

AXA's Elevate

Adviser Easy Reference Guide



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redefining insura

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Welcome/

Welcome to your Adviser Easy Reference Guide

This reference guide provides you with information about how we manage our individual insurance business.

We understand that to best manage your client's expectations, you need transparency in the guidelines we use. In this guide, you will find some useful tools to help you write individual business with us.

For information regarding our Group Life products, please refer to the Group Life Underwriting Guide. For Platform insurance and Super Directions products, please refer to the relevant administration areas.

We encourage you to call us about any underwriting or claims enquiries you may have. You can contact us at:

AXA Australia
PO Box 14330 Melbourne VIC 8001
Telephone 1800 655 655
www.axaadvantage.com.au

For general enquiries that do not breach client privacy, you can also email us at adviser.requests@axa.com.au.

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Underwriting: general /

Underwriting philosophy

We have a duty to you and your clients to thoroughly evaluate each application we receive and to offer underwriting terms, based on a thoughtful and reasonable assessment of the evidence presented and having regard to the individual circumstances of the case.

We will keep you fully informed about the progress of your applications and will provide you with a logical reason for any decisions we make. It will not always be possible to offer terms that are agreeable to every applicant who submits a proposal, but we will seek to offer alternatives whenever it is practicable and sensible to do so.

We are committed to providing an efficient and competitive underwriting service and will work with you to provide a solution to the insurance needs of your clients.

Underwriting Service Charter

This Underwriting Service Charter affirms our commitment to providing you and your clients with a professional, timely and transparent underwriting service.

Our team

We have a team of Underwriters committed to you and your clients.

Underwriters	Our Underwriters are located across Australia. We share a sophisticated work allocation system designed to treat all applications in the most efficient way possible. In the vast majority of cases, your applications will be assessed in a region near you. We can also call on resources in other regions in times of high demand.
Senior Underwriters	Our most experienced Underwriters handle your large and complex cases. Their knowledge means that the right questions are asked at the right time, ensuring that high value cases are addressed professionally and efficiently.
Field Underwriters	Our Underwriters are supported by Field Underwriters, who are able to partner with you to assist with complex or large cases. These cases may require highly technical underwriting involvement, and our Field Underwriters are on hand to help.
Chief Medical Officer and Senior Medical Officers	All our underwriting sites benefit from the experience of our resident Chief Medical Officer in the assessment of complex medical histories. Each underwriting site also has access to visiting Senior Medical Officers, who are specially trained in insurance medicine.

Our commitment to you

Communication	<p>We will keep you fully informed of the progress of your risk applications. This includes:</p> <ul style="list-style-type: none"> ▪ Advise and explain all decisions.¹ ▪ Advise and explain any further underwriting requirements.¹ ▪ Advise any alternative offers if we are unable to offer the proposed cover.¹
Progress and enquiries	Our online enquiry system, AXA Online, allows you to view the status of your applications, and lodge underwriting and claims enquiries, which are automatically directed to our work management system.

¹ We offer these services by telephone where possible to minimise delays.

Underwriting: general

Our commitment to your client

The decision	We will thoroughly review each application and provide the best decision possible, consistent with our risk management philosophy. Before declining any proposal we will explore alternative solutions through our Alternative Offer Forum. We will also seek the guidance of our Medical Consultants and Reinsurers where appropriate.
Alternative Offer Forum	<p>The Alternative Offer Forum is a daily discussion group lead by our more Senior Underwriters. In the Forum, the Senior Underwriters discuss individual insurance cases that may be declined or offered with non standard terms with a view to considering alternative solutions.</p> <p>Where appropriate, an adverse decision will be referred to our Alternative Offer Forum to discuss alternative terms that may be available. These alternatives could include offering loadings, exclusions, adjustments of the plan term (referred to as limited term plans), adjustment of benefit or waiting periods or even other types of cover.</p>
Medical Information	<p>We will advise your client's doctor directly (where authorised) of the reasons behind our decisions, to avoid undue delay and worry for the client while they wait for an explanation of the underwriting decisions or test results.</p> <p>Should any new issues relating to your client's health come to light during their medical assessment, we will ensure that information is relayed to their doctor directly (where authorised).</p> <p>Please note we are unable to disclose or discuss sensitive client medical information with advisers, unless the client has specifically authorised us to do so.</p>
Financial Information	We will contact your client's accountant directly (where authorised) to expedite the financial underwriting process.
Telephone Underwriting	We will contact your client directly (if an authority is provided), to obtain the answers to missing questions, and to seek clarification of information provided, in order to expedite the processing of the application.

Contact us

Contact Centre	<p>Our Contact Centre is staffed with fully qualified consultants ready to assist you with your query. Please ensure that you have your adviser number ready.</p> <p>Alternatively, for general enquiries that do not breach client privacy, you can also email us at adviser.requests@axa.com.au.</p>	1800 655 655
AXA Online	Go to AXA Online for a view on the status of your applications and to submit underwriting and claims enquiries on specific proposal and plan numbers.	www.axaonline.com.au
Underwriting	<p>For underwriting queries, please contact the Underwriter assigned to your client. The Underwriter would have advised you over the phone of their contact details on initial assessment of the case.</p> <p>For pre-lodgement enquiries, please telephone our Contact Centre. To submit underwriting evidence please fax documentation where possible to expedite the process, or upload via our secure Insurance Submissions facility in AXA Online.</p>	www.axaonline.com.au 1800 674 684 (fax)
Underwriting forms	Underwriting related forms can be downloaded from our website.	www.axaadvantage.com.au
Field Underwriting	Should you need assistance with large and complex cases, a Field Underwriter can assist you.	Contact your Field Underwriter

Our underwriting process

Step	Task	Method of delivery of service	Contact point	Contact details
1	Application lodged – Completed application delivered to AXA.	Mail, fax or AXA Online	New Business Administration	Mailing address: PO Box 14330 Melbourne VIC 8001 Facsimile: 1800 674 684 Telephone: 1800 655 655
2	Application registered – Plan number allocated, application imaged and registered onto the Work Management System.	N/A	View progress on AXA Online	
3	Initial assessment – If there are no further requirements go to step 5. Request missing requirements, if unable to obtain through telephone underwriting. Call and explain any further requirements. Medical reports, paramedicals and pathology requested and arranged through Unified Healthcare Group (UHG). Request information from client's accountant (where authorised).	Telephone followed by a fax sent to the adviser outlining the requirements that cannot be obtained through Telephone Underwriting	Contact Centre	
4	Requirements received – Completed requirement(s) obtained and delivered to AXA.	Mail, fax, telephone or via AXA Online	New Business Administration	
5	Final assessment made – If standard acceptance go to step 6. Otherwise all avenues to achieve the best possible decision are pursued, including: <ul style="list-style-type: none"> ▪ Presentation to the Alternative Offer Forum ▪ Consultation with the Chief Medical Officer ▪ Referral to the Reinsurers if required 	N/A	View progress on AXA Online Contact Centre	
6	Decision explained – Adviser contacted to discuss final decision.	Telephone or fax (if contact by phone not possible)	View progress on AXA Online	
7	Letter sent to client's doctor explaining reason(s) for decision (if authorised/ requested) and we are unable to disclose to client directly.	Mail	Contact Centre	
8	Revised terms offer – Revised terms offer sent to Adviser.	Fax		
9	Revised terms agreed – Revised Terms offer signed and returned to AXA.	Mail, fax or via AXA Online	New Business Administration	
10	Plan completed – Plan is completed on system, confirmation is issued to adviser, commission paid and plan document sent to client.	Mail / Fax	View progress on AXA Online Contact Centre	

Note: A small number of administrative requirements (eg tax file number, commission details) may still be requested before completion, if not submitted with the application.

Height and weight guide

Overweight

Research has shown that being overweight is associated with being at an increased risk of a number of diseases such as heart attack, stroke, diabetes and hypertension.

The Body Mass Index (BMI) has become widely accepted as a way to measure body weight in comparison to height. The BMI is easy to calculate and can be applied regardless of gender. A BMI within the range of 20 to 25 is considered healthy while greater than 25 is considered overweight. A BMI greater than 30 is considered obese and a premium loading may apply depending on the benefit type, the terms and conditions applied for and the presence of any other risk factors. Other risk factors may include high blood pressure, raised cholesterol or family history of heart disease. BMI is calculated by dividing the body weight in kilograms by the square of the height in metres (kg/m²).

For example:

Weight 90kg and Height 180cm
BMI = Weight / Height x Height
BMI = 90 / (1.8 x 1.8) = 28 BMI

We are now using the BMI as a simple way to indicate to you when a mandatory medical examination or mini check examination may be required. Our general approach is described below:

All products – all ages

BMI range	Requirements
BMI up to 31	Personal statement
BMI between 32 and 39 ¹	Personal statement and mini check examination ²
BMI 40+	Personal statement, full medical examination/paramedical and MBA20

1 An MBA20 will be requested where the BMI is 35 or above

2 Mini check examination: an abridged version of the medical examination that can be performed by a registered nurse

Please note that the Underwriter may call for a medical examination at a lesser BMI at their discretion, taking into account all risk factors that may be present. In some instances the Underwriter may be able to offer your client a choice of assessments. For example, a longer waiting period for Income Insurance may mean that a premium loading may not be necessary or can be reduced.

Underweight

Being underweight may be associated with, or a sign of a number of diseases including cancer, bowel disease or an eating disorder.

A BMI of less than 20 is considered underweight. A medical examination may be required when the BMI is 18 or less. Please contact an Underwriter to discuss.

Guide to common medical conditions

Legend

Medical evidence

PS	Personal statement
ECG	Electrocardiogram
PMAR	Private Medical Attendant's Report
ME	Medical examination
Mini check examination	An abridged version of the medical examination that can be performed by a registered nurse
Q're	Questionnaire or full details on personal statement if no specific questionnaire available
Q're/PMAR	Questionnaire first then possibly a PMAR
MBA20	Multiple Biochemical Analysis blood test
Lipid Profile	Cholesterol and triglyceride blood test

Assessments

Std	Standard rates will usually apply (that is, standard mortality or morbidity)
+50 ¹	50% extra mortality/morbidity
+75 ¹	75% extra mortality/morbidity
+100 ¹	100% extra mortality/morbidity
+150 ¹	150% extra mortality/morbidity ²
+200 ¹	200% extra mortality ²
+250 ¹	250% extra mortality ²
+300 ¹	300% extra mortality ²
+350 ¹	350% extra mortality ²
+400 ¹	400% extra mortality ²
+450 ¹	450% extra mortality ²
+500 ¹	500% extra mortality ²
E	Cover may be offered with an exclusion clause
PP	Cover not available at this time
D	Cover will be declined
IC	Individual Consideration

1 An extra premium loading will apply

2 In-built Convertibility and CPI are not available

Underwriting: general

This section following provides you with an indication of our underwriting approach to the more common medical conditions. It is intended as a guide only and individual circumstances will vary.

Please note the assessments indicated are a guideline only. Underwriters also take into account what are known as 'credit' and 'debit' factors in the person's risk profile. Alternative assessments may be offered (for example limited terms, exclusions, loadings, longer waiting periods and shorter benefit periods) or cover may be declined depending on the presence of these other factors. Limited plan terms may be offered as alternatives on Life, TPD or Trauma insurance. Limited plan terms are not available for Income Protection.

Condition type	Trauma & ADL		TPD	IP (30 day WP)	Medical evidence
	Life	TPD			
Alcohol dependence normal liver tests, no neurological or mental disorder. Total abstinence for 0 – 3 years	200-PP	PP	PP	D	PMAR and MBA
Alcohol dependence normal liver tests, no neurological or mental disorder. Total abstinence for 4 – 6 years	50-100	50-100	IC	D	PMAR and MBA
Anxiety (well treated or fully recovered)	Std-D	Std-D	IC	IC	Q're/PMAR
Arthritis – Osteoarthritis	Std	Std	E-D	E-D	PMAR
Arthritis – Psoriatic	50-100	50-D	E-D	E-D	PMAR
Arthritis – Rheumatoid	50-100	50-D	E-D	E-D	PMAR
Asthma mild	Std	Std	Std	Std-50	Q're
Asthma moderate	50	50	50-100	50-100	PMAR
Asthma severe	100-D	50-D	D	D	PMAR
Back Disorders – Disc Prolapse	Std	Std	E	E	Q're/PMAR
Back Disorders – Laminectomy	Std	Std	E	E	Q're/PMAR
Back Disorders – Scheuermann's	Std	Std	E	E	Q're/PMAR
Back Disorders – Severe Scoliosis	Std	Std	E	E	Q're/PMAR
Back Disorders – Spinal Fusion	Std	Std	E	E	Q're/PMAR
Back Disorders – Spinal Stenosis	Std	Std	E	E	Q're/PMAR
Back Disorders – Spondylolisthesis	Std	Std	E	E	Q're/PMAR
Back Disorders – Spondylosis	Std	Std	E	E	Q're/PMAR
Back Disorders – All other back complaints	Std	Std	IC	IC	Q're/PMAR or multiple risk factors
Blindness – Unilateral	Std	E	E	E	PS
Blindness – Bilateral	Std	E	E-D	IC	PS/PMAR
Blood Pressure – refer to Cardiovascular Disease					
Bronchitis – acute complete recovery	Std	Std	Std	Std	Q're
Bronchitis – chronic (rating range depends on severity and smoker status)	50-D	50-D	50-D	D	PMAR

Condition type	Trauma & ADL		TPD	IP (30 day WP)	Medical evidence
	Life	TPD			
Cancer – all types (after recovery)	IC	IC	IC	IC	PMAR
Cardiovascular Disease – Angina	50-D	D	D	D	PMAR, ME, ECG
Cardiovascular Disease – Heart attack or bypass surgery (depends on type, the degree, duration since episode, age and other risk factors)	IC	D	D	D	PMAR, ECG, ME
Cardiovascular Disease – Heart valve surgery	50-D	D	D	D	PMAR, ME
Cardiovascular Disease – high blood pressure, well controlled on treatment for > 3 months (no other risk factors)	Std	IC	Std	Std	PMAR
Cardiovascular Disease – high blood pressure, not well controlled, no treatment, or treatment started within 3 months	50-PP	PP	PP	PP	PMAR
Cardiovascular Disease – stroke (will depend on severity and duration since stroke, type, age, recovery)	Std-D	D	D	D	PMAR
Cholesterol on medication with a normal reading	Std	IC	Std	Std	PMAR, may require MBA with lipid profile
Cholesterol – abnormal reading	IC	IC	IC	IC	PMAR, may require MBA with lipid profile
Coeliac Disease – well controlled with diet or medication, no symptoms or complications	Std-100	Std-100	Std-100	50-D	PMAR
Coeliac Disease – with symptoms, not well controlled	100	D	D	D	PMAR or ME
Crohn's Disease (Rating will depend on complications, number of episodes, treatment and time elapsed since last episode)	50-250	50-D	E-D	E-D	PMAR or ME
Deafness – Progressive (cause known)	IC	IC	IC	IC	PMAR
Deafness – Unilateral (cause known)	Std	E	Std-E	E	PMAR
Deafness – Bilateral (cause known)	Std-50	E	E	E	PMAR
Depression (well treated or fully recovered)	Std-D	Std-D	IC	IC	Q're/PMAR
Dermatitis/Eczema (See Skin Disorders)					
Diabetes Type I (Insulin dependent)	50-D	E-D	D	D	PMAR or ME, and results of most recent blood tests
Diabetes Type II (Non-Insulin dependent)	50-D	E-D	75-D	D	PMAR or ME, and results of most recent blood tests

Underwriting: general

Condition type	Trauma & ADL		TPD	IP (30 day WP)	Medical evidence
	Life	TPD			
Drug Abuse – current	D	D	D	D	Nil
Drug Abuse – within 3 years last use	PP	D	D	D	Nil
Drug Abuse – total abstinence 3 – 5 years	IC	D	D	D	Q're, PMAR
Drug Abuse – total abstinence > 5 years	IC	IC	IC	IC	Q're, PMAR
Emphysema – mild	50-100	100-D	100-D	D	PMAR or ME
Emphysema – moderate to severe	100-D	D	D	D	PMAR or ME
Endometriosis – full recovery	Std	Std-E	Std-E	Std-E	Nil
Endometriosis – under treatment	Std-50	Std-50	50-E	50-E	PMAR
Epilepsy – within 1 year of diagnosis	PP	PP	PP	PP	Nil
Epilepsy – > 1 year since diagnosis, depending on number of attacks	Std-PP	Std-D	50-D	50-D/E	Q're, PMAR
Gall Stones – removed, full recovery	Std	Std	Std	Std	PS, may require PMAR if recent
Gall Stones – present	50-100	Std-50	E	E	PMAR
Gout – depending on uric acid levels and presence of arthritis	Std-150	Std-100	Std-E	Std-E	Q're, PMAR
Haemochromatosis – under medical supervision	Std-D	IC	IC	IC	PMAR
Haemorrhoids	Std	Std	Std-E	Std-E	PS/PMAR
Hay Fever	Std	Std	Std	Std	Q're/PMAR
Hepatitis A – full recovery > 6 months	Std	Std	Std	Std	Q're/PMAR
Hepatitis B – full recovery > 6 months	Std	Std-PP	Std-50	Std-PP	PMAR, MBA, Hepatitis serology
Hepatitis B – carrier	50-D	75-D	50-D	50-D	PMAR, MBA, Hepatitis serology
Hepatitis C	50-D	50-D	IC	IC	PMAR, MBA, Hepatitis serology
Hernia – 3 months post operation or no operation planned	Std-50	Std-50	Std-E	Std-E	Q're
Hysterectomy – for benign disease, full recovery	Std	Std	Std	Std	Q're/PMAR
Indigestion	Std-50	Std-50	Std-50	Std-100	Q're/PMAR
Iritis – no underlying disease, full recovery, no residual visual impairment	Std	Std	Std	Std	PS, PMAR
Iritis – present, no underlying disease	Std	E	E-PP	E-PP	PS, PMAR
Irritable Bowel Syndrome – mild, fully investigated (this rating excludes any additional rating for any underlying cause)	Std	Std	Std	0-50	PS/PMAR

Condition type	Life	Trauma & ADL TPD	TPD	IP (30 day WP)	Medical evidence
Irritable Bowel Syndrome – moderate, fully investigated (this rating excludes any additional rating for any underlying cause)	Std	Std	Std	50-100	PMAR
Irritable Bowel Syndrome, not investigated	IC	IC	IC	IC	PMAR
Kidney Stones – history of, no kidney damage, blood pressure and urine normal	Std-50	Std-50	Std-50	Std-E	PMAR or ME
Kidney Stones – present, recurrent or with symptoms/kidney damage	IC	IC-D	PP	PP	PMAR or ME
Knee disorders – cartilage, ligament, recurrent pain, unstable joint, reconstruction, or other surgery. No manual work	Std	Std	IC	IC	Q're
Knee disorders – cartilage, ligament, recurrent pain, unstable joint, reconstruction, or other surgery. Manual work	Std	Std	E	E	Q're
Lupus – Discoid Lupus (SLE excluded)	Std-50	Std-50	PP-E	PP-E	PMAR
Lupus – Systemic Lupus Erythematosus (SLE)	PP-100	IC	IC	IC	PMAR
Leukaemia – Acute or chronic (Fully recovered)	IC	IC	IC	IC	PMAR
Malignant Melanoma – all types, adequate follow up. Rating will depend on staging of tumour	IC	IC	IC	IC	Q're/PMAR or pathology results
Meniere's Disease – tumour and cardiovascular disorder ruled out	Std	Std	E-D	E-D	PMAR
Multiple Sclerosis – mild to severe	50-D	D	D	D	PMAR
Paralysis as a result of trauma	IC	IC	D	D	PMAR
Parkinson's Disease – mild to severe (ages >40 only)	50-D	D	D	D	PMAR
Pleurisy (Dry Pleurisy) – fully recovered	Std	Std	Std	Std	PS/PMAR
Pleurisy (Exudative Pleurisy) – fully recovered	Std-50	Std-50	50-PP	IC	PMAR
Pneumonia – history of, full recovery	Std	Std	Std	Std	PS/PMAR
Prostatitis – acute, mild to moderate	Std	Std-50	Std-50	Std-E	PMAR
Prostatitis – chronic	50	50-100	E	E	PMAR
Psoriasis – no arthritis, mild	Std	Std	Std	Std	Q're
Psoriasis – no arthritis, moderate to severe	Std	Std	E	E	Q're/PMAR
Psoriasis – Psoriatic Arthritis	50-100	50-D	E-D	E-D	Q're, PMAR
Pterygium – present	Std	E	E	E	PS
Pterygium – history of	Std	Std	Std	Std	PS
Ross River Virus – present	PP	PP	PP	PP	PS
Ross River Virus – history of, full recovery, no complications > 6 months since last symptoms	Std	Std	IC	IC	PMAR
Sleep Apnoea – sleep study performed	Std-D	Std-D	50-D	50-D	PMAR

Underwriting: general

Condition type	Life	Trauma & ADL TPD	TPD	IP (30 day WP)	Medical evidence
Skin Disorders Eczema/Dermatitis, See also Psoriasis	Std	Std	Std-E	Std-E	Q're
Tendinitis – present	Std	Std	E	E	Q're
Tendinitis – history of, no time off work, 12 months symptom free, no manual work	Std	Std	Std	Std-E	Q're
Thyroid Disorder – Hyperthyroid (Graves Disease) – present, mild	Std-50	50	PP	PP	PMAR
Thyroid Disorder – Hyperthyroid (Graves Disease) – Moderate – Severe	100-D	D	D	D	PMAR
Thyroid Disorder – Hyperthyroid (Graves Disease) – history of, well controlled on treatment for > 6 months	Std-50	Std-50	Std-50	Std-50	PMAR
Thyroid Disorder – Hyperthyroid (Graves Disease) – history of, surgical treatment >12 months ago	Std	Std	Std	Std	PMAR
Thyroid disorder – Hyperthyroid – congenital	50-100	50-100	IC	IC	PMAR
Thyroid disorder – Hyperthyroid – acquired, with successful treatment	Std	Std	Std	Std	PMAR
Thyroid disorder – Hypothyroid – untreated	P	P	P	P	PMAR
Thyroid disorder – Hypothyroid – successful treatment, no symptoms, no complications	Std	Std	Std	Std	PMAR
Thyroid disorder – Hypothyroid – other cases	+100 to D	D	D	D	PMAR
Tinnitus – present	Std-50	IC	E-D	E-D	PS/PMAR
Tinnitus – history of, > 6 months symptom free, no underlying cause	Std	Std	Std	Std	PS/PMAR
Ulcer (Peptic) – history of, fully recovered	Std-50	Std-50	Std-50	Std-E	Q're/PMAR
Ulcer (Peptic) – present, mild	Std-50	Std	Std-50	E	Q're, PMAR
Ulcer (Peptic) – present, moderate/severe	Std-50	IC	E	D	Q're, PMAR
Ulcer (Peptic) – present, chronic	50-100	IC	D	D	Q're, PMAR
Ulcerative Colitis – medically treated, mild	Std-100	50-100	E	IC	PMAR or ME
Ulcerative Colitis – medically treated, moderate	50-150	100-D	E-D	IC	PMAR or ME
Ulcerative Colitis – medically treated, severe	50-D	100-D	D	D	PMAR or ME
Ulcerative Colitis – surgically treated < 6 months	PP	PP	D	D	PMAR
Ulcerative Colitis – surgically treated > 6 months	Std-50	50-100	D	D	PMAR or ME
Ulcerative Colitis – surgically treated > 5 years	Std	Std	E	E	PMAR or ME
Varicose Veins – legs	Std	Std	Std	Std-E	PMAR
Varicose Veins – haemorrhoids	Std	Std	Std	Std-E	PMAR

Paramedical provider – UHG

We have available a mobile pathology/paramedical provider, Unified Healthcare Group (UHG), to assist with the provision of medical requirements anywhere. UHG's Health Screening Services team will manage all requests including:

- Mobile paramedical exams
- Mobile blood tests and ECGs, and
- GP exams, specialist exams and exercise stress tests.

