Accidental Disability Income Cover
in the event of the total disablement** of the life to be insured due to an Accidental Injury.*
(The amount payable is explained overleaf.)

This certificate is valid for 90 days from

.....
(date of application)

or

until the policy is issued or the application is declined or withdrawn,
whichever is the earliest to occur.

.....
Adviser's Signature



*Refer to Definitions section of this PDS

** "total disablement" means Total Disablement (Disability Income Accident Only) in the Definitions section of this PDS

AIA Australia Limited provides you with Complimentary Interim Accidental Death and Disability Income Cover at no additional cost to you.

This cover is provided from the date the certificate is issued, until the earliest of the following to occur:

- an assessment decision is made; or
- 90 days after the date the application is signed; or

- the policy is issued; or
- the application is withdrawn by the proposer.

Please note your application must be received within 5 working days of the issue date of the certificate.

A payment equal to your first yearly or monthly premium needs to accompany your application form. Your adviser will provide you with this interim cover certificate once you have completed the application form.

The following information applies to the Complimentary Interim Accidental Death Cover certificate

Lump sum amount payable on accidental death under this cover

Life Cover Plan	The lesser of: <ul style="list-style-type: none"> • The total of the sums insured proposed under the Life Cover benefit, Term Cover benefits and the Accidental Death benefit; and • \$1,000,000.
Crisis Recovery Stand Alone benefit	The lesser of: <ul style="list-style-type: none"> • The Crisis Recovery Stand Alone Sum Insured proposed; and • \$5,000.
Disability Income Plan	Three times the Insured Monthly Benefit proposed under the Disability Income benefit up to a maximum payment of \$30,000.

Maximum payment under this cover

The maximum payment under the Complimentary Interim Accidental Death Cover is \$1,000,000.

Risks not covered

The following risks are **NOT** covered.

Death directly or indirectly caused by:

- war (whether declared or not), invasion or civil war;
- intentional self-inflicted injury or suicide; and
- The direct or indirect effects of alcohol and/or drug abuse..

The following information applies to the Complimentary Interim Accidental Disability Income Cover certificate

The benefit will be calculated on a daily basis and will be paid monthly in arrears.

The monthly amount payable on your total disablement under this cover due to an accidental injury

Disability Income cover	The lesser of: <ul style="list-style-type: none"> • the Disability Income Insured Monthly Benefit proposed as shown in the application; • \$5,000; and • the amount that would normally be acceptable under our underwriting rules (medical and financial). <p>The maximum payment under the Complimentary Interim Accidental Disability Income Cover is \$30,000.</p>
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The benefit is payable subject to the following conditions:

- the proposed waiting period for the Disability Income or Disability Income Accident Only benefit must be 14, 30 or 60 days;
- you must be totally disabled for longer than the proposed waiting period;
- the accidental injury must occur after the policy application date but prior to the acceptance or rejection of the application by us;
- the monthly benefit will commence from the end of the proposed waiting period for the remainder of the period of total disablement or for 6 months, whichever is the lesser.

If during the application process we decide to offer a modified policy, the Interim Accidental Disability Income Cover will also be adjusted to incorporate the modified terms. If we require an additional premium due to your medical history or pastimes, the level of your Interim Accidental Disability Income Cover will be recalculated based on your proposed premium.

If you make a claim under the Interim Accidental Disability Income Cover, when we underwrite your application, we will take into account any change in your state of health.

This cover does not apply:

- to any benefit other than total disablement; or
- where the waiting period proposed is 90 days or longer; or
- to total disablement which has been caused by an accidental injury that occurs after this cover ends; or
- to any illness or disease; or
- if an application for a similar type of policy, with any insurer, has been declined, cancelled or withdrawn; or
- if the application is one that we would not normally accept under our standard underwriting guidelines and practices; or
- in respect of any optional benefit added to the Disability Income benefit.

The following risks are NOT covered.

Total Disablement caused by or contributed to by:

- an intentional self-inflicted injury or any such attempt by you or the proposer;
- your participation in any occupation, sport or pastime that we would not normally cover on standard terms;
- An Injury or Sickness that you had before this cover began that you or the proposer didn't tell us about;
- football injuries (all codes);
- normal pregnancy, uncomplicated childbirth or miscarriage;
- the direct or indirect effects of alcohol and/or drug abuse;
- war (whether declared or not) invasion or civil war;
- disease or illness;
- AIDS, AIDS related conditions or HIV.

Definitions

'Account' means the account held at your financial institution from which we are authorised to arrange for funds to be debited

'Agreement' means the Direct Debit Request Service Agreement between you and us

'Business Day' means any day other than a Saturday or Sunday or a public holiday listed throughout Australia

'Debit Day' means the day your debit payment is due

'Debit Payment' means a particular transaction where a debit is made

'Direct Debit Request' means the Direct Debit Request between us and you

'Us' or 'we' means AIA Australia Limited (ABN 79 004 837 861) (Direct Debit User ID 142)

'You' means the customer who signed the direct debit request

'Your financial institution' is the financial institution where you hold the account that you have authorised us to debit

Debiting from your account

The direct debit request and this agreement form the terms of our arrangement. When you sign a direct debit request you authorise us to arrange for funds to be debited from your account as you ask. We will only arrange for funds to be debited from your account as you ask. The only exceptions to this are when AIA Australia has agreed to a temporary variation or if a credit tribunal or other legal tribunal has instructed us to vary the arrangement. If the debit day falls on a day that is not a business day or there is a technical problem we will debit your account on the following business day. We will not vary our arrangement without your prior approval. You should check with your financial institution if you are unsure about which day your account will be debited.