In most cases your client can have a required medical examination and any blood samples taken at a time and place convenient for them. UHG will look after the appointment and medical requirements for you.

In some instances a client will reside in an area not serviced by UHG's extensive national network of nurses/paramedicals. On these occasions the client will need to be examined by a general practitioner. In these circumstances UHG will arrange the general practitioner examination.

You may wish to make alternative arrangements yourself for medical examinations and tests. Please ensure our administration area is notified by noting this clearly in the application form under the Adviser and Commission details. This ensures that we do not inconvenience your client by duplicating arrangements and requirements.

UHG (preferred provider)

Phone: 1800 101 984

Fax: 1800 707 697

Website: <http://client.uhg.com.au/lifedata>

UHG offers you a one-stop solution for all your medical requirements. With a single login at the above website, you are able to lodge health screening requests and track the progress of all your client's medical requirements including PMARs.

For more information, contact UHG's dedicated adviser support team by phone or email adviser.relations@uhg.com.au

Should you require an alternative provider please contact Pathrec on 1800 066 895.

Residency

Availability of cover

Generally, only applicants with permanent Australian residency status may be considered for insurance cover. Non-residents who return to their own countries are subject to different insurance legislation and disputes forums.

Terms for life, trauma and TPD may be considered for temporary residents seeking permanent residence in Australia, subject to underwriting approval prior to lodgement of the application. Details will be required including:

- full details of the type and nature of visa (please provide a copy)

Underwriting: general

- a copy of the letter from the Immigration Department with details of and status of permanent residence application
- any other information that could be helpful including details of any assets held in Australia or other family members who are permanent residents etc.

Terms for income insurance may be considered for some temporary residents on business working visas. Conditions apply, please refer to page 46 for further information. Because of the conditions and obligations attached to working visas under immigration law, certain terms apply to this contract. Please contact an immigration specialist at the Department of Immigration and Citizenship (DIAC) for advice.

Australian residents working or travelling overseas

Cover for Australian residents who are travelling or working overseas will need to be approved by the Underwriter, and will be considered on an individual basis. In some instances cover will not be available and will be declined until return to Australia, or an extra premium or exclusion may apply to cover any extra risk such as political unrest.

Australian residents who intend to work or travel overseas for extended periods of time are usually not eligible for Trauma, TPD or Income Protection.

Generally we are guided by the advice of our Reinsurers and the Department of Foreign Affairs and Trade (www.dfat.gov.au) in considering these applications.

The DFAT website has been updated and now includes five levels of advice which are allocated to any areas around the world that may be of concern to individuals when travelling. They are:

- 1 Be alert to your own security
- 2 Exercise caution
- 3 High degree of caution
- 4 Reconsider your need to travel
- 5 Do not travel

Applications will be declined for clients travelling to areas covered by Level 4 or 5 advices. Exclusions may apply to clients travelling to areas covered by a Level 3 advice. Country specific exclusions are available for short-term travel subject to confirmation that insurance will not be cancelled on return.

Querying underwriting decisions

Please refer all queries regarding underwriting decisions to the Underwriter who made the decision. They will be able to explain the assessment to you to assist you in your discussions with your client.

There may be circumstances where you understand and agree with the assessment, however feel an adverse underwriting decision may have a detrimental effect on AXA. For example, any future business this client may generate (additional cover, investments and superannuation schemes etc) could be dependent on the acceptance of the risk business.

In these instances, we ask that you submit in writing an explanation as to why an alternative assessment should be considered.

The following criteria will be used when assessing a business case:

- the value of your current or future related business
- current value of the client, including business contained within other product lines or AXA companies, and
- the future potential of the client.

The business case should be referred to the Underwriting Manager for consideration. Business decisions of this nature will be discussed with the Product Manager.

Conversions and transfers

Conversion and transfer of individual insurance cover

AXA individual life, trauma and TPD may be converted to an equivalent AXA Insurance Plan provided the original insurance included a conversion feature and subject to certain requirements (listed below).

Note: Life and TPD insurance can be converted to the Life Insurance Superannuation Plan. The new plan can be held under the Super Directions Fund or the North Personal Superannuation and Pension Fund. The 13 month suicide clause on life cover and the 90 day qualifying period on trauma cover will be waived as long as the converting plan and equivalent benefits have been in force for this period of time.

Plans that can be converted include AXA Individual Insurance, Insurance held under Personal Super Directions, Flexipol, Provider, Goldline, FSP, RSP and Conventional Plans (such as Whole of Life and Endowment). The requirements include:

- Any loadings, restrictions or exclusions on the existing cover will apply to the new plan.
- If the existing plan has been loaded greater than 100 per cent, conversions are not allowed unless the existing plan has in-built convertibility which has not been deleted.
- An increase in the term of cover is only allowed for stepped plans.
- If the current plan is reinsured then automatic conversion may not be available. Further information may be required and will be determined by the Underwriter once the application form has been received and may involve a request for medical and financial information. Permission will also need to be obtained from the reinsurer.
- The life insured must be the same on both plans.
- New business commission is only payable on any increase in premium.
- The commission style (ie upfront, hybrid or flat) of the replacement plan must be the same as the plan that it is replacing.
- Any increase to the sum insured will require underwriting.
- Income protection and business expenses protection cannot be converted (except into the Senior Professionals Plan if certain criteria are met – see below).
- Age rules and other conditions apply.

Underwriting: general

All conversions are subject to the following underwriting requirements:

- Application summary of the current application form
- Signed and dated Declaration & Consent section
- If converting insurance to a superannuation plan held under the Super Directions Fund ABN 78 421 957 449 or under the North Personal Superannuation and Pension Fund ABN 92 381 911 598, Nomination of Dependents, Tax File Number and Superannuation Membership must be completed.

Conversions for conventional insurance

A + B – C

where:

A = basic sum insured

B = total annual (reversionary) bonuses that have been allocated to the plan

C = gross surrender value

- If the conversion is completed the conventional insurance plan will be cancelled with the plan owner receiving the gross surrender value.
- If there is supplementary insurance then this can be added to the new plan provided there is an equivalent insurance product/option available.
- Annual bonuses are only allocated at the plan anniversary each year. If the conversion is completed before the plan anniversary then any unallocated/not declared bonuses will be forfeited.

Conversions into Income Insurance Senior Professionals Plan

Conversion of income insurance cover to an Income Insurance Senior Professionals Plan may be available to plan holders of Income Insurance Plus and Income Insurance Professional Plans subject to the following requirements:

- The life insured must be classified 'MP', 'AA' or 'A'.
- The maximum replacement ratio is up to 50 per cent of personal exertion income to a maximum of a \$6,000 monthly benefit.
- The life insured must be gainfully employed full-time.
- The life insured must have had no claims under the pre-existing plan in the two years prior to the date the plan ended.
- The application is received within 60 days after the pre-existing plan ends.
- When applying, you must provide us with the application summary of the current application form, insurance details, smoking status, occupation and income details, signed and dated application and signature section.

Conversions or transfers into platform insurance

A conversion into Summit or Generations is not automatically available. A transfer declaration is required in the first instance in all situations. The transfer declaration is not required where insurance is transferred between platform products (ie: Generations to Summit or Summit to Generations).

Please talk to your BDM regarding your specific case.

Conversions or transfers from business super

Transfer of insurance cover to one of AXA's Elevate Insurance Plans may be available to a member from Super Directions for Business, Simple Super (SS) or Tailored Super (TS), subject to the following requirements:

- Full underwriting will be required if the existing sum insured was not underwritten or for any increase in the sum insured.
- Any loadings, restrictions or exclusions on the existing cover will apply to the new plan.
- If the existing plan has been loaded 100 per cent or greater, a conversion exclusion will be applied to the new plan.
- The maximum age for a transfer of life insurance is 65.
- The maximum age for a transfer of TPD insurance is 50.
- The life insured must be the same on both plans.
- New business commission is only payable on any increase in premium.
- Limitations may apply to reinsured business. Permission will have to be obtained from the relevant reinsurer.
- Temporary but Total Disablement (TTD) cover cannot be converted.
- Age rules and other conditions apply.

All transfers are subject to the following underwriting requirements:

- Application summary of the current application form
- Residence and travel details
- Insurance details
- Smoking question
- Sports and pastimes details
- Occupation details (TPD and salary continuance)
- Income details (TPD and salary continuance)
- Signed and dated application and signature section.

In-built convertibility and CPI

In-built convertibility and CPI are not available for cover exceeding 100 per cent extra mortality/morbidity.

Continuation Options

Continuation Option from group insurance to AXA's Elevate insurance

A Continuation Option may be available when a member leaves an AXA group plan such as their employer's Group insurance plan, Summit or Business Superannuation fund. The member may wish to continue their insurance cover through one of AXA's Elevate insurance plans.

Provided a Continuation Option is available from the plan and the requirements applicable to the benefits are met, the continuation of cover to one of AXA's Elevate insurance plans will be available without the need for additional medical evidence. Underwriting of the occupation, smoking status, pursuits, residence/travel, insurance and financial information is still required.

All Continuation Options are subject to the following underwriting requirements:

- Continuation Option application form provided by AXA Group Insurance Administration and signed by the member
- Application summary of the current application form
- Residence and travel details
- Insurance details
- Smoking question
- Sports and pastimes details
- Signed and dated application and signature section.

In addition, if the Continuation Option is for Salary Continuance or TPD the following is also required:

- in the first instance the full completion of the occupation and income sections of the personal statement will be required and is subject to underwriting.

The Continuation Option expiry date will be 60 days (depending on the conditions of the plan) after ceasing employment with the employer who is the owner of (or party to) the Group Insurance plan. No extensions to this date will be available. Continuation Options are not available upon the closure of a plan.

Please note that if the client exercises a continuation option from a Business Superannuation Plan for death or death and TPD cover, any cover they have in the Super Directions Rollover section that was transferred from their original Business Superannuation Plan will cease.

Once the Continuation Option form has been issued, any further queries should be addressed to your AXA Business Development Representative on 1800 655 655.

Continuation Option from Children's Trauma Option to the Trauma Insurance Plan

A Continuation Option may be available when the nominated child on a Children's Trauma Option is between the ages of 16 and 21 and wishes to continue their trauma insurance cover through AXA's Trauma Insurance Plan. This is subject to the following requirements:

- Any loadings, restrictions or exclusions on the existing cover will apply to the new plan
- The life insured must be the same on both plans
- Any increase to the sum insured will require underwriting
- Age rules and other conditions apply.

Provided the requirements for the continuation option are met, the continuation of trauma cover through AXA's Trauma Insurance Plan will be available without the need for additional medical evidence.

This Continuations Option is subject to the following requirements:

- Application summary of the current application form
- Residence and travel details
- Insurance details
- Smoking question
- Occupation details
- Sports and pastimes details
- Signed and dated application and signature section.

The Continuation Option will expire when the nominated child turns 21, no extensions to this date are available.

Takeover terms (from another insurer)

We may accept individual risk insurance that has been underwritten by any other insurance company provided the conditions below are met. Transfers are only allowed for life, trauma and TPD and income protection insurance. Transfer terms are not available for business expenses.

Takeover criteria

The plan being transferred must satisfy the following criteria before a transfer can take place:

- for term, trauma and TPD insurance the maximum transfer age for the person to be insured is 60 years
- for income protection insurance the maximum transfer age for the person to be insured is 55 years
- the transferring plan must be in force
- for term, trauma and TPD insurance the transferring plan must have been fully underwritten within the last 5 years
- for income protection insurance the transferring plan must have been fully underwritten within the last 3 years
- the transferring plan must have been accepted at standard rates
- the transferring plan must transfer to a similar type of contract, for example stand alone trauma may not be automatically transferred to a plan containing life cover

Underwriting: general

- the occupation rating of the new AXA plan will be the rating AXA applies to the client's occupation. The occupation rating applied will determine the benefit period, waiting period and options available
- any existing exclusions on the transferring plan will apply to the new plan
- for life cover the maximum sum insured cannot exceed \$3 million
- for trauma cover the maximum sum insured cannot exceed \$1 million
- for TPD cover the maximum sum insured cannot exceed \$2 million
- for income protection insurance the maximum monthly benefit cannot exceed \$10,000, and
- the 13 month suicide clause on life cover and the 90 day qualifying period on trauma cover will be waived as long as the transferring plan and equivalent benefits have been in force for this period of time.

Takeover requirements

If the takeover criteria are fully satisfied, the following evidence is required:

- fully completed Takeover form (containing short form personal statement)
- the original plan document
- the original plan schedule, and
- the most recent renewal notice.

Mandatory medical and financial evidence will be waived, however full discretionary underwriting still applies. The Underwriter may still request medical or financial evidence on a discretionary basis.

The original plan schedule and latest renewal notice are required to provide evidence of:

- the transferring plan being currently in force and premiums paid
- the benefit amount and type (including CPI increases)
- acceptance at standard rates and details of any exclusions or restrictions, and
- confirmation that the plan is not being transferred to another insurer.

If these pieces of evidence are not available we may be able to accept alternative evidence, provided the above information is adequately disclosed to the satisfaction of the Underwriter.

Fully underwritten replacement plans (without takeover terms)

Where life cover and trauma cover are cancelled with another insurance company, and replaced with a new AXA plan, the 13 month suicide clause on life cover and the 90 day qualifying period on trauma cover will be waived as long as the original plan and the equivalent benefits have been in force for this period of time. The original plan document, original plan schedule and most recent renewal notice from the transferring external plan will still need to be submitted for these waivers to occur.

Reinstatement process and requirements

There are some circumstances in which a plan may lapse. Reasons this may occur include:

- an inability to pay premiums
- alteration of bank account details that have not been advised to us
- renewal notices not being actioned, or
- a change of address has not been advised to us.

Provided six months has not passed since the plan 'date paid to' the plan may be reinstated as per the table on the next page.

Plans that have been cancelled at the request of the plan owners cannot be reinstated. Full underwriting will be required to establish a new plan.

The evidence required to reinstate a plan is as follows:

Date paid to	Evidence required
60 days or less since the 'date paid to'	Nil. If your client pays full arrears within 60 days plan will be automatically reinstated
61 days – 6 months	<ul style="list-style-type: none"> ▪ Application for reinstatement¹, including income details ▪ Any discretionary evidence requested by the Underwriter ▪ HIV/MBA20/Hep B&C blood tests (only if over current limits and last test was more than 12 months ago) ▪ Payment of any premiums requested
Over 6 months since the 'date paid to'	Cannot be reinstated. A new plan is required with full underwriting

1 An Application for reinstatement form can be found at www.axaadvantage.com.au

Reassessment of health or occupation

If the client requests reassessment of a health loading, a health exclusion or occupation category rating on an existing plan, we will initially request a Personal Statement. A short form Personal Statement and questionnaire may be the only requirements for reassessment of a health exclusion. Please contact underwriting for details.

All aspects of the client's health, occupation, pastimes and residence will be reviewed. Further health evidence may be required.

Reassessment of pursuits

If a client requests reassessment of a pursuits exclusion or loading (for example, a diving exclusion) on an existing plan, we will initially request a pursuits questionnaire. Further evidence may be requested based on the questionnaire.

Request to alter to non-smoker premium rates

If a client requests an alteration from smoker to non-smoker rates, we will initially request a smoking questionnaire. The client must have ceased smoking for at least 12 months to be considered and must not have ceased smoking for medical reasons.

Any premium alteration will be made at our discretion. We will not backdate any premiums prior to the date the change is approved.

Bankruptcy

The Federal Court usually declares bankruptcy if an individual's liabilities exceed their assets and/or accounts cannot be paid.

There can be many different reasons for someone to have been declared 'bankrupt':

- guarantor on a loan for a third party which was not repaid
- small business unable to pay their bills
- silent partner in an investment/business which fails, or
- major investment error, poor management of company funds.

Life and trauma cover

When there is a current or past history of bankruptcy, life and trauma benefits for family protection will be assessed on their merits. Consideration will be given to any health problems that could be aggravated by financial crisis, including circulatory disorders, anxiety and depression.

Income protection and total and permanent disability cover

We do not offer income protection or total and permanent disability cover if a client is currently bankrupt and has not been discharged. If there has been a history of bankruptcy, further evidence will be requested and cover may not be available.

Requirements

The circumstances vary significantly from case to case so it is difficult to take a direct approach. However, it is important we obtain the right information to enable the best assessment of the situation. In most cases the client will be requested to provide a statement which should include the following:

- reason for and full details of bankruptcy including amounts of money involved
- if criminal proceedings are pending (in these cases generally no cover will be offered)
- whether the client still has financial commitments to the other parties involved and if so, how much? Will it impact current business or lifestyle?
- proof of income for last five years including employment history, and
- a Private Medical Attendant's Report from the usual doctor will usually be requested by the Underwriter.

Handy underwriting tips

If you have any queries about a client you are advising in relation to insurance, call an Underwriter. The Underwriter can provide the right advice up front. Here are some handy tips to guide you through the underwriting process.

A brief client background

The Underwriter does not know the client. The only information we have about your client is what they supply in the Personal Statement. A note from you briefly outlining the client's background is often invaluable and can minimise the number of phone calls and requests for additional information. A note providing extra background details may make all the difference. Please use the 'Adviser notes' section at the back of the Personal Statement.

Adviser checklist for correct completion of the application and Personal Statement

Application summary

- Have you shown occupation and industry in which applicant works?
- Have you shown insurable income for last 12 months?
- If applying for an alteration or increase to an existing plan, please make sure you clearly state what the existing benefits are and what the new benefits being proposed are. It is also helpful to summarise the changing situation in the adviser notes.
- Have you shown all benefits required on this page? In particular the type of plan, occupation class, and when applying for income protection and/or business expenses, the monthly benefit, waiting period and benefit period.

Residence

- If applicant is not an Australian resident have you included information as to what visa is held, country of residency, date of arrival in Australia and date of intended departure from Australia?
- If applicant intends travelling overseas have you supplied details of destinations, reason for and dates of intended travel?

Other insurance

- If there is other current insurance involved have you shown the sum insured and indicated whether that cover is to be replaced or not?
- If applicant has been accepted at other than standard rates or been declined in the past have you included details of that assessment including the company involved and the date of the assessment?
- If there are concurrent applications being submitted for this life, have all details been cross referenced on all application forms?

Health details

- When completing the details of the applicant's current doctor, have you included the date, reason and result of last consultation?
- If applicant has answered yes to having received advice to reduce alcohol or tobacco intake have you supplied details of the doctor involved and date advice was received?

Underwriting: general

- If any questions relating to any joint disorders, asthma, back or neck disorders, depression, anxiety or nervous conditions, cyst/mole/skin lesions, blood pressure or cholesterol have been answered 'yes', have you completed the appropriate questionnaire?
- If the applicant has answered 'yes' to any of the medical questions, please ensure that full details of dates, the condition, results of all investigations and who was consulted are provided.

Sports and pastimes

- If applicant is involved in any sports and pastimes, have you completed the appropriate questionnaire where applicable?

Questionnaires

- If a questionnaire is required to be completed in regard to either health or pursuits or pastimes have you had all questions answered and any additional information that may clarify the risk included in the adviser notes?
- If more than one questionnaire is required (eg for several joint related issues), additional forms can be downloaded from our website at www.axaadvantage.com.au.

Occupation and income details

- Have you completed the full occupation history, not just the current occupation details?
- Have full occupational duties been specified?
- For employees, have you completed the income details for the last two financial years as well as the current income details?
- In the case of self-employed applicants, have you completed the income details for the last two financial years?
- If the applicant is a temporary resident and is applying for consideration of income insurance under a working visa, full occupational and income details are still required as normal.

Business expenses

- If the applicant is applying for business expenses cover have you fully completed the questionnaire?

Authorities and declarations

- Have you had the medical authorities signed and dated?
- Where applicable have you had the financial authority signed and dated?
- Has the applicant provided the name and contact details of their accountant, if applicable?
- Has the applicant authorised us to forward medical information to their usual general practitioner?
- Has the applicant provided the name of their usual general practitioner?
- Have you signed and dated the application and signature section?

Financial adviser, commission details and notes section

- Have you indicated what the intention is in regard to existing business?
- Have you indicated if you have or are having mandatory medical examinations or pathology tests arranged?
- Have you attached any additional information (such as financial evidence) that you wish to submit with this application?
- Have you used the adviser notes section to provide any additional information or explain any unusual aspects of the risk?
- Have you made reference to any conversations you may have had with the office prior to submitting business including any pre-assessment reference numbers given to you, the name of the person you spoke to and the date of the conversation?

Applications completed in full

Check that the application has been fully completed before submitting to save time during the underwriting process.

Please check that:

- all questions have been answered (refer to section below regarding the personal statement on the medical examination form)
- alterations are signed by your client – signatures to alterations are critical, as the Underwriter must make sure the disclosure is legally compliant before finalising the application. The application and all the supporting documentation are the basis of the contract, so the normal legal contractual requirements exist.

Medical examination personal statement

The personal statement section of the current AXA medical examination form will not be required when the following criteria have been met:

- full medical examination completed by a fully qualified doctor
- a copy of the fully completed application form personal statement is presented with the medical examination form to the doctor prior to examination, and
- signed declaration by the doctor, that the application form personal statement has been sighted.

This concession does not apply if a mini check examination is performed.

Telephone underwriting

Telephone underwriting is a great way to save time when we need to obtain additional information from your client. When you provide your client's telephone numbers in the Personal Statement, we can contact your client directly to obtain the additional information (for example, clarification of a medical condition). This can sometimes remove the need for other more complex and time consuming requirements such as doctor's reports.

Obviously if your client does not wish us to call them, we will respect this and follow the normal 'paper' process.

Type of insurance and information required

When completing the application, keep in mind the type of insurance you are recommending to the client and pass on as much information as possible to the Underwriter. For example, if your client is applying for income insurance, we are covering the client for their income and their occupation, therefore we need as much detail as possible regarding their occupation, employment history (and prospects if appropriate) and income.

Attaching additional information

If you find there is insufficient space when completing any section(s) of the application form, you can attach a page(s) containing further information to the application. Where multiple pages are attached please ensure that the client signs and dates each page.

If your client has any additional information relevant to their application, please include it with the application. This information may include copies of medical records, flying or diving logbooks, financial records and tax returns. Remember, if a client can substantiate their disclosure at underwriting stage, it minimises calls for additional underwriting requirements and makes the claims process easier. For example, in some instances a copy of the following can be accepted instead of a discretionary Personal Medical Attendant's report:

- an x-ray report
- blood test
- specialist doctor letter, or
- pathology report.

Questionnaires

The Personal Statement includes some questionnaires that we ask your client to complete at the point of sale where appropriate. Fully completing these at the point of sale will save time during the underwriting process.

Further requirements

It is always best to follow up any requirements immediately and not wait until a 'final reminder' is issued. If you need to query anything, call the Underwriter of the application immediately, they will be happy to help.

Occupations

If you are unsure of the occupation rating for your client and are unable to contact an Underwriter, some advisers have suggested you rate your client more conservatively. Then you may be able to return to your client with a lesser premium.

New business administration requirements

- Direct debit or credit card authority is to be completed where required.
- Your adviser number is required.
- Multiple applications are to be lodged together.
- Ensure that the full copy of the insurance quote from the PQT is completed and enclosed with the application.

Application and document submission for new business

Applications

When starting a new application you have the flexibility to choose from a number of application options depending on the needs of your client, your location, and how much time you have:

- AXA's Elevate Online is an exciting new addition to our insurance offer, which gives you the opportunity to apply, submit and receive a decision online, without fuss.
- The desktop Premium Quoting Tool (PQT) is still available and allows you to generate a short quote for your clients on the spot. It links through to AXA's Elevate Online so you can submit online if you wish to proceed with an application.
- e-forms also speed up the off-line application process. You can upload this via the secure Insurance Submissions page.
- The data capture form is an option which allows you to gather all your information from the clients and later populate AXA's Elevate Online to submit electronically.
- Paper applications can still be used and submitted via fax or mail.

Documents

Supporting documents can be submitted using mail, fax or the secure Insurance Submissions page. You can also now email AXA to submit general enquiries and client related transaction requests at: adviser.requests@axa.com.au. However to protect client sensitive information the following items should not be emailed:

- Credit card details
- Change in bank account details
- Health information
- Personal income details

These documents can be submitted via the secure Insurance Submissions page which provides you with an upload facility that allows you to send your client's documents to AXA electronically via the web, while still ensuring you are protecting your client's confidential information and their privacy. For queries or further information on submission of documents, please contact your AXA Business Development Representative.

Underwriting: general

Alteration requests – underwriting requirements

Alteration requested	Initial requirements	Underwriting required?
Smoker to Non-Smoker	Application for Smoker to Non-Smoker	Yes
From stepped to level premiums or from level to stepped premiums	Letter from client	No
Review of Health Loading	Application details and Personal Statement	Yes
Review of Pursuits Exclusion	Relevant questionnaire	Yes
Review of Health Exclusion	Review of health exclusion form	Yes
Review of Occupation Category	Application details and Personal Statement	Yes
Waiting Period Increase	Letter from client	No
Waiting Period Decrease	Application details and Personal Statement	Yes
Sum Insured Increase	Application details and Personal Statement	Yes
Sum Insured Decrease	Letter from client	No
Increase in Benefit Period	Application details and Personal Statement	Yes
Decrease in Benefit Period	Letter from client	No
Increasing the expiry age of an existing product (if product rules permit)	Application details and Personal Statement	Yes
Exercising Buy Back Option	Exercising a trauma reinstatement option and life buy-back option form.	No
Exercising Trauma Reinstatement Option	Exercising a trauma reinstatement option and life buy-back option form.	No
Addition of Children's Trauma Option	Children's Trauma Personal Statement	Yes
From Indemnity Option to Agreed Value (applies to plans from August 2005 to current series only)	Application details, Occupation and Income details section, residence, pursuits, other insurance, relevant financial evidence and declarations	Yes
Exercising the Business Solutions Option	Application details, relevant financials, details of occupation, residence, other insurance, and pursuits	Yes
Conversion to Senior Professionals Plan (where eligible)	Application details, Occupation and Income sections of the Personal Statement	Yes
Increase through Future Insurability (inc YN option)	Please refer to client's plan document as requirements vary depending on product series	No
Addition of any Option, or addition of a SuperLink Trauma Insurance Plan, SuperLink Trauma Insurance Plus Plan or SuperLink TPD Insurance Plan to a Life Insurance Superannuation Plan	Application details and Personal Statement	Yes
Take up of Benefit Booster/ Cover Booster Option (Flexipol)	Application details	No
Cover Boost Option (Income insurance)	Application details, income section of the Personal Statement	Yes
Adding Indemnity Option	Application details	No
Out of Working Hours cover to 24 Hour cover	Letter from client	No
Change of plan ownership	Refer to page 67	-

Underwriting: life, trauma and total and permanent disability (TPD)

Medical limits – mandatory requirements

Definition of requirements

Medical examination	The medical examination is to be performed by the usual general practitioner
Mini check examination	An abridged version of the medical examination that can be performed by a registered nurse
Paramedical examination	The medical examination can be performed by a registered nurse
Specialist medical examination	The medical examination is to be performed by a Specialist Physician such as a Cardiologist (not a General Practitioner). Where a specialist medical examination is required, a medical examination by the usual doctor will not be required
Blood screen	HIV blood test, Fasting MBA20, Hepatitis B & C serology
HIV	HIV (AIDS) Antibody Test
MBA20	Fasting Multiple Biochemical Analysis
Hep B & C	Hepatitis B Surface Antigen (HbsAg) and Hepatitis C Antibody (anti-HCV) tests
Resting ECG	Resting ECG with interpretation
Exercise ECG	Exercise/Stress ECG – incorporates a Resting ECG
PMAR	Personal Medical Attendant's Report
PSA	Prostate Specific Antigen (Males only)
Cotinine	Detects nicotine (may be a blood or urine test)
FBC	Full Blood Count/Analysis/Examination
MSU	Microscopic Urinalysis

For medical requirements for life and TPD cover please refer to Table A. For trauma cover please refer to Table B.

A Personal Statement is required for all applications. In addition, the following mandatory requirements must be provided at the stated sums insured. The tables over the page are a guide to minimum requirements only. The circumstances of each case will determine the need for further tests or reports. The following requirements relate to total cover with AXA.

Special note for increases

Mandatory requirements may be waived depending on the time since commencement of the plan (or past increases) and the evidence previously requested. Our Underwriters will be able to assist you with these queries.

Hierarchy for mandatory medical examinations

- Specialist medical examination
- Medical examination by usual general practitioner (GP)
- Paramedical examination
- Mini check examination

Underwriting: life, trauma and total and permanent disability (TPD)

If your client is required to obtain more than one of these examinations due to mandatory limits, then the examination noted highest in the list overrides the need for all other examinations. For example, if your client is required to have both a medical examination by usual GP and a mini check examination, they only need to provide the medical exam by usual GP.

Table A – Medical requirements – life and TPD

Current age	Blood screen	Medical examination by usual General Practitioner or paramedical facility evaluation	Usual General Practitioner examination ¹	Personal Medical Attendant's Report (PMAR) ²	Resting ECG	Specialist medical examination and exercise ECG ³
Up to 40	\$2,500,001	N/A	\$2,500,001	\$3,000,001	Not a mandatory requirement	\$5,000,001
41 – 45	\$2,500,001	N/A	\$2,500,001	\$3,000,001	\$2,500,001	\$5,000,001
46 – 50	\$1,500,001	N/A	\$1,500,001	\$3,000,001	\$2,500,001	\$5,000,001
51 – 55	\$750,001	\$750,001	\$1,000,001	\$3,000,001	\$1,500,001	\$5,000,001
56 – 60	\$500,001	\$500,001	\$1,000,001	\$3,000,001	\$1,000,001	\$5,000,001
61 – 65	\$500,001	\$100,001	\$1,000,001	\$3,000,001	\$750,001	\$5,000,001
66 +	\$500,001	\$1	\$500,001	\$3,000,001	\$750,001	\$5,000,001

- Where the client does not have a usual General Practitioner (GP), an examination by another GP is acceptable. Should a client with a usual GP choose to be examined by another GP, we may obtain a Personal Medical Attendant's Report from their usual GP. If an examination is performed by a GP, a Paramedical examination will not be required.
- A PMAR may not be required at these levels if the medical examination was performed by a usual doctor of at least 2 years. PMARs will be requested and organised by AXA.
- Additional medical evidence is required for cover between \$5,000,001 and \$10,000,000:
 - Medical examination – to be completed by a Specialist Physician (for example Cardiologist, FRACP) in all cases.
 - Blood tests – PSA (if male), FBC.
 - Urine tests – MSU, Cotinine (if a non-smoker).

For cover in excess of \$10,000,000 please contact underwriting for requirements.

Table B – Medical Requirements – trauma

Current age	Blood screen	Medical examination by usual General Practitioner	Full blood count	Resting ECG	PSA	Mammogram
Up to 40	\$1,000,001	\$1,000,001	\$1,000,001	\$1,000,001	N/A	N/A
41 – 45	\$750,001	\$750,001	\$1,000,001	\$1,000,001	N/A	N/A
46 – 50	\$750,001	\$750,001	\$750,001	\$1,000,001	N/A	N/A
51 – 55	\$500,001	\$500,001	\$500,001	\$750,001	\$500,001	\$500,001
56 – 60	\$250,001	\$250,001	\$250,001	\$250,001	\$500,001	\$500,001
61+	\$1	\$1	\$1	\$1	\$1	\$1

Important notes

Please read the following notes carefully:

- 1 These medical requirements relate to total stand-alone cover – proposed and existing with AXA (including Platforms insurance). Table A is based on the highest sum insured between life and TPD. Table B is based on total trauma insurance.
- 2 Medical examiners must not be a relative of the proposed insured, the Adviser, Broker or their families, nor a business associate of the proposed insured.
- 3 The maximum standard TPD sum insured available from all sources is \$3,000,000.
- 4 The maximum trauma sum insured available from all sources is \$2,000,000.
- 5 Half of double TPD sum insured and double trauma sum insured will be taken into consideration and added back to the basic benefit applicable, for the purposes of calculating the total sum insured.
- 6 For applications for trauma cover in excess of \$1,000,000, please contact the Underwriting Department for specific requirements.
- 7 A Personal Medical Attendant's Report (PMAR) may be obtained on a discretionary basis where any required medical examination was not performed by the proposed insured's usual General Practitioner and more specific information is required.
- 8 A Blood Screen plus Hepatitis B Surface Antibody (anti-HBS) test will be required in all cases for doctors, dentists and surgeons applying for:
 - Occupationally Acquired HIV, Hepatitis B and C Option under the Income Insurance Plus Plan.
- 9 For the Business Solutions Option, medical requirements will be requested up-front based on the original sum insured plus the Business Solutions Option sum insured amount.
 - This option is only available to medically standard lives.
 - Medical evidence is generally not required when exercising the Business Solutions Option (some exceptions apply based on the amount of the increase).

Please refer to the relevant Product Disclosure Statement or plan document.

Financial limits – mandatory requirements

Financial requirements for life cover

The table overleaf is a guide to minimum financial requirements. The circumstances of each case will determine the need for further evidence. The following requirements relate to total cover with all companies.

Underwriting: life, trauma and total and permanent disability (TPD)

Sum insured	Financial requirements for life cover and TPD cover (based on highest sum insured)
Up to \$2,000,000	1 Occupation and income details to be disclosed on the personal statement
\$2,000,001 to \$5,000,000 for any Personal Insurance	1 Adviser Report 2 Financial Questionnaire
\$5,000,001 and over for Personal Insurance	1 Adviser Report 2 Financial Questionnaire (signed by Accountant) 3 Individual Income Tax returns and assessment notices for the last two years 4 If self-employed or employed by own company, audited detailed Profit and Loss Accounts, Balance Sheets, notes to accounts for the last two years for all business entities and Company Tax Returns
\$5,000,001 and over for Personal Loan Insurance	1 Adviser Report 2 Financial Questionnaire (signed by Accountant) including an explanation of why this person is responsible for the loan repayment to the extent of the sum insured applied for 3 Copy of Loan Agreement showing approval and all loan details 4 If self-employed or employed by own company, audited detailed Profit and Loss Accounts, Balance Sheets and notes to accounts for the last two years for all business entities
\$2,000,001 to \$3,000,000 for any Business Insurance	1 Adviser Report 2 Financial Questionnaire
\$3,000,001 and over for Key Person Insurance	1 Adviser Report 2 Financial Questionnaire A (signed by Accountant) 3 Audited detailed Profit and Loss Accounts, Balance Sheets and notes to accounts for the last two years for all business entities
\$3,000,001 and over for Business Succession Insurance	1 Adviser Report 2 Financial Questionnaire (signed by Accountant) 3 Audited detailed Profit and Loss Accounts, Balance Sheets and notes to accounts for the last two years for all business entities 4 Copy of buy-sell agreement (if applicable) 5 Independent business valuation
\$3,000,001 and over for Business Loan Insurance	1 Adviser Report 2 Financial Questionnaire (signed by Accountant) 3 Audited detailed Profit and Loss Accounts, Balance Sheets and notes to accounts for the last two years for all business entities 4 Copy of loan agreement showing approval and all loan details

Please note that any additional documentation may help to streamline the underwriting process, as the Underwriter must establish that the benefits and the amount applied for match the need.

Financial underwriting considerations – personal and business

By financially underwriting, we aim to identify and accept risks on the basis of a clearly illustrated need for the cover being sought.

Although financial underwriting is generally applied to large sums insured, the need should be clear with all risks regardless of the sum insured. Sums insured in excess of need, in some instances, are associated with ‘anti-selection’ and a higher rate of claim.

The Underwriter must establish that:

- premium payments can be sustained by the premium payer, and
- a claim will not leave the plan owner/beneficiary in a better financial position than they would have been in if the person insured had continued to live or had remained in good health.

Insurance needs generally fall into the categories of personal insurance (refer to page 34) or business insurance (refer to page 36).

The sum insured is usually based on the income an individual generates by his or her own activity (after expenses but before tax). This income is referred to as ‘personal exertion income’. Unearned income (for example, interest, rent or dividends) is not taken into consideration when calculating the sum insured unless it ceases on the insured’s death or disablement.

Maximum cover amounts

TPD

The maximum cover amount for TPD is currently \$3,000,000 (from all sources) for income earning applicants. Non-income earning applicants (other than home makers) are generally restricted to \$750,000 (from all sources). Refer to page 36 for details regarding home makers.

Activities of Daily Living (ADL) TPD

The maximum cover for ADL is \$2,000,000 and may be used to increase the total TPD cover to \$5,000,000.

Please note, to choose both types of TPD, you must first select \$3,000,000 worth of TPD before you can select any ADL TPD amount. This is not necessary where you are purchasing ADL TPD only.

Trauma

The maximum cover amount for trauma is \$2,000,000 (from all sources) for income earning applicants. For trauma cover in excess of \$1,000,000 please call an Underwriter in advance for advice regarding requirements. Non-income earning applicants (including home makers) are generally restricted to \$750,000 (from all sources).

Underwriting: life, trauma and total and permanent disability (TPD)

Financial underwriting for personal insurance

The aim of personal insurance is to protect dependants from any financial loss arising from the insured's death, disability or the occurrence of a traumatic event.

Personal insurance generally includes insurance for:

- 1 personal and/or family protection
- 2 personal loan protection (that is, loans that are repaid using personal income), and
- 3 non-personal exertion income earner protection.

1 Personal and/or family protection

Life cover

This type of cover is intended to insure the loss of future personal exertion income caused by the death of the insured.

Personal exertion income is the income an individual generates by his or her own activity (after expenses but before tax). Unearned income (for example, interest, rent and dividends) is not taken into consideration when calculating the sum insured unless it ceases on the person insured's death.

Financial evidence may be requested if the income disclosed does not appear to support the benefit proposed.

The most common method of calculating a sum insured for family protection is to use a simple multiple of annual personal exertion income.

We will take into consideration factors such as liabilities and the age and number of dependants and the number of years they will need support. Any other information you believe is relevant would be helpful to us. The following table may be used as a guide for calculating an appropriate amount of life cover.

Person to be insured's age	Multiple of personal exertion income
Up to 39	Up to 20
Up to 49	Up to 15
Up to 59	Up to 10
60 and over	Up to 5

Applications for cover in excess of \$2,000,000 must be supported by additional financial evidence as set out in the table on page 32.

Trauma

This type of cover is intended to assist the person insured with the expenses and associated lifestyle changes expected in the event of a major trauma.

Unlike life and TPD insurance, a trauma event does not necessarily result in the insured's death or inability to work.

The sum insured should not represent a 'wind fall' gain to the plan owner or beneficiary. For this reason, total Trauma insurance will generally be calculated using up to 50% of the multiple used to calculate life cover.

For cover in excess of these multiples, we will initially require an Adviser Report to explain how the sum insured was determined and the need for the cover, before consideration is given.

The current maximum sum insured for income earning applicants for trauma is \$2,000,000 (from all sources). Additional requirements are necessary over \$1,000,000 and must be discussed in advance with an Underwriter.

TPD

This type of cover is intended as a lump sum income replacement so it is important to ensure the cover is not excessive when compared to personal exertion income.

As a guide, the total TPD sum insured will generally be restricted to a multiple of up to 10 times annual personal exertion income. The multiple may vary depending on the age of the insured, financial needs, commitments and the total number of dependants and their ages.

For cover in excess of these multiples, we will initially require an Adviser Report detailing the reason for cover and explaining how the sum insured was calculated.

The current maximum sum insured for income earning applicants for standard TPD is \$3,000,000 (from all sources).

2 Personal loan protection

In the majority of cases, personal loan protection is requested to cover a mortgage. This type of cover is intended to protect the lender from financial loss upon the premature death or disablement of the borrower.

The Underwriter will take into consideration the amount of the loan, the duration of the loan, the reason for the loan, the reputation of the lending service, the capacity to repay the loan and any other insurance on the life or disablement of the person insured.

Generally, the amount of loan cover required will be adequately accommodated when using the multiple of personal exertion income method mentioned in the Personal and/or family protection section on the previous page.

Applications for cover in excess of \$2,000,000 will need to be supported by additional financial evidence as set out in the table on page 32.