Changes by us

We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days written notice.

We reserve the right to cancel this Direct Debit arrangement if the first payment and/or fees drawing is returned unpaid, otherwise three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternate payment method.

Changes by you

You may change our arrangement by contacting our Policy Services Department on Freecall 1800 333 613. You may change your nominated Direct Debit account details by completing a new Direct Debit Request form, or by arranging it through your own financial institution.

If you wish to stop or defer a debit payment or cancel our authority altogether you must notify us in writing beforehand, giving us at least fourteen days notice before the next debit day, or you can stop, defer or cancel the direct debit through your own financial institution.

Your responsibilities

You must make sure there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with our arrangement.

If there are insufficient funds available you may be charged a fee and/or interest by your financial institution or us. You will need to arrange for the payment to be made by another method, or for funds to be made available in your account by an agreed time so we can process the payment.

You should make regular checks of your account to ensure the payments have been debited correctly. You are liable for any GST payable by us in connection with this agreement.

Dispute

If you believe your account has been debited incorrectly you should contact our Policy Services Department on Freecall 1800 333 613.

If we find that your account has been incorrectly debited we will arrange for your financial institution to adjust your account accordingly (including any fees and charges). We will confirm the amount of the adjustment in writing. If we find your account has not been incorrectly debited we will provide you with reasons and evidence in writing.

Your queries should be directed to us first and if we are unable to resolve the matter it will be referred to your financial institution.

Accounts

Please check with your financial institution that direct debiting from your account is available. Please also check that the account details you provide us with are correct. If you have any queries about how to complete the direct debit request you should speak to your financial institution.

Confidentiality

We will keep any information (including your account details) in your direct debit request confidential. The information will be disclosed only to the extent specifically required by law or for the purposes of this agreement (including in connection with any query or claim). We will make reasonable efforts to ensure that the information is secure and is not accessed by employees for unauthorised use, modification, reproduction or disclosure of that information.

Notice

If you would like to notify us about anything in relation to this agreement, please write to:

Policy Services Department
AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008

Any notice we send you will be by ordinary post to the address you have given us in this request. It will be deemed to have been received two business days after it is posted.

Important contact information

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

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

Policy Services Department

AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008
Freecall: 1800 333 613
Freefax: 1800 832 266 or 03 9009 4824

Claims Department

AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008
Freecall: 1800 333 613
Fax: 03 9009 4127

Privacy Concerns

Compliance Manager

AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008

The Privacy Commissioner

Office of the Federal Privacy Commissioner
GPO Box 5218
SYDNEY NSW 2001
Phone: 1300 363 992

Complaints

Complaints Officer

AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008

Financial Ombudsman Service (FOS)

GPO Box 3
MELBOURNE VIC 3001
Phone: 1300 78 08 08
Fax: (03) 9613 6399
Email: info@fos.org.au

Superannuation Complaints Tribunal

Locked Bag 3060
GPO MELBOURNE VIC 3001
Telephone: 1300 780 808
Fax: (03) 8635 5588

AIA Superannuation Fund

CCSL Limited (Trustee)

ABN: 51 104 967 964
AFSL: No. 287084
GPO Box 3001
MELBOURNE VIC 3001
Phone: 03 9616 8600

AIA Superannuation Contact Person

Freecall 1800 333 613

SMERF Administrator (Funds nominated ERF)

Pillar Administration
Locked Bag 8840
WOLLONGONG NSW 2500
Phone: 1800 114 380
Fax: 1800 118 307

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About AIA Australia

AIA Australia (ABN 79 004 837 861 AFSL 230043) has been operating in Australia for over 30 years. AIA Australia is a subsidiary of American International Assurance Company, Ltd (AIA Group) and a specialist provider of risk management products aimed at protecting the financial health and welfare of Australians.

About the AIA Group

The AIA Group is a leading pan-Asian life insurance organisation with a unique heritage of serving the world's most dynamic region for 90 years. It provides consumers and businesses with products and services for life insurance, retirement planning, accident and health insurance as well as wealth management solutions. Through an extensive network of 250,000 agents and 20,000 employees across 14 geographical markets, the AIA Group serves over 20 million customers in the region.

The AIA Group has branch offices, subsidiaries and affiliates located in jurisdictions including Australia, Brunei, China, Hong Kong, India, Indonesia, Macau, Malaysia, New Zealand, Singapore, South Korea, Taiwan, Thailand and Vietnam. Subject to regulatory approvals, AIG intends to incorporate the Philam Group of Companies, based in the Philippines into the AIA Group.

Customer Freecall: 1800 333 613
Adviser Freecall: 1800 033 490

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