3 Non-personal exertion income earner protection

This type of cover is usually proposed to insure joint debt commitments and/or the financial responsibility for dependants. Applicants for this type of insurance include home makers and students. Cover for students will generally be limited to \$500,000.

Underwriting: life, trauma and total and permanent disability (TPD)

For home makers, life, trauma and TPD amounts up to \$750,000 will generally be considered on the basis of information in the personal statement. However, higher amounts of life and TPD cover* may be considered subject to the receipt of statement from the person to be insured containing the following information:

- the need for the cover and how the cover amount was determined
- the personal exertion income of the income generating spouse/partner, if applicable
- unearned income details (for example, interest, rent or dividends)
- assets and liabilities of the family unit
- the total number and type of dependants and their ages
- any existing insurance in force on both the income-generating spouse/partner. It is preferable that the income-generating spouse/partner has at least an equivalent amount of cover, and
- any other helpful information (for example, a child with an ongoing sickness).

* Maximum sums insured for home makers are set at:

- Life \$3,000,000
- TPD \$2,000,000
- Trauma \$750,000

Applications for life cover in excess of \$2,000,000 must be supported by additional financial evidence (as set out on page 32).

Financial underwriting for business insurance

Business insurance generally includes insurance for:

- 1 Key person protection
- 2 Business protection – shareholder and partnership protection, and
- 3 Business loan protection.

1 Key person protection

Life and TPD

This type of cover is intended to protect a business from the negative effects on trading caused by the death or total disablement of any person whose presence is considered vital for its continued wellbeing.

These key people are employees to whom profits can be directly attributable. They may possess sound knowledge and experience in a specific field of business, and have valuable personal contacts.

Key person insurance is intended to cover such things as a loss of profitability within the business, the cost of recruitment and the training of replacement staff with specialised skills or knowledge.

The need for key person cover is mainly evident in the small to medium-sized business sector. Generally the larger the business, the less vulnerable they are to the loss of one employee.

Important considerations for key person protection

- Type of business and performance of business over the last two years – it must be a profitable ongoing concern.
- Details of the management structure.
- Who are the key people? Why are they key people?
- What is the total salary bill for the business?
- Are all key people being insured? If not, why?
- What other insurance cover is in place?
- Significant shareholders are not automatically key personnel. We will need to ensure the individual is active in the company and that he or she is essential to its continued existence.
- Often key person cover turns out to be business loan protection. These applications can be assessed under the guidelines for business loan cover, however we need to understand why the applicant being insured is not the company owner.

Calculating the sum insured for key person protection

There are different methods for calculating the sum insured based on either the earnings of the key person or the company profits.

The most common method is to adopt a multiple of remuneration method. This is a sensible calculation basis for employees with no ownership in the business as in many cases, their salary should reflect their value to the company.

The sum insured is calculated by multiplying the key person's annual remuneration package by 5 to 10 times. This depends on the size of the company, the age of the key person and the time it will take to replace them. If the plan proceeds are taxable to the company, then a higher multiple may be used.

An alternative method is to base the sum insured on the sum of various cost impacts including:

- recruitment and relocation costs
- any training costs
- costs associated with short term contractors
- advertising expenses, and
- replacement salary to attract an appropriate replacement.

For more information concerning key person insurance, refer to AXA's Technical Insurance Guide.

Applications for cover in excess of \$2,000,000 will need to be supported by additional financial evidence as set out in the table on page 32.

Underwriting: life, trauma and total and permanent disability (TPD)

Trauma

Unlike life and TPD insurance, a trauma event does not necessarily result in the insured's death or inability to work. It is fair to say that it is likely that the insured will be absent from work for some period of time but the period of time will depend on the trauma event suffered.

For this reason cover will generally be calculated using up to 50 per cent of the multiple used to calculate the life cover.

2 Business protection – shareholder and partnership protection

Normally, business partners will want their business to continue after the death or total disablement of one of the partners. The basic principle behind this insurance is to provide cover on all partners in a business.

The cover on each shareholder or partner should be proportionate to their respective shareholding in the business. On death or disablement, the plan proceeds provide a lump sum to allow the remaining partners to purchase the deceased or disabled partner's share in the business.

This form of insurance enables the business to continue with a minimum of disruption by:

- supplying an amount of cash for purchase of the insured's share of the business; and/or
- excluding the involvement of the insured's beneficiaries in the day-to-day running of the operation (for which they may not possess the knowledge or skill).

Important considerations for business protection

- Each partner's percentage share in the business.
- The value of the business including the method used in deriving the valuation.
- Details of any other business partner insurance cover.
- Are all partners being insured? If not, why?
- The business must be a profitable ongoing concern with positive net assets.
- Financial evidence must be recent and freely available.
- The value of company shares if listed on the stock market.
- Existence of a buy-sell agreement as part of an overall business succession plan.
- Existence of a cross-purchase agreement between partners.

Calculating the sum insured for business protection

- Value of the business and the method used will be required.
- We will only cover the percentage of the business that the insured owns.
- We may reduce the sum insured where the application overlaps with other in-force coverage, or if there are other underwriting considerations.
- Allowances can be made for tax implications.

For more information concerning business insurance, refer to AXA's Technical Insurance Guide.

Applications for cover in excess of \$2,000,000 will need to be supported by additional financial evidence as set out in the table on page 32.

3 Business loan protection

This type of cover is intended to protect a lender from financial loss from the death or disablement of a business owner who is liable for the repayment of money borrowed by the company.

The insurance provides a lump sum on the death or disablement of the insured to repay all or part of a loan.

Important considerations for business loan protection

- Duration – plan term should match the loan terms.
- Loan – reason for new loan; reason for re-financing; reputation of lending institution; percentage of loan covered; who is the guarantor?
- Capacity – ability to pay premium; business performance last two years; will the servicing capacity be affected by the loss of the insured?
- The company must be a profitable ongoing concern and borrowing must not be for operating costs, or for capital injection.
- Has the lending institution requested that insurance be effected?
- Details of other insurance in force.
- Have the funds been drawn down?
- Why is this person responsible for the loan repayment and what will happen to the repayments if he/she dies?
- What is the person to be insured's share of liability?
- Are all guarantors taking the appropriate levels of insurance? If not, why?

Calculating the sum insured for business loan protection

- Percentage of loan the insured is responsible for.
- If the loan is being granted to joint borrowers, the sum insured should be based on the amount for which each borrower is responsible. We will generally not allow each life to be covered for the full amount of the loan in these circumstances.
- Reduce the sum insured if loan servicing capacity will be unaffected by the loss of the insured.

Applications for cover in excess of \$2,000,000 will need to be supported by additional financial evidence as set out in the table on page 32.

Financial underwriting – Business Solutions Option

The Business Solutions Option is a benefit that allows clients to apply each year for increases in the sum insured under life, trauma and TPD cover without the need for medical underwriting after the initial assessment. Please refer to the plan documentation for full details.

Underwriting: life, trauma and total and permanent disability (TPD)

The option has been designed for business insurance where the purpose of cover is:

- Key person protection
- Loan protection
- Business protection (shareholder and partnership protection).

The maximum sums insured that a client can increase the sum insured to by exercising the option are:

- Life – the lesser of \$15 million (less the total benefit amounts under all life insurance held with us) or four times the life insurance benefit amount under the plan.
- Trauma – the lesser of \$2.0 million (less the total benefit amounts under all trauma insurance held) or four times the trauma insurance benefit amount under the plan.
- TPD – the lesser of \$3.0 million (less the total benefit amounts under all TPD insurance held) or four times the TPD insurance benefit amount under the plan.

Please note that the maximum cover amounts for trauma and TPD apply across all plans whether with AXA or not.

During the initial application the client will be fully medically underwritten for the potential final sum insured (refer page 30 for the medical requirements table). The option is only available to lives who are **medically standard rates**.

Financial requirements at application stage will be based on the initial sum insured and the reason for cover. Details of occupation, residence, pastimes and other insurance will be required at each increase, using a current application form.

Increases – financial requirements for Business Solutions Option

In addition to the mandatory financial requirements based on the total sum insured (see page 32), the minimum financial requirements at the time of each increase are as follows:

Key person insurance:

- Tax Returns and assessment notices of the insured, or a letter from the company accountant detailing remuneration since last application
- Confirmation from the company accountant of the performance of the company, and
- Confirmation of why the client is a key person, and who else in the company is a key person.

Loan protection insurance:

- Bank documentation regarding the current status, details and reason for the loan
- Reason for the increase in loan amount, and
- If there is a new loan, we require a copy of the new loan agreement.

Business protection insurance:

- Business financial accounts and tax returns for the years since last application
- Details of the insured's share in the business, and
- Independent valuation of the business.

Underwriting: income insurance and business expenses

General information

Income protection plans are designed to replace a proportion of personal exertion income when the person insured is totally disabled and unable to work as a result of illness or injury.

The quick test of whether income is personal exertion income is to ask, 'If the person is unable to work, will this income cease?' See 'Insurable income' on page 43 for a definition of income.

The benefit paid under this type of plan is restricted to a maximum of 75 per cent of the person insured's personal exertion income. This amount is intended to replace a reasonable proportion of insurable income, yet ensure there is a financial incentive to return to work.

Replacement of income ratios are currently considered on the following basis:

- 75 per cent of the first \$250,000
- 50 per cent of the next \$150,000, and
- 25 per cent of the next \$390,000.

Note – the Underwriter may restrict this to a lesser amount after considering all risk factors.

The maximum amount of cover available is also subject to set maximums for certain occupation categories and the business rules at the time of application. For example, the current maximum amount of cover for a professional person is \$30,000 per month.

Third party ownership

Applications should normally be submitted on an 'own life' basis, as the recipient of the plan proceeds must be the person insured. The only exceptions are as follows:

- a) Where the person insured is the chief executive and principal owner of the company (minimum 25 per cent shareholding)
- b) The person insured wishes the plan to be owned by their family trust (or family company)
- c) Where a professional partnership is involved, or
- d) Where a Self Managed Superannuation Fund (SMSF) is the owner. The SMSF is responsible for any superannuation compliance and taxation requirements.

The following mandatory requirements must be provided at the stated monthly benefits and above. The tables below are a guide to minimum requirements only.

Underwriting: Income insurance and business expenses

Medical limits – mandatory requirements

Medical limits – income insurance and business expenses

Current age	Blood Screen	Mini check exam	PMAR
Up to 40	\$8,501	\$10,001	\$15,001
41 – 45	\$7,501	\$10,001	\$15,001
46 – 50	\$7,501	\$10,001	\$15,001
51 – 55	\$6,001	\$10,001	\$7,501
56 – 60	\$6,001	\$10,001	\$1
60+ (Senior Professional Plan only)	\$1	–	\$1

Important notes:

- Personal Statement required in all instances
- Requirements based on the highest monthly benefit between Income Insurance and Business Expenses held with AXA.
- PMAR = Personal Medical Attendant’s Report (where there is no family doctor, a medical examination by any doctor, not a business partner, family member etc, will be required).
- Blood Screen = HIV Blood Test, Fasting MBA20, Hepatitis B & C Serology.
- If the Occupationally Acquired HIV, Hepatitis B and C Option is proposed, a Blood Screen **plus Hepatitis B surface antibody test** will be required.

Financial and maximum monthly benefit limits – income insurance and business expenses

Occupational Groups/Plan	Financial Evidence Required (Agreed Value only)	Maximum Monthly Benefit (Industry wide)
MP	\$12,001	\$30,000
AA	\$12,001	\$30,000
A	\$10,001	\$30,000
B	\$6,001	\$30,000
C	\$5,001	\$30,000
D	\$4,001	\$30,000
F	N/A	\$3,500
Mining industry	See occupational group above	\$6,500 ²
Senior Professionals Plan ¹	See occupational group above	\$6,000
Business Expenses (BE)	See following table	\$40,000

1 Note that the maximum replacement ratio for the Senior Professionals Plan is up to 50% of personal exertion income

2 or \$10,000 dependant on the occupational rate category based on duties

Financial limits – mandatory requirements

Financial requirements – business expenses (BE)

Less than or equal to \$10,000 per month	More than \$10,000 per month
Business Expenses Questionnaire	Business Expenses Questionnaire
	Profit and Loss Accounts for the last 2 years

The Business Expenses Questionnaire can be found in the Personal Statement.

Insurable income explained

Employees – if the person insured is employed, (no ownership in employer’s business) his or her income is their total salary package, including commissions, regular bonuses and fringe benefits, (that income which will cease if the person cannot work). We will average commissions and bonuses to ensure over-insurance does not occur.

The waiting period should be adjusted to match any sick pay period given by the employer.

Insurable income does not include investment or interest income.

Self-employed – if the person insured owns part or all of a business or they are a working director, income is money generated by the business due to the person insured’s own activity, after all expenses in earning that income have been deducted, that is, the income which will cease if the person cannot work.

Care should be taken when drawings are used in the calculation of insurable earnings.

We will need confirmation that drawings represent entitlement to the current year’s net business profits and are not a withdrawal of capital from the business or drawings from profits earned in previous years.

For the purposes of calculating an individual’s personal exertion income, the amount of depreciation allowable for adding back is limited to a maximum of 10 per cent of the gross turnover or the amount of depreciation (whichever is the lesser).

Insurable income does not include investment or interest income.

Superannuation contributions

You may include any superannuation contributions in your insurable income which will be subject to the replacement of income ratios on page 41. Alternatively, you may insure 100 per cent of your 9 per cent superannuation guarantee contributions and not have your superannuation contributions included in the replacement of income ratios. If you select this option, we will pay a proportion of the benefit to a complying superannuation fund in the event of a claim.

Underwriting: Income insurance and business expenses

Indemnity insurance

Mandatory financial evidence is not required for indemnity cover. However, the Underwriter may in some cases request discretionary financial evidence to clarify the income disclosed.

The benefit amount proposed should be based on the income earned in the two years prior to application. The Underwriter aims to ensure that the client is not over-insured.

At claims stage, financial evidence will be obtained to establish pre-disability income.

Farmers – ('F' occupation rating) This occupation category is specifically for individuals who own and work their own property on a full-time basis or who have been full-time share farmers for three years or more. The benefit is calculated based on 30 per cent of the gross farm turnover to a maximum of \$3,500 per month. If the client is a share farmer or part-owner, the farm share split must be determined and will be a portion of the 30 per cent of the gross farm turnover (to the maximum \$3,500 per month).

Agreed value financial underwriting up-front

As part of our underwriting and claims philosophy, we would prefer to complete our evaluation of agreed value benefits eligibility at the time of underwriting. In the event of a claim, it is preferable that your client not have to provide financial evidence to support the total disability benefit.

When submitting an application for an agreed value contract, your client will have the option of providing full financial evidence up front or accepting that benefits will be subject to future financial confirmatory evidence. The individual circumstances of the client will determine the type of financial evidence. If the evidence is considered satisfactory (see below) we will issue your client with a letter confirming that financial evidence will not be required in the event of a claim for total disability benefits.

Please note that should the claim require a partial disability benefit to be paid, or benefit to be reduced by money received under legislation or another plan, further financial evidence may be requested at that time to provide evidence of pre-disability earnings.

Acceptable financial evidence for Agreed Value Income Protection – 'Getting it right first time'

Employees (no ownership in the employer's company)

- PAYG payment summaries for last two financial years, or
- Three consecutive pay slips (as long as year to date earnings are displayed) for pay periods within the last six months, or
- A letter from the company accountant on company letterhead confirming the full remuneration package, including a breakdown of all packaged items for the last two financial years, or
- Individual Tax Returns and Assessment Notices for the last two financial years.

Self-employed applicants (including working directors, partners)

- Verified detailed profit and loss accounts and balance sheets for all of the business entities (including any service companies and family trusts) over the last two financial years. These accounts are to include Notes to the Accounts, and
- Company Tax Returns and Assessment Notices for all entities for the last two financial years, and
- Individual Tax Returns & Assessment Notices for the last two financial years, and
- Letter from Accountant with details of any income splitting arrangements (if applicable). We will also require the spouse's Tax Returns & Assessment notices for the last two financial years.

Sole traders

- Individual Tax Returns and Assessment Notices, including details of all business expenses with profit and loss statement to be attached, for the last two financial years.

Unacceptable financial evidence for income protection

- For employees – letter from someone in company other than the company accountant and/or not on company letterhead
- For self-employed, letter from accountant in lieu of the above
- Unverified accounts (including MYOB or Quicken print outs)
- Business Activity Statements
- Invoice books or bank statements
- Tax Returns without Assessment Notices
- Assessment Notices without Tax Returns
- Previous owner's financials
- Projected income spreadsheets
- Incomplete accounts.

Unearned income

Unearned Income is income that will continue if the person insured is unable to work. Unearned income includes investments, renewal or trail commission and interest income. Substantial amounts of net assets can also generate unearned income.

It is important to consider unearned income at application stage in order to avoid over-insurance. It is essential to ensure that there will be sufficient financial incentive to return to work after a period on claim. Unearned income of up to 15 per cent of earned income can usually be ignored, however any amounts in excess of this may be deducted from the proposed benefit at underwriting and/or the benefit period may be restricted to two or five years.

The approach taken by the Underwriter will depend on the individual circumstances.

Underwriting: Income insurance and business expenses

Income splitting

Income splitting allows the income-generating individual to pay income, generated by their own personal exertion, as a wage to his or her spouse for minimal work in the business (for example, clerical duties). This ensures the applicant's own personal income is not forced up into a higher tax bracket.

If it is made clear to the Underwriter that this exercise is occurring, the spouse's wages can be added back into the calculation to determine the person insured's net income.

A quick test here is to be able to confirm that, if the spouse was unable to work, this income share would not have to be paid as a wage to someone else to perform functions necessary to the business.

Cover will not be issued to the spouse based on split income if it has already been used in the calculation of the main income earner's net income.

Senior Professionals Plan

This product is only available to those lives that are medically standard or have a medical loading or equivalent up to 50 per cent. In this instance one medical exclusion is considered equivalent to a 50 per cent loading.

Income insurance for temporary visa holders

AXA has extended the terms of its income insurance plans to allow certain temporary business working visa holders working in Australia to take out cover. This encompasses professionals under the MP, AA and A occupational categories. The plan must be initially taken up with a maximum benefit period of two years and a minimum waiting period of 30 days and on indemnity basis.

If the insured leaves Australia for more than 90 days the plan will cease and benefits will not be payable. AXA will offset any amount paid to the person insured by the sponsoring employer, which includes but is not limited to, sick leave payments or minimum salary payments.

Business expenses insurance

Business expenses insurance is designed to cover the expenses that a business continues to incur when the person insured is totally disabled.

Determining the need

The following people may be able to demonstrate a need for business expenses cover, provided they incur fixed overheads in the conduct of their business:

- a self-employed person in a clearly defined profession or occupation, especially sole traders, and
- professional partnerships of no more than five partners including the insured.

Types of business expenses covered

This insurance covers expenses incurred in the operation of the business during the period of a claim, that are essential to producing business income. The intention is to ensure that, after a limited period of disability, the insured person has a business to return to. Expenses covered include:

- Salaries, fringe benefits tax (FBT) and employer costs (for example, superannuation) in relation to the salaries of non-income generating employees
- Office rent or the regular interest payment on a business loan or mortgage
- Leasing of equipment and motor vehicles for business use
- Laundry, cleaning, electricity, gas, water, telephone; ongoing bank charges and fees
- Accounting fees and dues to professional bodies
- Net cost of a medical locum (where fees incurred for the locum exceed the income generated by the locum)
- Property rates and taxes (for example land tax), and
- General insurance premiums.

Note: This is pure indemnity insurance. We only pay for actual costs incurred up to the value of the benefit amount. It is the insured person's responsibility to ensure they are neither over nor under insured over time. Offsets apply to this cover, please contact the underwriting team if you require clarification.

Types of business expenses not covered

- Goods, wares, merchandise or trade in stock
- The cost of the implements of the person insured's profession, business or occupation (for example, the cost of a carpenter's tools)
- Salaries, fees, drawing accounts or any other form of remuneration to the client, his/her replacement or any other person who directly contributes to the earnings of the client or the business (excluding the net cost of a medical locum)
- Salaries paid to non-working spouses
- Remuneration, however paid, to members of the person insured's family (unless they were employed at least 30 days prior to total disablement and they do not directly contribute to earnings)
- Any expenses which are not fixed and ongoing
- Any taxes (unless associated with the salaries of non-income generating employees)
- Outgoings of the business (some common examples seen on profit and loss accounts are personal superannuation, personal motor vehicle expenses, entertainment, donations).

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Product information /

Life Insurance Plan

Minimum sum insured	\$50,000
Maximum sum insured	No limit, subject to reinsurance
Minimum annual premium	\$250 across linked plans ⁴
Entry ages	Stepped 11 – 70 next birthday Level 11 – 65 next birthday ¹
Expiry ages	99
Benefits available	Death, Financial Plan, Indexation, Advancement of Funeral Expenses, Accommodation Benefit, Interim Accidental Death Cover, Terminal Illness, 24 Hour Worldwide Cover, Upgrade of Benefits
Options available	TPD, Double TPD, ADL TPD, Future Insurability, Business Solutions Option, Trauma, Double Trauma, Life Buy-Back (TPD) ² , Children's Trauma, Life Buy-Back (Trauma) ³ , Trauma Reinstatement ³ , Premium Waiver, Trauma Plus

Life Insurance Superannuation Plan

Minimum sum insured	\$50,000
Maximum sum insured	No limit, subject to reinsurance
Minimum annual premium	\$250 across linked plans ⁴
Entry ages	Stepped 11 – 70 next birthday Level 11 – 65 next birthday ¹
Expiry ages	75
Benefits available	Death, Indexation, Terminal Illness, Interim Accidental Death Cover, Upgrade of Benefits, 24 Hour Worldwide Cover
Options available	TPD, Double TPD, ADL TPD, Future Insurability, Business Solutions Option, Life Buy-Back (TPD) ² , Premium Waiver
Non-superannuation plans available	SuperLink Trauma Insurance Plan, SuperLink Trauma Insurance Plus Plan, or SuperLink TPD Insurance Plan Any Occupation or SuperLink TPD Insurance Plan Own Occupation

1 Level premiums will alter to stepped premiums after age 70.

2 Available only when TPD Insurance is bought as an option.

3 Available only when Trauma Insurance or Trauma Insurance Plus is bought as an option.

4 The minimum premium applies to the sum of premiums for:

- an individual's linked plans, and
- plans linked by way of family relationship and or a business partner relationship.

Product information

Trauma Insurance Plan/Option and Trauma Insurance Plus Plan/Option

Minimum sum insured	\$50,000
Maximum sum insured	\$2,000,000 ¹
Minimum annual premium	\$250 across linked plans ⁵
Entry ages	Trauma Insurance Plan/Option Stepped 16 – 68 next birthday Level 16 – 60 next birthday ² Trauma Insurance Plus Plan/Option Stepped and Level 16 – 60 next birthday ²
Expiry ages	99. However, after the first renewal date after the insured turns age 70, the plan will only provide cover for 'loss of capacity for independent living'
Benefits available	Upgrade of Benefits, Financial Plan, Accommodation Benefit, Indexation, Interim Accidental Trauma Cover, 24 Hour Worldwide Cover
Options available	Children's Trauma, Business Solutions Option, TPD, Life Buy-Back – Trauma ³ , Trauma Reinstatement
Events covered	Adult Insulin Dependent Diabetes, Alzheimer's Disease and other Dementias, Angioplasty, Aplastic Anaemia, Benign Brain Tumour, Blindness, Cancer, Cancer Early Payment ⁴ , Cardiac Arrest, Cardiomyopathy, Chronic Kidney Failure, Chronic Liver Disease, Coma, Coronary Artery Bypass Surgery, Deafness, Diplegia, Encephalitis, Heart Attack, Heart Valve Surgery, Hemiplegia, Loss of Capacity for Independent Living, Loss of Limbs and Sight, Loss of Speech, Lung Disease, Major Head Injury, Major Organ Transplant, Medical Condition Requiring Life Support, Medically Acquired HIV, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Occupationally Acquired HIV, Paraplegia, Parkinson's Disease, Pneumonectomy, Primary Pulmonary Hypertension, Quadriplegia, Severe Burns, Stroke, Surgery of the Aorta, Triple Vessel Angioplasty

1 The standard maximum cover amount for Trauma is \$2 million (from all sources) for income earning applicants.

2 Level premiums will alter to stepped premiums on the first renewal date after age 65.

3 Available only when Trauma Insurance or Trauma Insurance Plus is bought as an option.

4 Available only when the Trauma Insurance Plus is bought.

5 The minimum premium applies to the sum of premiums for:

- an individual's linked plans, and
- plans linked by way of family relationship and or a business partner relationship.

Total and Permanent Disability Insurance Plan/Option

Minimum sum insured	\$50,000
Maximum sum insured	\$3,000,000 ¹
Minimum annual premium	\$250 across linked plans ⁵
Entry ages	Stepped 16 – 60 next birthday Level 16 – 60 next birthday ⁴
Expiry ages	99. However, after the first renewal date after the insured turns age 65, the plan will only provide cover for 'future care', 'specific loss' and 'significant cognitive impairment'
Benefits available	Specific loss, unable to work, unable to perform domestic work, future care, significant cognitive impairment, 24 Hour Worldwide Cover, Indexation, Upgrade of Benefits, Financial Plan, Accommodation Benefit, Day One TPD, loss of use of one hand or one foot or the entire sight in one eye, Interim Accidental Total and Permanent Disability Cover
Options available	Business Solutions Option, Life Buy-Back – TPD ³ , Children's Trauma

Activities of Daily Living (ADL) Total and Permanent Disability Insurance Plan/Option

Minimum sum insured	\$50,000
Maximum sum insured	\$2,000,000 ²
Minimum annual premium	\$250 across linked plans ⁵
Entry ages	Stepped 16 – 68 next birthday Level 16 – 60 next birthday ⁴
Expiry ages	99
Benefits available	Upgrade of Benefits, Financial Plan, Activities of Daily Living, 'significant cognitive impairment' (from the renewal date after the insured turns age 65), 24 Hour Worldwide Cover, Indexation
Options available	None

1 The standard maximum cover amount for TPD is \$3.0 million (from all sources) and \$5.0 million when a combination of TPD and ADL TPD is taken (from all sources) for income earning applicants

2 The standard maximum cover amount for ADL TPD is \$2.0 million (from all sources) and \$5.0 million when a combination of TPD and ADL TPD is taken (from all sources) for income earning applicants

3 Available only when the TPD Insurance is bought as an option only

4 Level premiums will alter to stepped premiums on the first renewal date after age 65

5 The minimum premium applies to the sum of premiums for:

- an individual's linked plans, and
- plans linked by way of family relationship and or a business partner relationship.

Product information

Income insurance plans

	Income Insurance Professional Plan	Income Insurance Plus Plan
Minimum annual premium	\$250 across linked plans ²	\$250 across linked plans ²
Entry ages	18-55 nb for expiry age 60 18-60 nb for expiry age 65	18 – 55 nb for expiry age 60 18 – 60 nb for expiry age 65
Maximum benefit amount on entry	\$30,000 per month	\$30,000 per month \$10,000 'C' mining occupations
Expiry ages	65 or 60	65 or 60
Occupations	MP, AA, A	MP, AA, A, B, C, D
Waiting periods (days)	30, 60, 90, 180, 365, 730	14 (B and C only), 30, 60, 90, 180, 365, 730 D: 30, 60, 90, 180, 730
Benefit periods	2yrs, 5yrs, to age 60, to age 65	D: 2 yrs, 5 yrs Other categories: 2 yrs, 5 yrs, to age 60, to age 65
Benefits available ¹	Total Disability, Attempted Return to Work during the Waiting Period, Attempted Return to Work during the Benefit Period, Death, Specific Injuries or Sicknesses, Elective or Cosmetic Surgery, Family Carer's Income, Family Members Accommodation, Upgrade of Benefits, Home Coming Costs, Interim Income Insurance Cover, Indexation, Unemployment and Leave Without Pay Continuation, Nursing Care, Partial Disability, Recurrent Disability, Rehabilitation Expenses, Rehabilitation Programme, Special Care, Right to take out an Income Insurance Senior Professionals Plan, Unemployment Premium Waiver, Waiver of Premium, 24 Hour Worldwide Cover, Full Benefit where no Appropriate Work is available, 100 per cent Superannuation Guarantee Contributions	Total Disability, Attempted Return To Work during the Waiting Period, Death, Specific Injuries or Sicknesses, Elective or Cosmetic Surgery, Family Carer's Income, Family Members Accommodation, Upgrade of Benefits, Home Coming Costs, Interim Income Insurance Cover, Indexation, Unemployment and Leave Without Pay Continuation, Nursing Care, Partial Disability, Recurrent Disability, Rehabilitation Expenses, Rehabilitation Programme, Special Care, Right to take out an Income Insurance Senior Professionals Plan (Occ: MP, AA, A only), Unemployment Premium Waiver, Waiver of Premium, 24 Hour Worldwide Cover, 100 per cent Superannuation Guarantee Contributions
Options available ¹	Accelerated Accident, Accident Lump Sum, Cover Boost, Increasing Claim, Occupationally Acquired HIV Hepatitis B & C, Indemnity	Accelerated Accident, Accident Lump Sum, Cover Boost, Increasing Claim, Occupationally Acquired HIV/Hepatitis B & C, Indemnity

1 Not available to all occupations.

Income Insurance Plan	Income Insurance Superannuation Plan	Income Insurance Senior Professionals Plan
\$250 across linked plans ²	\$250 across linked plans ²	\$250 across linked plans ²
18 – 55 nb for expiry age 60 18 – 60 nb for expiry age 65	18 – 55 nb for expiry age 60 18 – 60 nb for expiry age 65	60 – 69 nb for expiry age 75
\$30,000 per month \$3,500 'F' occupations \$10,000 'C' mining occupations \$6,500 'DY' mining occupations	\$30,000 per month \$3,500 F occupations \$10,000 'C' mining occupations \$6,500 'DY' mining occupations	\$6,000 per month
65 or 60	65 or 60	75
MP, AA, A, B, BY ³ , C, CY ³ , D, DY ³ , F BY, CY: 14, 30 D: 30, 60, 90, 180, 730 DY: 30 F: 14, 30, 60, 90, 180, 730. Other categories: 14 (B & C only), 30, 60, 90, 180, 365, 730	MP, AA, A, B, BY ³ , C, CY ³ , D, DY ³ , F BY, CY: 14, 30 D: 30, 60, 90, 180, 730 DY: 30 F: 14, 30, 60, 90, 180, 730. Other categories: 14 (B & C only), 30, 60, 90, 180, 365, 730	MP, AA, A All Categories: 30, 60
BY, CY, DY: 1 yr, 2yrs D: 2 yrs, 5 yrs Other Categories: 2 yrs, 5 yrs, to age 60, to age 65	BY, CY, DY: 1 yr, 2yrs D: 2 yrs, 5 yrs Other Categories: 2 yrs, 5 yrs, to age 60, to age 65	All Categories: 1 yr, 2 yrs
Total Disability, Attempted Return To Work during the Waiting Period, Upgrade of Benefits, Indexation, Partial Disability, Rehabilitation Expenses, Waiver of Premium, Elective or Cosmetic Surgery, Specific injuries and Sicknesses, 24 Hour Worldwide Cover, Recurrent Disability, Unemployment and Leave Without Pay Continuation, 100 per cent Superannuation Guarantee Contributions, Interim Income Insurance Cover	Total Disability, Attempted to Return to Work during the Waiting Period, Upgrade of Benefits, Indexation, Partial Disability, Waiver of Premium, 24 Hour Worldwide Cover, Recurrent Disability, Leave Without Pay Continuation, 100 per cent Superannuation Guarantee Contributions, Interim Income Insurance Cover	Total Disability, Specific Injuries, Upgrade of Benefits, 24 Hour Worldwide Cover, Waiver of Premium, Interim Income Insurance Cover
Accelerated Accident, Accident Lump Sum, Cover Boost, Increasing Claim, Indemnity	Accelerated Accident, Cover Boost, Increasing Claim, Indemnity	

2 The minimum premium applies to the sum of premiums for:

- an individual's linked plans, and
- plans linked by way of family relationship and or a business partner relationship.

3 Cancellable

Product information

The table below summarises the allowable combinations of benefit periods, waiting periods and occupation categories for income insurance.

Income insurance information table

Benefit period	Occupation category					
	AA, MP, A	B, C	D	F	BY, CY	DY
Age 65	30, 60, 90, 180, 365, 730 days	14, 30, 60, 90, 180, 365, 730 days	N/A	14, 30, 60, 90, 180 days	N/A	N/A
Age 60	30, 60, 90, 180, 365, 730 days	14, 30, 60, 90, 180, 365, 730 days	N/A	14, 30, 60, 90, 180 days	N/A	N/A
5 Years	30, 60, 90, 180, 730 days	14, 30, 60, 90, 180, 730 days	30, 60, 90, 180, 730 days	14, 30, 60, 90, 730 days	N/A	N/A
2 Years	30, 60, 90, 180 days	14, 30, 60, 90, 180 days	30, 60, 90, 180 days	14, 30, 60, 90 days	14 & 30 days	30 days
	30, 60 days (Senior Professionals)	N/A	N/A	N/A	N/A	N/A
1 Year	N/A	N/A	N/A	N/A	14 & 30 days	30 days
	30, 60 days (Senior Professionals)	N/A	N/A	N/A	N/A	N/A

Business Expenses Insurance Plan

Minimum annual premium	\$250 across linked plans ¹
Maximum Benefit Amount on Entry	\$40,000 per month
Entry ages	18 – 60 next birthday
Expiry ages	65
Occupations	MP, AA, A, B, C, D
Waiting periods	30, 60, 90 days 14 day waiting periods available to B or C
Benefits available	Total Disability, Partial Disability, Attempted Return to Work during the Waiting Period, Recurrent Disability, Death, Elective or Cosmetic Surgery, 24 Hour Worldwide Cover, Indexation, Upgrade of Benefits, Waiver of Premium, Medical Locum Cover, Interim Income Insurance Cover
Options available	N/A

1. The minimum premium applies to the sum of premiums for:

- an individual's linked plans, and
- plans linked by way of family relationship and or a business partner relationship.

Large case discounts

Sum insured band	Life	Trauma Plan	Trauma Option	TPD Plan	TPD Option
0 – \$249,999	0%	0%	0%	0%	0%
\$250,000 – \$499,999	8%	11%	18%	4%	3%
\$500,000 – \$749,999	26%	19%	23%	20%	11%
\$750,000 – \$999,999	27.5%	20%	23%	25%	13%
\$1,000,000 – \$1,999,999	34.5%	20%	23%	26%	14%
Over \$2,000,000	35%	20%	23%	26%	14%

Monthly benefit band	IP/BEP
1 – \$2,999	0%
\$3,000 – \$3,999	3%
\$4,000 – \$4,999	9%
\$5,000 – \$9,999	12%
Over \$10,000	13.5%

Monthly benefit band	Senior
1 – \$4,999	0%
\$5,000 – \$6,000	5%

Multi benefit discount

Where a Life Insurance Plan or Life Insurance Superannuation Plan is purchased with an Income Insurance Product, a multi benefit discount of 5 per cent will be applied to the life insurance premium where:

- the insured is aged between 50 next birthday and 55 next birthday
- the life insurance benefit is a minimum of \$500,000
- the income insurance sum insured is a minimum of \$2,000 per month
- both plans are purchased from AXA's Elevate product range
- the insured's occupation category is MP, AA, A, B, C, D or F.

Adviser commission

For plans contained in AXA's Elevate Product Disclosure Statements

This section outlines the remuneration rates that apply to all new plans contained in AXA's Elevate Product Disclosure Statements effective from 17 August 2009.

New business commission

New business commission is calculated:

- as a percentage of the initial contracted annual premium (including the plan fee payable, calculated based on an annually payable policy, but excluding any frequency of payment loading, stamp duty or other statutory charges)
- on plan completion, ie, after the application has been accepted and has had a premium (but not necessarily the whole annual premium) paid.

Authorised representative remuneration for plans contained in AXA's Elevate Product Disclosure Statements

The following remuneration tables detail the percentage of new business and renewal commission applicable for each type of plan currently offered.

The plan types are:

Life insurance

- Life Insurance Plan
- Life Insurance Superannuation Plan

Trauma insurance

- Trauma Insurance Plan
- Trauma Insurance Plus Plan

Total and permanent disability insurance

- Total and Permanent Disability Insurance Plan

Income insurance

- Income Insurance Plan*
- Income Insurance Plus Plan*
- Income Insurance Professional Plan
- Income Insurance Superannuation Plan
- Income Insurance Senior Professionals Plan
- Business Expenses Insurance Plan

* Where an Income Insurance Plan or Income Insurance Plus Plan is purchased by a temporary visa holder, only a flat commission structure will apply.

The three types of commission structures are:

- Upfront
- Hybrid
- Flat

Upfront commission

Plan type	New business	Renewal commission	Responsibility period
Life insurance	123.75%	10.12%	12 Months
Trauma insurance	123.75%	10.12%	12 Months
Total and permanent disability insurance	123.75%	10.12%	12 Months
Income insurance	115.50%	12.10%	12 Months

GST Inclusive

Hybrid commission

Plan type	New business	Renewal commission	Responsibility period
Life insurance	77%	20.13%	12 Months
Trauma insurance	77%	20.13%	12 Months
Total and permanent disability insurance	77%	20.13%	12 Months
Income insurance	72.93%	21.23%	12 Months

GST Inclusive

Flat commission

Plan type	New business	Renewal commission	Responsibility period
Life insurance	30.25%	30.25%	12 Months
Trauma insurance	30.25%	30.25%	12 Months
Total and permanent disability insurance	30.25%	30.25%	12 Months
Income insurance	30.25%	30.25%	12 Months

GST Inclusive

Product information

Increases

Increases by endorsement

New business commission is calculated on Increases by endorsement which include (with the client's authority):

- increases of contracted premium on the existing base plan and additional benefits
- increases in contracted premium arising from the addition of an additional benefit not previously attached to the plan.

The table below outlines the minimum premium increase allowed before new business commission will be paid.

Product minimum annual premium increase

Life/trauma/TPD plans	Income insurance/Business expenses plans
\$150	\$75

CPI increases

New business commission is not paid on CPI increases.

Renewal commission

Renewal commission is calculated:

- as a percentage of total annual premium, (including the plan fee payable, calculated based on an annually payable policy, and any frequency of payment loading, but excluding any stamp duty or other statutory charges)
- annually in arrears on plan anniversaries, from the first plan anniversary, provided that:
 - a) the plan is in force on the anniversary date, and
 - b) some premium has been received from the client during the previous plan year.

Renewal commission is calculated on the total plan premium, including where applicable, premiums from:

- Additional benefits
- Increases by endorsement
- CPI increases

Renewal commission is also calculated and paid where premiums are being waived in the event of benefits being paid, also where applicable to your plan.

Dial down commission

The dial down facility allows a reduced commission payment to be selected for all new business plans resulting in premium reductions as outlined in the following tables. The new business and renewal commissions payable to you will be calculated as proportions of the full regular commissions payment amounts.

New business and renewal commission dial down rates do not have to be the same. For example, you can dial down 100 per cent of your upfront new business commission payment with no dial down applying to your renewal commission. Once selected at plan inception, the dial down rate cannot be altered. Where commission splits apply across more than one authorised representative the dial down factor applies to all splits.

The corresponding premium reductions are as follows:

Standard new business and renewal commission dial down rates

Upfront commission structure

Life/trauma/TPD insurance plans

Premium reduction	% of renewal commission taken										
	100	90	80	70	60	50	40	30	20	10	0
100	0.00	0.56	1.12	1.68	2.24	2.80	3.36	3.93	4.49	5.05	5.61
90	1.48	2.04	2.60	3.16	3.72	4.28	4.84	5.40	5.96	6.52	7.08
80	2.95	3.51	4.07	4.63	5.20	5.76	6.32	6.88	7.44	8.00	8.56
70	4.43	4.99	5.55	6.11	6.67	7.23	7.79	8.35	8.91	9.48	10.04
60	5.91	6.47	7.03	7.59	8.15	8.71	9.27	9.83	10.39	10.95	11.51
50	7.38	7.94	8.50	9.06	9.62	10.19	10.75	11.31	11.87	12.43	12.99
40	8.86	9.42	9.98	10.54	11.10	11.66	12.22	12.78	13.34	13.90	14.46
30	10.33	10.89	11.46	12.02	12.58	13.14	13.70	14.26	14.82	15.38	15.94
20	11.81	12.37	12.93	13.49	14.05	14.61	15.17	15.74	16.30	16.86	17.42
10	13.29	13.85	14.41	14.97	15.53	16.09	16.65	17.21	17.77	18.33	18.89
0	14.76	15.32	15.88	16.44	17.01	17.57	18.13	18.69	19.25	19.81	20.37

Upfront commission structure

Income insurance/business expenses insurance plans

Commission reduction	% of renewal commission taken										
	100	90	80	70	60	50	40	30	20	10	0
100	0.00	0.74	1.48	2.23	2.97	3.71	4.45	5.19	5.94	6.68	7.42
90	1.51	2.25	2.99	3.73	4.48	5.22	5.96	6.70	7.44	8.19	8.93
80	3.02	3.76	4.50	5.24	5.98	6.73	7.47	8.21	8.95	9.69	10.44
70	4.52	5.27	6.01	6.75	7.49	8.23	8.98	9.72	10.46	11.20	11.94
60	6.03	6.77	7.52	8.26	9.00	9.74	10.48	11.23	11.97	12.71	13.45
50	7.54	8.28	9.02	9.77	10.51	11.25	11.99	12.73	13.48	14.22	14.96
40	9.05	9.79	10.53	11.27	12.02	12.76	13.50	14.24	14.98	15.73	16.47
30	10.56	11.30	12.04	12.78	13.52	14.27	15.01	15.75	16.49	17.23	17.98
20	12.06	12.81	13.55	14.29	15.03	15.77	16.52	17.26	18.00	18.74	19.48
10	13.57										

17.28

Hybrid commission structure

Income insurance/business expenses insurance plans

Commission reduction		% of renewal commission taken										
		100	90	80	70	60	50	40	30	20	10	0
% of NB commission taken	100	0.00	1.30	2.60	3.90	5.19	6.49	7.79	9.09	10.39	11.69	12.99
	90	0.95	2.25	3.55	4.85	6.15	7.44	8.74	10.04	11.34	12.64	13.94
	80	1.90	3.20	4.50	5.80	7.10	8.40	9.69	10.99	12.29	13.59	14.89
	70	2.85	4.15	5.45	6.75	8.05	9.35	10.65	11.94	13.24	14.54	15.84
	60	3.81	5.10	6.40	7.70	9.00	10.30	11.60	12.90	14.19	15.49	16.79
	50	4.76	6.06	7.35	8.65	9.95	11.25	12.55	13.85	15.15	16.44	17.74
	40	5.71	7.01	8.31	9.60	10.90	12.20	13.50	14.80	16.10	17.40	18.69
	30	6.66	7.96	9.26	10.56	11.85	13.15	14.45	15.75	17.05	18.35	19.65
	20	7.61	8.91	10.21	11.51	12.81	14.10	15.40	16.70	18.00	19.30	20.60
	10	8.56	9.86	11.16	12.46	13.76	15.06	16.35	17.65	18.95	20.25	21.55
	0	9.51	10.81	12.11	13.41	14.71	16.01	17.31	18.60	19.90	21.20	22.50

Flat commission structure

Life/trauma/TPD insurance plans

Premium reduction		% of renewal commission taken										
		100	90	80	70	60	50	40	30	20	10	0
% of NB commission taken	100	0.00	1.68	3.35	5.03	6.70	8.38	10.06	11.73	13.41	15.09	16.76
	90	0.36	2.04	3.71	5.39	7.07	8.74	10.42	12.09	13.77	15.45	17.12
	80	0.72	2.40	4.07	5.75	7.43	9.10	10.78	12.45	14.13	15.81	17.48
	70	1.08	2.76	4.43	6.11	7.79	9.46	11.14	12.82	14.49	16.17	17.84
	60	1.44	3.12	4.80	6.47	8.15	9.82	11.50	13.18	14.85	16.53	18.20
	50	1.80	3.48	5.16	6.83	8.51	10.19	11.86	13.54	15.21	16.89	18.57
	40	2.17	3.84	5.52	7.19	8.87	10.55	12.22	13.90	15.57	17.25	18.93
	30	2.53	4.20	5.88	7.55	9.23	10.91	12.58	14.26	15.94	17.61	19.29
	20	2.89	4.56	6.24	7.92	9.59	11.27	12.94	14.62	16.30	17.97	19.65
	10	3.25	4.92	6.60	8.28	9.95	11.63	13.30	14.98	16.66	18.33	20.01
	0	3.61	5.28	6.96	8.64	10.31	11.99	13.67	15.34	17.02	18.69	20.37

Product information

Flat commission structure

Income insurance/business expenses insurance plans

Commission reduction		% of renewal commission taken										
		100	90	80	70	60	50	40	30	20	10	0
% of NB commission taken	100	0.00	1.86	3.71	5.57	7.42	9.28	11.13	12.99	14.84	16.70	18.55
	90	0.39	2.25	4.11	5.96	7.82	9.67	11.53	13.38	15.24	17.09	18.95
	80	0.79	2.64	4.50	6.36	8.21	10.07	11.92	13.78	15.63	17.49	19.34
	70	1.18	3.04	4.89	6.75	8.61	10.46	12.32	14.17	16.03	17.88	19.74
	60	1.58	3.43	5.29	7.14	9.00	10.86	12.71	14.57	16.42	18.28	20.13
	50	1.97	3.83	5.68	7.54	9.39	11.25	13.11	14.96	16.82	18.67	20.53
	40	2.37	4.22	6.08	7.93	9.79	11.64	13.50	15.36	17.21	19.07	20.92
	30	2.76	4.62	6.47	8.33	10.18	12.04	13.89	15.75	17.61	19.46	21.32
	20	3.16	5.01	6.87	8.72	10.58	12.43	14.29	16.14	18.00	19.86	21.71
	10	3.55	5.41	7.26	9.12	10.97	12.83	14.68	16.54	18.39	20.25	22.11
	0	3.95	5.80	7.66	9.51	11.37	13.22	15.08	16.93	18.79	20.64	22.50

AXA Workplace Rewards and Family programme new business and renewal commission dial down rates

Upfront commission structure

Life/trauma/TPD insurance plans

Premium reduction		% of renewal commission taken										
		100	90	80	70	60	50	40	30	20	10	0
% of NB commission taken	100	0.00	0.44	0.87	1.31	1.75	2.18	2.62	3.06	3.49	3.93	4.37
	90	1.15	1.59	2.02	2.46	2.90	3.33	3.77	4.21	4.65	5.08	5.52
	80	2.30	2.74	3.17	3.61	4.05	4.48	4.92	5.36	5.80	6.23	6.67
	70	3.45	3.89	4.32	4.76	5.20	5.63	6.07	6.51	6.95	7.38	7.82
	60	4.60	5.04	5.47	5.91	6.35	6.78	7.22	7.66	8.10	8.53	8.97
	50	5.75	6.19	6.62	7.06	7.50	7.94	8.37	8.81	9.25	9.68	10.12
	40	6.90	7.34	7.77	8.21	8.65	9.09	9.52	9.96	10.40	10.83	11.27
	30	8.05	8.49	8.92	9.36	9.80	10.24	10.67	11.11	11.55	11.98	12.42
	20	9.20	9.64	10.07	10.51	10.95	11.39	11.82	12.26	12.70	13.13	13.57
	10	10.35	10.79	11.22	11.66	12.10	12.54	12.97	13.41	13.85	14.28	14.72
	0	11.50	11.94	12.38	12.81	13.25	13.69	14.12	14.56	15.00	15.43	15.87

Upfront commission structure

Income insurance/business expenses insurance plans

Premium reduction	% of renewal commission taken										
	100	90	80	70	60	50	40	30	20	10	0
100	0.00	0.69	1.39	2.08	2.77	3.46	4.16	4.85	5.54	6.23	6.93
90	1.41	2.10	2.79	3.49	4.18	4.87	5.56	6.26	6.95	7.64	8.33
80	2.81	3.51	4.20	4.89	5.59	6.28	6.97	7.66	8.36	9.05	9.74
70	4.22	4.91	5.61	6.30	6.99	7.69	8.38	9.07	9.76	10.46	11.15
60	5.63	6.32	7.01	7.71	8.40	9.09	9.79	10.48	11.17	11.86	12.56
50	7.04	7.73	8.42	9.11	9.81	10.50	11.19	11.89	12.58	13.27	13.96
40	8.44	9.14	9.83	10.52	11.21	11.91	12.60	13.29	13.99	14.68	15.37
30	9.85	10.54	11.24	11.93	12.62	13.31	14.01	14.70	15.39	16.09	16.78
20	11.26	11.95	12.64	13.34	14.03	14.72	15.41	16.11	16.80	17.49	18.19
10	12.67	13.36	14.05	14.74	15.44	16.13	16.82	17.51	18.21	18.90	19.59
0	14.07	14.77	15.46	16.15	16.84	17.54	18.23	18.92	19.61	20.31	21.00

Hybrid commission structure

Life/trauma/TPD insurance plans

Premium reduction	% of renewal commission taken										
	100	90	80	70	60	50	40	30	20	10	0
100	0.00	0.87	1.74	2.61	3.49	4.36	5.23	6.10	6.97	7.84	8.71
90	0.72	1.59	2.46	3.33	4.20	5.07	5.94	6.82	7.69	8.56	9.43
80	1.43	2.30	3.17	4.05	4.92	5.79	6.66	7.53	8.40	9.27	10.14
70	2.15	3.02	3.89	4.76	5.63	6.50	7.38	8.25	9.12	9.99	10.86
60	2.86	3.73	4.61	5.48	6.35	7.22	8.09	8.96	9.83	10.70	11.58
50	3.58	4.45	5.32	6.19	7.06	7.94	8.81	9.68	10.55	11.42	12.29
40	4.29	5.17	6.04	6.91	7.78	8.65	9.52	10.39	11.26	12.14	13.01
30	5.01	5.88	6.75	7.62	8.49	9.37	10.24	11.11	11.98	12.85	13.72
20	5.73	6.60	7.47	8.34	9.21	10.08	10.95	11.82	12.70	13.57	14.44
10	6.44	7.31	8.18	9.05	9.93	10.80	11.67	12.54	13.41	14.28	15.15
0	7.16	8.03	8.90	9.77	10.64	11.51	12.38	13.26	14.13	15.00	15.87

Product information

Hybrid commission structure

Income insurance/business expenses insurance plans

Premium reduction	% of renewal commission taken										
	100	90	80	70	60	50	40	30	20	10	0
100	0.00	1.21	2.42	3.64	4.85	6.06	7.27	8.48	9.70	10.91	12.12
90	0.89	2.10	3.31	4.52	5.74	6.95	8.16	9.37	10.58	11.80	13.01
80	1.78	2.99	4.20	5.41	6.62	7.84	9.05	10.26	11.47	12.68	13.90
70	2.66	3.88	5.09	6.30	7.51	8.72	9.94	11.15	12.36	13.57	14.78
60	3.55	4.76	5.98	7.19	8.40	9.61	10.82	12.04	13.25	14.46	15.67
50	4.44	5.65	6.86	8.08	9.29	10.50	11.71	12.92	14.14	15.35	16.56
40	5.33	6.54	7.75	8.96	10.18	11.39	12.60	13.81	15.02	16.24	17.45
30	6.22	7.43	8.64	9.85	11.06	12.28	13.49	14.70	15.91	17.12	18.34
20	7.10	8.32	9.53	10.74	11.95	13.16	14.38	15.59	16.80	18.01	19.22
10	7.99	9.20	10.42	11.63	12.84	14.05	15.26	16.48	17.69	18.90	20.11
0	8.88	10.09	11.30	12.52	13.73	14.94	16.15	17.36	18.58	19.79	21.00

Flat commission structure

Life/trauma/TPD insurance plans

Premium reduction	% of renewal commission taken										
	100	90	80	70	60	50	40	30	20	10	0
100	0.00	1.31	2.61	3.92	5.22	6.53	7.84	9.14	10.45	11.75	13.06
90	0.28	1.59	2.89	4.20	5.50	6.81	8.12	9.42	10.73	12.03	13.34
80	0.56	1.87	3.17	4.48	5.79	7.09	8.40	9.70	11.01	12.31	13.62
70	0.84	2.15	3.46	4.76	6.07	7.37	8.68	9.98	11.29	12.60	13.90
60	1.12	2.43	3.74	5.04	6.35	7.65	8.96	10.27	11.57	12.88	14.18
50	1.41	2.71	4.02	5.32	6.63	7.94	9.24	10.55	11.85	13.16	14.46
40	1.69	2.99	4.30	5.60	6.91	8.22	9.52	10.83	12.13	13.44	14.75
30	1.97	3.27	4.58	5.89	7.19	8.50	9.80	11.11	12.41	13.72	15.03
20	2.25	3.56	4.86	6.17	7.47	8.78	10.08	11.39	12.70	14.00	15.31
10	2.53	3.84	5.14	6.45	7.75	9.06	10.37	11.67	12.98	14.28	15.59
0	2.81	4.12	5.42	6.73	8.03	9.34	10.65	11.95	13.26	14.56	15.87

Flat commission structure

Income insurance/business expenses insurance plans

Premium reduction	% of renewal commission taken										
	100	90	80	70	60	50	40	30	20	10	0
100	0.00	1.73	3.46	5.19	6.93	8.66	10.39	12.12	13.85	15.58	17.31
90	0.37	2.10	3.83	5.56	7.29	9.03	10.76	12.49	14.22	15.95	17.68
80	0.74	2.47	4.20	5.93	7.66	9.39	11.13	12.86	14.59	16.32	18.05
70	1.11	2.84	4.57	6.30	8.03	9.76	11.49	13.23	14.96	16.69	18.42
60	1.47	3.21	4.94	6.67	8.40	10.13	11.86	13.59	15.33	17.06	18.79
50	1.84	3.57	5.31	7.04	8.77	10.50	12.23	13.96	15.69	17.43	19.16
40	2.21	3.94	5.67	7.41	9.14	10.87	12.60	14.33	16.06	17.79	19.53
30	2.58	4.31	6.04	7.77	9.51	11.24	12.97	14.70	16.43	18.16	19.89
20	2.95	4.68	6.41	8.14	9.87	11.61	13.34	15.07	16.80	18.53	20.26
10	3.32	5.05	6.78	8.51	10.24	11.97	13.71	15.44	17.17	18.90	20.63
0	3.69	5.42	7.15	8.88	10.61	12.34	14.07	15.81	17.54	19.27	21.00

Product information

Replacement plans

Where a replacement plan is issued and is of a similar type as another AXA plan on the same person insured which is discontinued, new business commission is only payable on any increase in premium on the new plan.

The determination of commission will take into account any changes in premium structure, the age of the person insured and the payment of premium frequency.

Commission payable on this amount will be based on the commission terms, which apply to the replacement plan.

The commission style (ie up-front, hybrid, flat) on the replacement plan must be the same as the old plan.

Commission reversals

A commission reversal will result on any commission already credited to an authorised representative as a result of a plan that lapses, cancels or discontinues. This will arise where either:

- 1 A plan has lapsed or cancelled prior to the expiry of the Responsibility Period. In this case, the amount of the reversal will be a percentage of the commission amount credited for that plan as outlined in the table below, or
- 2 There has been a refund of premiums under a plan for whatever reason at any time. In this case, the amount of the reversal will be the amount of any commission credited in respect of premiums, which have been refunded.

Month ¹	1	2	3	4	5	6	7	8	9	10	11	12
Reversal ²	100%	100%	100%	100%	100%	100%	83%	66%	50%	32%	16%	0%

1 Month means completed calendar month since the effective date of the new business event giving rise to the commission credit.

2 Reversal is the appropriate percentage of the commission debited.

The Responsibility Period is the period at the expiration of which no further commission will be debited as a result of cancellation or lapse of a plan, unless such cancellation involves a refund of premium. Any commission reversal will be debited from an Authorised Representative as at the date on which a refund is made or the plan lapses, cancels or discontinues. This applies, even if the authorised representative to whom the commission relates, did not originally submit the plan, but acquires the entitlement to remuneration as a result of, for example, a transfer of servicing rights.

Additionally, renewal commission is not reversed once paid. Any overpayments caused by dishonoured premiums will be offset against future commission in the following year.

Workplace Rewards and Family programme

For Workplace Rewards and Family programme policies, the percentage of dial down new business commission and renewal commission varies from the standard commission rates.

For existing plans, remuneration rates for a specific workplace arrangement can be provided on request. For new workplace and family arrangements, the rates of remuneration will be outlined at the time the arrangement is established.

Changing plan ownership

Important information that you need to know if your client is changing their plan ownership on Term and Total and Permanent Disability (TPD) Insurance products.

If you are changing the plan ownership from:

- an individual to a self-managed superannuation fund (SMSF)
- an individual to NM Superannuation
- NM Superannuation to an SMSF
- NM Superannuation to an individual
- SMSF to an individual*
- SMSF to NM Superannuation, or
- SMSF to another SMSF*.

The existing AXA plan must be cancelled and replaced with an equivalent on-sale AXA insurance plan.

The reasons for cancellation and replacement are:

- 1 There are fundamental differences between the relationships that exist where insurance is purchased by an individual and where insurance is purchased by an individual through a superannuation trustee.
- 2 The policy document received by the original policy owner contains specific wording depending on who owns the plan.

Where the plan owner is an individual, the policy document may have included a funeral benefit, and accommodation benefit, and/or financial plan benefit. These are not allowed under a superannuation arrangement.

Where the plan owner is an individual, the policy document would have usually included an age greater than age 75 for when the plan ends. This is not currently allowed under a superannuation arrangement.

Where the plan owner is an individual, the policy document would have specified any benefit paid will be paid in accordance with the plan owner's request. This is not allowed under a superannuation arrangement. Any benefit payment would be paid to the Trustee and then paid at their discretion (provided release conditions have been met).

* Where a **non-superannuation plan** owned by a SMSF is transferred to an individual or to another SMSF, the plan does not need to be cancelled and replaced.

Product information

3 Superannuation legislation prevents a superannuation fund acquiring a life insurance plan from an individual.

As part of the replacement, AXA will provide the following for your client:

**If the new plan is owned by:
NM Superannuation**

The premium cease age for the new AXA insurance plan will be age 75 – in some instances this will be greater than the current premium cease age of the existing plan.

We will not medically or financially underwrite the new AXA insurance plan provided the sum insured amount is not increasing and the current insurance is not reinsured.

**If the new plan is owned by:
Individual**

The premium cease age for the new AXA insurance plan will be age 99 – in most instances this will be greater than the current premium cease age of the existing plan.

We will not medically or financially underwrite the new AXA insurance plan provided the sum insured amount is not increasing and the current insurance is not reinsured.

Changing plan ownership – administration requirements

Application form

To complete the change in plan ownership, you must first identify the category in Table 1.

Table 1

From current plan owner	To proposed plan owner	Category
Individual	NM Superannuation	A
SMSF	NM Superannuation	A
Individual	SMSF	B
NM Superannuation	SMSF	B
SMSF	SMSF	B
NM Superannuation	Individual	C
SMSF	Individual	C

Once you have determined the applicable category, please refer to Table 2 for the pages of the current insurance application form that need to be completed.

Table 2

Which parts of the application form	Requirements to be completed according to the category held in the table above		
	A	B	C
Plan summary	Yes	Yes	Yes
Products and options	Yes	Yes	Yes
Superannuation membership	Yes		
Nomination of dependants	Yes		
Trustee declaration		Yes	
Tax file number	Yes		
Nomination of beneficiaries			Yes
Payment authorities	Yes	Yes	Yes
Declaration, consent and signatures	Yes	Yes	Yes
Financial adviser checklist	Yes	Yes	Yes

Note: If the current plan is reinsured then we may require further details. These details will be determined by the Underwriter once the application form has been received and may involve a request for medical and financial information.

Premium quoting

The standard premium rates for the new AXA's Elevate insurance plan will apply. The new premium can be calculated using the Premium Quoting Tool (PQT).

- If the current premium structure is 'stepped', the premium quote will be based on the client's age next birthday. This is achieved by entering the client's exact date of birth.
- If the current premium structure is 'level', you will need to request your BDM to provide you with a composite level premium age. This age will take into consideration when the original policy first commenced and any sum insured increases along the way. Once the age has been provided, you will need to enter the date of birth that returns this age in the Age Next field.

In both instances, a copy of the insurance quote from the PQT must be submitted with the application. A copy of the BDM email with the composite level premium age should also be provided as confirmation.

There may be instances where the new stepped or level insurance premium is greater than the old insurance premium. In these instances the new stepped or level insurance premium will apply.

As part of the replacement, AXA will provide the following for you:

- The new plans will be set-up with the same commission style (upfront, hybrid or flat) as per the current plan being cancelled.
- Renewal commission will be increased to the current commission terms, with a minimum annual commission payment equal to 10.12 per cent of insurance premium received.
- New business commission will be paid on any increase in premium between the current insurance premium and the new insurance premium.

Workplace Rewards and Family programme

A packaging discount may apply if plans are grouped together because there is a 'family', 'workplace' or 'family/workplace' relationship between the lives insured on the grouped plans.

A 'family' relationship includes lives insured who are:

- a spouse, brother, sister, son, daughter, father, mother, father-in-law, mother-in-law, brother-in-law and sister-in-law, or
- a person in a bona fide domestic living arrangement and is financially interdependent. The plan owner must provide us with satisfactory evidence that there is an established and ongoing interdependency.

A 'workplace' relationship includes the employer, employees and their spouses.

Lives insured under the Children's Trauma Option are excluded.

This discount is available, where eligible persons apply for insurance cover from the current PDS's. The insurance plans may be Non-Superannuation plans, or Superannuation plans held under the Super Directions Fund ABN 78 421 957 449 or under the North Personal Superannuation and Pension Fund ABN 92 381 911 598.

Eligibility to join a program is subject to acceptance from the Financial Protection National Development Manager. The program will be activated upon successful application and the commencement of five eligible lives.

Occupations: general/

This section of the guide covers a wide variety of occupations. The tables provide suggested occupation ratings for Trauma, TPD, ADL TPD and Income Protection.

Occupations should be classified based on duties not title. To assist the Underwriter, always give a full description of actual duties on the Personal Statement.

If you are unsure how to classify a particular occupation, please call the underwriting team.

Income protection and TPD considerations

Hours worked per week

For **income protection** the person insured must work in a full-time capacity, and be in regular employment. The minimum number of hours worked per week is 30.

Consideration may be given to permanent part-time employees working regular hours, away from home and for at least 20 hours per week. It will be preferable if the insured has established a pattern of ongoing regular, part time work for a period of at least 12 months. Special consideration will be given to waiving this 12 month requirement for qualified professionals returning to part time work from maternity or paternity leave.

The Income Insurance Professional Plan will not be available to part-time Applicants.

The Underwriter will also carefully assess those applicants who are working a large number of hours per week (that is over 40 to 50 hours per week), and may limit the benefit period (for example, to 2 years or 5 years), the benefit amount, or decline cover altogether.

If the Applicant has a second occupation and the combined hours are excessive, this may also result in similar underwriting action.

For **TPD**, cover is only available if the person insured is involved in regular permanent work for at least 20 hours per week. To be eligible for TPD, a home maker will be required to provide a statement regarding their duties running the family home and their active involvement in the **full-time** care of dependants (including children, parents, partners or siblings).

Home maker TPD cover is not available under superannuation plans.

Seasonal employment

Income Protection and TPD cover are not available to seasonal workers. Seasonal work usually depends on conditions outside the control of the client, such as travel, climate and weather conditions. Examples of seasonal workers are fruit pickers.

Dual occupations

Many people have more than one occupation so they can supplement their main income. This may be for economic reasons or to just have additional funds for holidays.

We will assess each application on an individual basis, however, the following guidelines will usually be followed.

- The occupation rating that will be used will be based on the highest risk occupation.

Occupations: general

- From a financial perspective, if the two occupations are not related and the client applies for an agreed value income protection plan, we will in most cases only consider the income earned from the principal occupation.
- If the two occupations are related, we may be able to consider covering both sources of income under an indemnity only plan.
- We will only consider covering the income from both occupations if the applicant has been working in the second occupation for at least 12 months.

Newly self-employed

In most cases we do not offer income protection for at least the first 12 months of self-employment. The reason for this is that it will usually take this period of time for the new business to establish itself, and for us to see a steady income/profit from the business.

The risk that we must bear in mind is that a large percentage of small businesses fail in the first 12 months. Cash flow problems are also a common occurrence in the first year of operation.

There are however two situations where we may consider income protection on someone who is newly self-employed. These are:

- a) People contracting back to their previous employer in the same occupation (see next section – Contractors), and
- b) People who have purchased an existing franchise or business in an industry in which they have prior experience.

Information we require should the applicant fit into category (b) above:

- background information on the business including how long it has been operating
- how much knowledge or experience the applicant has
- the last two years' financial accounts for the business purchased
- copies of any signed contracts to provide goods or services, and
- a copy of the business plan.

Terms and conditions we may consider:

- a minimum waiting period of 30 days
- a maximum benefit period of five years
- indemnity cover only
- benefits will be based on the applicant's earnings in the last two years and the earning history of the business purchased
- an endorsement may apply limiting benefits to a proportion of the average income of the new business in the first 12 months
- the insured must not work from home, and
- cover will not be considered if there is a history of bankruptcy or the insured has an unstable occupation history.

Contractors (sub-contractors)

Contract workers require special consideration when underwriting. We will consider the following:

- contractors are normally responsible for all business expenses. These will need to be deducted from the income stated in the contract
- continuing work may not be guaranteed, and
- the length of the contract is a significant consideration. The longer the term of the contract, the better the risk.

In most cases we will offer indemnity only cover with benefit periods limited to two or five years.

If the contractor has been self-employed less than 12 months, cover may not be available. Special consideration may be made for clients who have moved to a contract basis of employment, however remain working for the same company in the same position. Indemnity cover may be considered with a limited benefit period. Please call underwriting to discuss.

Working from home

A person insured who works from his or her place of residence presents a number of concerns at claims stage. It is difficult for the assessor to gauge the level of ongoing disability and the amount of work actually being performed.

Should your client work from their place of residence, the following information will be useful for the Underwriter and should be provided with the application.

- Does the office have a separate entrance open to the public?
- Is the office totally separate to the living areas in the home?
- Is there a separate phone line dedicated to the business?
- What is the frequency and the nature of contact with clients?
- What percentage of this contact is face to face?
- How often and for what reasons does the insured leave the premises in order to conduct business?

Where the client has a separate office from the main living area, and is dependent on regular face to face customer contact, a 30-day waiting period and an unlimited benefit period may be available.

Other Applications may be considered for 90-day waiting periods only, with a maximum benefit period of either 2 or 5 years.

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Rating guide

Occupation rate categories

Occupation classification is determined by the duties performed not the occupation title.

Income Protection

MP	Selected medical professionals, for example, general practitioners and psychiatrists.
AA	Includes what has been traditionally referred to as 'the professions'. In every case, training and registration by a professional or Government body is a feature. The acceptable professions are limited to those that are perceived to be the lowest risk, for example, engineers who are limited to consulting/office duties only. Includes dentists and selected medical specialists (not psychiatrists or general practitioners). This would also include individuals who are in an office based management role only and are earning in

Occupation rating guide

TPD and trauma

B, C, D, E	A multiple of the basic or standard premium will be charged (see Special notes below).
IC	Individual consideration of the particular case is needed. Full details should be submitted with the proposal. The rating will depend on the particular circumstances of the case involved.
NA	Cover is not available to persons in that occupation.
EXC	A special plan condition will apply which will automatically exclude certain activities or trauma events.
Special notes	
Trauma	Some of the quoted ratings suggest a special plan condition (EXC) or an extra premium as an alternative. Trauma benefit ratings are expressed alphabetically, with A representing the standard rate and ratings of B and C representing multiples of the standard rate, and which are currently 1.5 and 2.0 respectively. These multiples are not the same as those which apply for TPD.
TPD and ADL TPD	Disablement insurance ratings are expressed alphabetically with A representing the standard rate and ratings of B, C, D and E representing multiples of the standard rate which are currently 1.20, 1.45, 2.00 and 2.50 respectively. These multiples are not the same as those which apply to Trauma.

'Own' Occupation TPD

Own Occupation TPD is generally available to medically standard lives only. These occupations are required to be 100 per cent sedentary (ie no manual work), individuals must be **fully qualified** in their field of expertise and hold appropriate registration. The valid occupations are as follows:

Accounts clerk	Astronomer	Chemical engineer (no hazardous materials)
Accountant – degree	Auctioneer – Real Estate (min 3 years experience)	Civil Engineer
Actuary	Audiologist	Coroner
Administration/Clerical	Auditor	Dental hygienist
Advertising Executive	Bank clerk	Dental nurse
Aeronautical engineer	Banking administration	Dental prosthetist
Agricultural scientist (less than 10% field work)	Banking – Senior Management	Dental surgeon
Aircraft engineer (non flying – not office based)	Barrister	Dental technician
Aircraft engineer (office only)	Biochemist	Dentist
Airport management – others (office based only)	Bookkeeper	Dermatologist
Ambulance Personnel (administration only)	Botanist	Dietician
Anaesthetist	Brewery/Distillery – Admin, Clerical, Management	Doctor
Archaeologist – Consultant	Brewery/Distillery – Chemist	Draftsperson
Architect	Business executive	Economist
Architectural draftsperson	Cardiologist	Editor – newspaper industry
	Cartographer (no aviation work)	Electronic engineer
		Endocrinologist

Engineer (office based)	Ophthalmic surgeon	Tax consultant
Exporter/Importer (office only)	Ophthalmologist	Theatre/cinema Industry (management administration and full time only)
Gastroenterologist	Optician	Town planner
General practitioner	Optometrist	Toxicologist
Geneticist	Orthodontist	Trades/technical – lecturer
Geologist (office duties)	Orthopaedist	University – Lecturer/Professor/Dean
Graphic artist/designer (not working from home)	Osteopath	University – office administration staff
Gynaecologist	Paediatrician	Urologist
Haematologist	Pathologist	Valuer
Hardware/Building Supplies – Admin/Clerical/Management only	Pathology analyst	Veterinarian – domestic pets
Hospital registrar/manager	Personnel consultant	Vigneror/winemaker
Human Resources/Personnel Manager	Pharmacist	Zoologist (lab only)
Importer/exporter (office only)	Physician	
Industrial chemist (non hazardous materials)	Physicist	
Insurance clerk/administrator	Plastic surgeon	
Insurance manager/executive	Podiatrist/chiroprapist	
Interior decorator (design only)	Principal (School)	
Interpreter	Proof reader (printing and publishing)	
Judge	Psychiatrist	
Lawyer/solicitor	Psychologist	
Mathematician	Public relations officer (tertiary qualified)	
Merchant banker	Publisher	
Metallurgist (office/laboratory only)	Quantity surveyor	
Meteorologist	Radiographer	
Neurologist	Radiologist	
Nurse primarily engaged in administration (eg Director Of Nursing/Matron)	Real estate administration/ Clerical	
Nurse – dental	Real estate auctioneer (3 years experience)	
Obstetrician	Receptionist	
Occupational therapist	Schools – principal	
Office worker (clerical, typist, receptionist, secretary)	Secretary/stenographer	
Oil, petroleum & natural Gas Industries (onshore) Management/Clerical	Senior Executives/ Manager	
	Shipping/Maritime Industry Shore Personnel (administration only)	
	Speech therapist	
	Statistician	
	Surgeon	
	Surveyor – consulting	

Occupation rating guide

Occupation	Income Prot	Trauma & ADL TPD	TPD	Occupation	Income Prot	Trauma & ADL TPD	TPD
ABALONE DIVER	NA	EXC or B	NA	AMBULANCE Driver/Officer/Paramedic Personnel (administration only)	D A	A A	E A
ABATTOIR WORKER				AIRPORT MANAGEMENT (office based only)	A	A	A
Not slaughterer	DY	A	NA	AMUSEMENT PARLOUR/CENTRE Proprietor			
Slaughterer	NA	A	NA	No. of employees >10	B	A	A
ACCOUNTANT				No. of employees <10	C	A	B
CA/CPA qualified	AA	A	A	Employee	CY	A	C
Other	A	A	A	ANAESTHETIST	AA	A	A
ACTOR (see RADIO/TELEVISION/FILM INDUSTRY or THEATRE/CINEMA INDUSTRY)				ANALYST/PROGRAMMER (see COMPUTER INDUSTRY)			
ACTUARY				ANTENNA ERECTOR			
Degree qualified	AA	A	A	Commercial/industrial	NA	A	NA
Not degree qualified	A	A	A	Domestic only	CY	A	D
ACUPUNCTURIST				ANTIQUE DEALER	B	A	B
Qualified and registered	MP	A	A	APPRENTICE			
Qualified not registered	NA	A	A	1st, 2nd, 3rd year	NA	A	NA
Not qualified	NA	A	NA	4th year	DY	A	D
AERIAL PHOTOGRAPHER (see PHOTOGRAPHER)				ARCHITECT	AA	A	A
AGENT				ARCHITECTURAL DRAFTSPERSON	A	A	A
Advertising (100% office work)	A	A	A	ARMY PERSONNEL	NA	A	NA
Customs and Shipping				ARTIST			
- Airport/mail centre	C	A	B	Commercial (full time, not working at home)	A	A	A
- Docked ships	C	A	B	Graphic	A	A	A
- Clerical	A	A	A	Sculptor	NA	A	NA
Employment	A	A	A	Other	NA	A	NA
Insurance	A	A	A	AUCTIONEER			
Machinery	B	A	B	Livestock (3 years experience)	C	A	C
Mercantile/	NA	A	A	Real Estate (3 years experience)	A	A	A
Repossession/				Other	IC	A	IC
Private Detective				AUDIOLOGIST (registered)	MP	A	A
Real Estate				AUDITOR			
- 100% office work	A	A	A	- Degree qualified	AA	A	A
- Light manual work	B	A	B	- Not degree qualified	A	A	A
Stock/Station	B	B	B	AUTHOR/WRITER	NA	A	NA
AGRICULTURE (see FARMER)				AUTO SPACE ELECTRICIAN	C	A	C
AIR CONDITIONING							
Office duties/consulting	A	A	A				
Installer/repairs/servicing	C	A	C				
Supervisor/inspector	B	A	A				
AIRFORCE PERSONNEL	NA	A	NA				
AIRLINE (see AVIATION INDUSTRY)							

Occupation	Trauma & ADL		
	Income Prot	TPD	TPD
AUTOMOBILE (see MOTOR VEHICLE INDUSTRY)			
AVIATION INDUSTRY			
Flying Personnel			
– Instructor	NA	A	NA
– Aircrew/Attendants/Pilot	NA	A	NA
Non-Flying Personnel			
– Air Traffic Controller	NA	A	NA
– Mechanic/	C	A	C
Maintenance Staff			
– Baggage Handler	DY	A	D
– Clerical	A	A	A
– Other manual	DY	A	D
BACKHOE OPERATOR	D	A	D
BAKER/PASTRY COOK (Qualified)	C	A	C
Other (2 year min)	D	A	D
BANANA FARMER/MANAGER	C	A	C
BANK/BUILDING SOCIETIES			
Administrative/Clerical/Management	A	A	A
BANKER – MERCHANT	AA	A	A
BARBER			
Not working at home	CY	A	C
Working at home	NA	A	NA
BARTENDER	CY	A	C
BARRISTER	AA	A	A
BEACH INSPECTOR	NA	A	NA
BEAUTICIAN			
Not working at home	C	A	C
Working at home	NA	A	NA
BEEKEEPER/APIARIST	C	A	C
BILLIARD SALOON			
Proprietor			
– No. of employees >10	B	A	A
– No. of employees <10	C	A	B
Employee	CY	A	C
BLACKSMITH/FARRIER	DY	A	E
BLASTER (Explosives)	DY	EXC or C	NA

Occupation	Trauma & ADL		
	Income Prot	TPD	TPD
BLIND/AWNING/SCREEN			
Manufacturer	C	A	C
Installer	C	A	C
BOARDING HOUSE PROPRIETOR/OWNER	NA	A	NA
BOAT BUILDER (tradeperson qualified)	C	A	C
BOAT/WATERCRAFT OPERATOR (full details required)	NA	A	NA
BOBCAT OPERATOR	D	A	D
BOILER Inspector (no manual work)	C	A	C
Maker	D	A	D
BOOKBINDER	B	A	B
BOOKKEEPER	A	A	A
BOOKMAKER/BETTING	NA	A	NA
BOTTLE DEALER	CY	A	C
BREAD VENDOR	C	A	C
BREWERY/DISTILLERY			
Admin/Clerical/Management	A	A	A
Supervisor	B	A	B
Chemist	A	A	A
Worker – non-skilled	CY	A	C
BRICKLAYER	DY	A	E
BRICKWORKS EMPLOYEE (non-skilled)	DY	A	C
BROKER			
Finance/Insurance/Share/Stock	A	A	A
BUILDER (licensed)	C	A	C
BUILDER (without qualification)	DY	A	E
BUILDER'S LABOURER	DY	A	E
BUILDER'S SUPPLY MERCHANT	C	A	C
BUILDING INSPECTOR	B	A	B
BULLDOZER DRIVER/OPERATOR	D	A	D

Occupation rating guide

Occupation	Income Prot	Trauma & ADL TPD	TPD
BUS DRIVER			
Local	D	A	C
Long Distance	DY	A	D
BUSINESS EXECUTIVE	A	A	A
BUTCHER	C	A	C
Retail			
BUYER			
Clerical	A	A	A
Other	IC	A	IC
CABINET MAKER			
Qualified	C	A	C
Unqualified/Labourer	D	A	E
4th year apprentice	DY	A	D
CAFE PROPRIETOR	B	A	B
CAMERA OPERATOR (see RADIO/TELEVISION/FILM/INDUSTRY)			
CANE FARMER/MANAGER	C	A	C
CAR SALESPERSON	A	A	A
CARAVAN PARK/ PROPRIETOR/ EMPLOYEE	DY	A	NA
CARETAKER	D	A	NA
CARPENTER			
Qualified	C	A	C
Unqualified/Labourer	D	A	E
4th year apprentice	DY	A	D
CARPET CLEANER	C	A	C
CARPET LAYER	DY	A	NA
CARTAGE CONTRACTOR/ CARRIER			
Local/Metropolitan	D	A	C
Long Distance	DY	A	NA
CASHIER- FINANCIAL INSTITUTIONS	A	A	A
CASINO			
Croupier (minimum 2 years experience)	B	A	B
Poker/Gaming Machine Staff	C	A	B
Security (see SECURITY GUARD)			
CATERER			
Cooking	C	A	C
No cooking	B	A	B

Occupation	Income Prot	Trauma & ADL TPD	TPD
CEMETERY/ CREMATORIUM WORKER	CY	A	C
CHAINMAN (SURVEYING)	DY	A	D
CHAUFFEUR	B	A	B
CHEF			
Qualified	C	A	C
Unqualified (minimum 2 years experience)	D	A	D
CHEMICAL INDUSTRY			
Not Handling Acids, Explosives, Radioactive Materials:			
Analytical or Lab with Degree	B	A	B
Industrial chemist (non-hazardous)	B	A	B
Research	AA	A	A
Technician/Lab Assistant	B	A	B
Process/Production Worker	CY	A	C
Industrial chemist (hazardous) handling acids, explosives, radioactive materials	IC	IC	IC
CHEMIST/PHARMACIST (Qualified)	AA	A	A
CHILD-CARE WORKER			
Qualified and Registered			
- Working from home	NA	A	NA
- Not working from home	B	A	B
Not Govt. Registered	NA	A	NA
CHIROPDIDIST/ PODIATRIST			
Registered with Podiatrist's registration board	A	A	A
CHIROPRACTOR			
Registered with Chiropractor's registration board	B	A	A
CINEMA (see THEATRE/ CINEMA INDUSTRY)			
CIRCUS PERFORMER/ WORKER	NA	B	NA

Occupation	Trauma & ADL		
	Income Prot	TPD	TPD
CLEANER (full time only)			
Brick	DY	A	E
Carpet	C	A	C
Household	CY	A	C
Office/Factory/School	CY	A	C
Street	CY	A	C
Window			
up to 10 Metres high	CY	A	C
above 10 metres high	DY	A	NA
CLERICAL WORKER/ CLERK	A	A	A
CLUB			
Entertainment	NA	A	NA
Night/Disco	NA	A	NA
Private/Exclusive			
- Management/Admin. only	A	A	A
- Others	IC	A	IC
COACH DRIVER			
Local	D	A	C
Long Distance	DY	A	D
COMMERCIAL ARTIST (Not working from home)	A	A	A
COMMERCIAL TRAVELLER	B	A	B
COMPOSITOR			
Keyboard work only	B	A	B
Other	C	A	B
COMPUTER INDUSTRY			
Consultant	A	A	A
Engineer (degree qualified)	AA	A	A
Technician	B	A	B
Maintenance engineer	B	A	B
Keyboard Operator	B	A	B
Operator (no keyboard work)	A	A	A
Programmer/Systems Analyst	A	A	A
Sales Representative	A	A	A
CONCRETE CONTRACTOR/PAVER	NA	A	NA
COOK	C	A	C
COURIER (see DRIVER)			
CRANEPERSON/DRIVER (other than Dock Worker)			
Tower Crane	DY	A	NA
Other	D	A	C

Occupation	Trauma & ADL		
	Income Prot	TPD	TPD
DAIRY			
Proprietor	C	A	C
Delivery Person	C	A	C
Employee	CY	A	C
DEBT COLLECTOR			
Repossessing	DY	A	NA
No repossessing (office based only, no field work)	A	A	A
Other	C	A	C
DECORATOR/DESIGNER			
Design only, no manual work	A	A	A
Interior/Exterior with manual work			
to 10 metres high	B	A	B
over 10 metres high	DY	A	NA
DELICATESSEN PROPRIETOR	B	A	B
DEMOLISHER (BUILDING)			
Foreperson	CY	A	C
Other	NA	A	NA
DENTAL MECHANIC/ TECHNICIAN	B	A	B
DENTAL NURSE	B	A	B
DENTIST/DENTAL SURGEON/ ORTHODONTIST	AA	A	A
DIEMAKER/CASTER	C	A	C
DIETITIAN			
Qualified and registered	A	A	A
Unqualified	B	A	B
DIRECTOR (administrative duties only)	A	A	A
DIVER (professional)	NA	B	NA
DOCKER/WATERSIDE WORKER	NA	A	NA
DOCTOR (MEDICAL OR DENTAL)	MP	A	A
DRAFTSPERSON	A	A	A
DRAINER/DRAINAGE CONTRACTOR	DY	A	D
DRESSMAKER (not from home)	C	A	C

Occupation rating guide

Occupation	Trauma & ADL		TPD
	Income Prot	TPD	
DRILLERS			
Offshore and/or explosives use	NA	A	NA
Other	DY	A	D
DRIVER			
Ambulance	D		
Bulldozer	D		
Bus/Coach			
– Local	DD		
– Long Distance	DY		
Chauffeur – (not hire car)	B		
Courier			
– Bicycle	CY		
– Motorcycle	CY		
– Cars and Small Vans	C		
– Trucks (see Trucks below)			
Crane (other than Dock Worker and Tower Cranes)	D		
Dairy Delivery Person	C		
Earthmoving and Construction Equipment			
Explosives			
Fork Lift			
Garbage Collector			
Instructor			
– Car			
– Truck			
Log Haulier			
Taxi			
Tow Truck			
Trucks			
– Local/Metropolitan			
– Long Distance			

Occupation	Income Prot	Trauma & ADL TPD	TPD
FAST FOOD/TAKE AWAY PROPRIETOR	C	A	C
FENCING CONTRACTOR			
Proprietor	D	A	C
Employee	DY	A	C
FIBREGLASS WORKER	DY	A	D
FILM INDUSTRY (see RADIO/TELEVISION/FILM INDUSTRY)			
FINANCIAL PLANNER/CONSULTANT	A	A	A
FIREFIGHTER			
Airport	DY	A	D
City	DY	A	D
Explosives	NA	EXC or C	NA
Mines	NA	EXC or C	NA
Oil and Natural Gas Well	NA	EXC or C	NA
FISHING			
Deep Sea or Seasonal	NA	A	NA
Other	IC	A	IC
FISHMONGER (not fish and chip shop)	C	A	C
FITTER AND TURNER	C	A	C
FLOOR COVERER/LAYER (linoleum/plastic, not carpet)	D	A	D
FLOOR SURFACER/TILER/SANDER	D	A	D
FOREPERSON (no demolition/wrecking)	C	A	C
FOUNDRY			
Patternmaker	D	A	D
Worker	DY	A	E
FRENCH POLISHER	C	A	C
FUNERAL PARLOUR			
Funeral Director/Undertaker (no manual work)	A	A	A
Driver/Embalmer/Pall Bearer/Other	C	A	C

Occupation	Income Prot	Trauma & ADL TPD	TPD
FURNITURE REMOVALIST			
Local	DY	A	C
Long distance	NA	A	D
GARBAGE COLLECTOR	DY	A	D
GARDENER			
Domestic Landscape (2 years experience)	C	A	C
Other	CY	A	C
GAS FITTER	D	A	C
GEOLOGIST			
Office only (no field work)	A	A	A
Field Work	C	A	C
GLASS BLOWER/CUTTER	CY	A	C
GLAZIER	C	A	C
GOLDSMITH/SILVERSMITH	B	A	B
GOLF CLUB PROFESSIONAL			
Shop, tuition only	C	A	NA
Touring	NA	A	NA
GOVERNMENT EMPLOYEES	A	A	A
Office duties only			
GRAPHIC ARTIST/DESIGNER (not from home)	A	A	A
GREENKEEPER/GROUNDSPERSON			
Supervisor (detail training/occupational history)	C	A	C
Other	D	A	D
GYM INSTRUCTOR	NA	A	NA
HAIRDRESSER/BARBER			
Not working at home	CY	A	C
Working at home	NA	A	NA
HANDYPERSON (2 years minimum experience)	DY	A	E
HARDWARE/BUILDING SUPPLIES	A	A	A
Admin, clerical, Management only			
HOME DUTIES/HOME MAKER	NA	A	A

Occupation rating guide

Occupation	Income Prot	Trauma & ADL TPD	TPD	Occupation	Income Prot	Trauma & ADL TPD	TPD
HORSE RIDING INSTRUCTOR	CY	A	NA	INSURANCE Adjuster/Assessor (not Private Investigator)	B	A	B
HORSE STRAPPER	DY	A	D	Agent/Salesperson	A	A	A
HORSE TRAINER/BREEDER	CY	A	C	Broker	A	A	A
HORTICULTURIST (qualified – minimal manual)	B	A	B	Inspector	B	A	B
HOSPITAL Aides	CY	A	C	INTERIOR DECORATOR/DESIGNER (see DECORATOR/DESIGNER)			
Domestic	CY	A	C	INVESTIGATOR/INQUIRY AGENT	NA	A	NA
Orderly/Wardperson	CY	A	C	INVESTMENT ADVISOR (licensed)	A	A	A
Registrar/Manager	A	A	A	JACKAROO/JILLAROO/STOCKHAND/STATIONHAND	DY	A	NA
HOTEL INDUSTRY (including Motels) Manager/Proprietor				JANITOR	CY	A	C
– 10 or more full-time employees	B	A	A	JEWELLER			
– under 10 full-time employees	C	A	B	Repairs/Retail Sales	B	A	B
Staff				Others (including Cutter/Polisher/Setter/Engraver)	B	A	B
– Bar	CY	A	C	JOCKEY	NA	EXC or B	NA
– Bottle Shop Attendant	C	A	C	JOURNALIST			
– Bouncer	NA	A	NA	Freelance, no overseas assignments	NA	A	NA
– Chef	C	A	C	Salaried, no overseas assignments	A	A	A
– Cleaner	CY	A	C	Salaried, overseas assignments	NA	NA	NA
– Driveway Attendant	C	A	C	KENNEL PROPRIETOR	C	A	C
– Office/Admin only	A	A	A	KEY PUNCH OPERATOR	B	A	B
– Waiter	B	A	B	KITCHEN HAND			
– Other	IC	A	IC	2 years experience	D	A	D
HOUSEPERSON	NA	A	A	< 2 years experience	DY	A	D
HUMAN RESOURCES/PERSONNEL MANAGER	A	A	A	KNITTER (IN MILL)	CY	A	C
IMPORTER/EXPORTER				LABORATORY TECHNICIAN			
Office only	A	A	A	(not handling radioactive or toxic substances or chemicals)	B	A	B
Some light manual work	B	A	B	Other	IC	IC	IC
INDUSTRIAL CHEMIST (non hazardous materials)	AA	A	A	LABOURER (not under specified industry)	DY	A	E
INSPECTOR				LAND BROKER	A	A	A
Electrical	C	A	C				
Meat	B	A	B				
INSTRUMENT MAKER	B	A	B				
INSULATION INSTALLER	D	A	C				

Occupation	Trauma & ADL		
	Income Prot	TPD	TPD
LANDSCAPE GARDENER			
Not qualified (2 years experience)	C	A	C
Qualified (horticultural degree/diploma and minimum of manual labour)	C	A	B
Other	CY	A	C
LAWN MOWER SALES AND SERVICE	C	A	B
LAWNMOWING CONTRACTOR			
3 years experience	C	A	C
Other	CY	A	C
LAWYER	AA	A	A
LIBRARIAN	A	A	A
LIFT MECHANIC	C	A	C
LINES INSTALLER OR LINES REPAIRER (see ELECTRICAL or TELECOMMUNICATIONS)			
LINOTYPE OPERATOR	C	A	C
LIVESTOCK BUYER/DEALER	B	A	B
LOCKSMITH	B	A	B
LOGGING (see TIMBER)			
LOSS ADJUSTER (not Private investigator/repossession)	B	A	B
MACHINERY EQUIPMENT HIRE OR SERVICE	C	A	B
MACHINIST			
Clothing			
- in shop or factory away from home	C	A	C
- at home	NA	A	NA
Metal/Wood	DY	A	D
MAIL CONTRACTOR			
Van	C	A	C
Motorcycle	CY	A	C
MANAGEMENT CONSULTANT	A	A	A

Occupation	Trauma & ADL		
	Income Prot	TPD	TPD
MANAGER	A	A	A
Director (office duties only)			
MANICURIST			
Not working at home	C	A	C
Working at home	NA	A	NA
MANUFACTURER			
Office duties only	A	A	A
Other (not handling toxic/hazardous substances)	CY	A	C
MARKET GARDENER	C	A	B
MARITIME (see SHIPPING/MARITIME INDUSTRY)			
MASON	D	A	D
MASSEUR/MASSEUSE	NA	A	NA
MATHEMATICIAN	AA	A	A
MEAT PACKER	DY	A	D
MECHANIC (qualified)	C	A	C
MEDICAL PRACTITIONER	MP	A	A
MERCHANT BANKER	AA	A	A
MERCHANT SEAMAN	NA	A	NA
METAL INDUSTRY			
Fitter and Turner (qualified)	C	A	C
Metal Supply/Stocks	DY	A	D
Sheet Metal Worker	D	A	D
Skilled Supervisor	C	A	C
Other workers	DY	A	E
METALLURGIST			
Office/Laboratory only	A	A	A
Field work	C	A	C
METER READER	D	A	D
MILK BAR			
Proprietor	B	A	B
Employee	B	A	B
MILK VENDOR	C	A	C

Occupation rating guide

Occupation	Income Prot	Trauma & ADL TPD	TPD
MINE WORKER			
– Administration (see below)			
– Hard Rock	C	A	C
– Soft Rock Open cut (no explosives)	C	A	C
– Soft Rock Open cut (explosives use – exclusion to apply)	C	A	NA
– Soft Rock Underground (no explosives)	DY	A	C
– Soft Rock Underground (explosives use – exclusion to apply)	NA	A	NA
– Professional (see below)			
– Tradesperson (rate according to hard or soft rock above)			
MINE WORKER – PROFESSIONAL (DEGREE) AND OFFICE WORKER			
Above ground (rate for occupation)			
Underground (rate as MINE WORKER – hard or soft rock)			
MINE WORKER – TRADESPERSON (QUALIFIED)			
Rate as MINE WORKER (hard or soft rock)			
MINISTER OF RELIGION	A	A	A
PRIEST/CLERGY (sole occupation)			
MODEL	NA	A	NA
MOTEL (see HOTEL INDUSTRY)			
MOTOR VEHICLE INDUSTRY			
Assembly/Production line worker	CY	A	C
Dealer	A	A	A
Detailer	C	A	C
Mechanic	C	A	C
Sales	A	A	A
Wrecker	DY	A	E

Occupation	Income Prot	Trauma & ADL TPD	TPD
MUSICIAN			
Orchestral (full time)	NA	A	NA
Teacher (full time) not working at home	B	A	B
Other	NA	A	NA
NATUROPATH			
Govt. registered, not working at home	A	A	A
Other	NA	A	NA
NAVY PERSONNEL	NA	A	NA
NEWSAGENT (sales only)	B	A	B
NURSE			
Aide	CY	A	C
Dental	B	A	B
General			
– Enrolled	C	A	C
– Registered	C	A	C
Geriatric	C	A	D
Personal care attendant			
– Hospital and Aged care facility based only	DY	A	D
– In-home based	NA	A	D
Midwife	C	A	B
Psychiatric	C	A	D
Primarily engaged in administration (eg nurse educator, director of nursing)	B	A	A
Veterinary	C	A	C
NURSERY (PLANTS)	C	A	C
OCCUPATIONAL THERAPIST (degree qualified)	A	A	A

Occupation	Income Prot	Trauma & ADL TPD	TPD
OIL, PETROLEUM AND NATURAL GAS INDUSTRIES			
Distributors (no delivery work involved)	B	A	C
Driller			
– Offshore	NA	A	NA
– Other (no explosives)	DY	A	D
– Other (explosives)	NA	A	NA
Management, Clerical, Onshore	A	A	A
Refinery (no rigging involved)			
– skilled	C	A	B
– unskilled	DY	A	C
Pipeline (surface work only)			
– skilled	CY	A	D
– unskilled	DY	A	E
Rig Personnel	NA	A	NA
Tanker Driver			
– Local	D	A	C
– Long Distance	DY	A	D
Working with explosives, drilling rigs, underground work or diving	NA	EXC or C	NA
OPHTHALMOLOGIST (qualified)	AA	A	A
OPTICIAN	A	A	A
OPTOMETRIST	MP	A	A
ORCHARDIST	C	A	C
ORTHODONTIST	AA	A	A
OSTEOPATH			
Registered with Osteopath/Chiropractor's board	B	A	A
OWNER/DRIVER (see DRIVER for particular category)			
OYSTER FARMER	C	A	C
PAINTER			
Up to 10 metres high	C	A	C
Over 10 metres high	DY	A	NA
PAINTER (without qualification)			
Up to 10 metres high	DY	A	E
Over 10 metres high	NA	A	NA

Occupation	Income Prot	Trauma & ADL TPD	TPD
PANEL BEATER (qualified)	D	A	C
PARKING STATION ATTENDANT	BY	A	B
PASTRY COOK	C	A	C
PATHOLOGIST	MP	A	A
PATHOLOGY ANALYST	A	A	A
PATTERNMAKER (foundry moulds etc)	D	A	D
PAVER	NA	A	NA
PAYROLL GUARD (see SECURITY GUARD)			
PERSONAL TRAINER	NA	A	NA
PEST CONTROLLER/EXTERMINATOR	DY	C	NA
PHARMACIST	AA	A	A
PHOTOENGRAVER	C	A	C
PHOTOGRAPHER (local)			
Mainly studio	B	A	B
Aerial	NA	A	NA
Other	NA	A	NA
PHYSICIST	AA	A	A
PHYSIOTHERAPIST	B	A	A
PIANO TUNER	B	A	B
PICTURE FRAMER	C	A	C
PILOT	NA	A	NA
PLASTERER	NA	A	D
PLUMBER/GAS FITTER			
Trade qualified	D	A	C
4th year apprentice	DY	A	C
PLUMBER (roof)	DY	A	E
PODIATRIST/CHIROPODIST			
Registered with Podiatrist's registration board	A	A	A
POLICE			
Motorcyclist	NA	EXC or C	NA
Non-Motorcyclist/general duties	NA	A	E

Occupation rating guide

Occupation	Income Prot	Trauma & ADL TPD	TPD	Occupation	Income Prot	Trauma & ADL TPD	TPD
POST OFFICE				RADIO/TELEVISION/FILM INDUSTRY			
Australia Post shop employee	B	A	B	Actor	NA	A	NA
Post office agent (sole business)	B	A	B	Administration	A	A	A
Delivery van	C	A	C	Announcer	BY	A	NA
Mail sorter	C	A	C	Camera Operator			
Motorcycle	CY	A	C	– Studio only	B	A	B
Supervisor/clerk	A	A	A	– On location (no overseas work)	C	A	C
PRIEST	A	A	A	Director/Producer	A	A	A
PRINTER/PUBLISHER				Editor	A	A	A
No manual work	A	A	A	Engineer	B	A	B
Skilled manual work (eg Engraver/Linotype operator)	B	A	B	Projectionist	B	A	B
Other worker	IC	A	IC	Reporter (salaried, no overseas work)	A	A	A
PRISON OFFICER	NA	A	NA	TV/Radio Technician/Repairer	B	A	B
PRIVATE DETECTIVE/ INVESTIGATOR	NA	A	NA	RADIOGRAPHER	A	A	A
PROCESS/ PRODUCTION WORKER	CY	A	C	RADIOLOGIST	AA	A	A
PRODUCE MERCHANT	C	A	C	RAILWAY WORKER			
PROFESSIONAL SPORTS PERSON	NA	A	NA	Driver	DY	A	C
PROGRAMMER (see COMPUTER INDUSTRY)				Fireperson	DY	EXC or C	NA
PROPERTY				Guard	CY	A	B
Consultant	A	A	A	Inspector (ticket only)	B	A	B
Investor	NA	A	NA	Labourer	DY	A	E
Developer	NA	A	A	Maintenance	DY	A	E
PSYCHIATRIST	MP	A	A	Porter	DY	A	D
PSYCHOLOGIST	MP	A	A	Shunter	DY	A	NA
PUBLIC RELATIONS OFFICER (tertiary qualified)	A	A	A	Signal person	BY	A	B
PUBLIC SERVANTS – CLERICAL	A	A	A	Station master	BY	A	B
PUBLISHER (see PRINTER)				Station assistant	CY	A	B
PURCHASING OFFICER				Ticket collector	B	A	B
Clerical	A	A	A	Track laying	DY	A	NA
Other	IC	A	B	REAL ESTATE AGENT	A	A	A
QUANTITY SURVEYOR	A	A	A	REAL ESTATE AUCTIONEER (3 yrs exp)	A	A	A
QUARRY WORKER	DY	EXC or C	NA	RECEPTIONIST (office duties only)	A	A	A
				REFRIGERATION MECHANIC/REPAIRER	B	A	C
				REPAIRER/SERVICE TECHNICIAN			
				Light manual (eg office machines)	B	A	B
				Heavy manual	C	A	C

Occupation	Trauma & ADL		TPD
	Income Prot	TPD	
REPORTER (see JOURNALISM)			
RESTAURANT			
Chef/Cook	C	A	C
Proprietor/Manager			
5 or more employees	B	A	A
less than 5 employees	C	A	B
Waiter	B	A	B
Other full-time employees	IC	A	IC
RETIRED	NA	A	NA
RIGGER	NA	A	NA
ROOFER/ROOF TILER	DY	A	E
RUBBISH REMOVALIST	DY	A	D
SALES REPRESENTATIVE (see also AGENT, CAR SALESPERSON, SHOP PROPRIETOR/ASSISTANT)			
Not listed elsewhere (no delivery/assembly/repair)	A	A	A
Other	IC	A	C
SAND BLASTER	DY	A	NA
SCAFFOLDER	DY	A	NA
SCRAP METAL DEALER	DY	A	D
SEAMAN	NA	A	NA
SEARCH/RESCUE WORKER (not volunteer)			
SEASONAL WORKERS	NA	A	NA
SECOND HAND DEALER	B	A	B
SECRETARY	A	A	A
SECURITY GUARD			
Armed	DY	C	NA
Unarmed (no unusual hazards)	D	A	NA
SERVICES (ARMED FORCES)	NA	A	NA
SERVICE STATION/GARAGE			
Attendant/Worker	CY	A	C
Console Operator (no driveway work)	BY	A	B
Mechanic (qualified)	C	A	C
Proprietor (no mechanical work)	B	A	B

Occupation	Trauma & ADL		TPD
	Income Prot	TPD	
SHEARER/SHEARING CONTRACTOR	DY	A	NA
SHEET METAL WORKER	D	A	D
SHIPPING/MARITIME INDUSTRY			
Seagoing Personnel			
- Crew	NA	A	NA
- Officer	NA	A	B
- Engineer	NA	A	C
Shore Personnel			
- Administration only	A	A	A
- Dock worker	NA	A	NA
- Shipyard worker	DY	A	NA
SHIPWRIGHT	C	A	C
SHOE MAKER/REPAIRER	C	A	C
SHOP FITTER	C	A	C

Occupation rating guide

Occupation	Income Prot	Trauma & ADL TPD	TPD	Occupation	Income Prot	Trauma & ADL TPD	TPD
SHOP PROPRIETOR/ ASSISTANT				SHOP PROPRIETOR/ ASSISTANT			
Antiques (sales)	B	A	B	Music/Musical	B	A	B
Antiques (restoration)	C	A	C	Instruments			
Bicycles	B	A	B	Newsagent (sales only)	B	A	B
Booksellers, Stationery, Cards	B	A	B	Photographic (mainly STUDIO)	B	A	B
Bread/Cakes (no baking)	B	A	B	Secondhand	B	A	B
Butcher (retail – no slaughtering)	C	A	C	Shoe Store (sales only)	B	A	B
Café	B	A	B	Skin/Hide/Leather	B	A	B
China/Glassware	B	A	B	Sporting Goods (sales only)	B	A	B
Clothing	B	A	B	Supermarket Proprietor – Manager Large Store	B	A	B
Curtain (sales only)	B	A	B	– Other	C	A	C
Delicatessen	B	A	B	Tobacconist	B	A	B
Disposals	B	A	B	(no hairdressing)			
Dry Cleaner				Video Shop	B	A	B
– Proprietor/Manager	C	A	C	Not otherwise rated			
– Other	D	A	D	– Light goods only	B	A	B
Electrical, Radio, Television (sales only)	B	A	B	(eg clothes)			
Fast Food	C	A	C	– Heavy goods (eg machinery)	C	A	B
Fishmonger (not fish and chip shop)	C	A	C	– Mainly take-away food	C	A	C
Florist				SIGN ERECTOR	DY	A	NA
– Administration/Sales	B	A	B	SIGN WRITER	C	A	B
– Deliveries	C	A	C	SLAUGHTERER	NA	A	NA
Fruiterer and Greengrocer	C	A	C	SOCIAL WORKER	B	A	B
Furniture (new retail)	B	A	B	SOFT DRINK MANUFACTURER	C	A	C
Furrier	B	A	B	SOLICITOR	AA	A	A
General Store	B	A	B	SPECIALIST PHYSICIAN	AA	A	A
Gift	B	A	B	SPEECH THERAPIST (qualified)	A	A	A
Glass (plate glass etc)	B	A	B	SPORTING/FITNESS CLUB			
Gunsmith	B	A	B	Management/Admin. only	A	A	A
Haberdasher, Draper	B	A	B	Coach	NA	A	NA
Hardware (light lifting)	C	A	C	Others	IC	A	IC
Health Foods	B	A	B	Gym Instructor	NA	A	NA
Jeweller (retail only)	B	A	B	Personal Trainer	NA	A	NA
Lawnmowing (sales and service)	C	A	B	SPRAY PAINTER (qualified)	C	A	C
Licensed Grocer/Liquor Store	B	A	B	SQUASH COURT PROPRIETOR (full time only, non- professional playing)	B	A	B
Lingerie	B	A	B				
Locksmith	B	A	B				
Milk Bar	B	A	B				
Milliner (retail only)	B	A	B				
Mobile (eg ice cream, donuts)	CY	A	C				
Motor Spares	B	A	B				

Occupation	Trauma & ADL		
	Income Prot	TPD	TPD
STATISTICIAN	AA	A	A
STEEL ERECTOR/FIXER	DY	A	NA
STEVEDORE	NA	A	NA
STOCKMAN/STATION HAND (see JACKAROO)			
STONEMASON	D	A	D
STOREKEEPER (see SHOPS)			
STOREPERSON (light manual)	C	A	C
STOREPERSON AND PACKER	D	A	C
STUDENT	NA	A	A
STUNTPERSON	NA	NA	NA
SURGEON	AA	A	A
SURVEYOR			
Consulting	A	A	A
Explosives	DY	EXC or C	NA
Other	B	A	B
SWIMMING POOL			
Builder	C	A	C
Proprietor/Manager	B	A	B
Swimming Instructor (full time only, not seasonal)	CY	A	C
Attendant	NA	A	NA
SYSTEMS ANALYST (see COMPUTER INDUSTRY)			
TAB (TOTALISATOR) AGENT (full time only)	B	A	B
TAKE-AWAY FOOD SHOP PROPRIETOR (3 years experience)	C	A	C
TAILOR (not working from home)	C	A	C
TANNER	D	A	NA
TAX CONSULTANT	A	A	A
TAXI DRIVER	CY	A	C

Occupation	Trauma & ADL		
	Income Prot	TPD	TPD
TEACHER			
Music (full time)	B	A	B
Physical (eg physical education, dancing)	C	A	NA
Trade (eg agriculture, technical college)	C	A	C
Other	A	A	A
TELECOMMUNICATIONS/ TELEPHONE/TV			
Engineer – Degree, office duties only	AA	A	A
Engineer (not qualified)	B	A	B
Lines Installer or Line Repairer			
– Tower	DY	A	NA
– Others	DY	A	NA
TELEPHONIST/ SWITCHBOARD OPERATOR	A	A	A
TELEVISION (see RADIO/ TELEVISION/FILM INDUSTRY)			
TENNIS COACH (3 years experience, full time only, not touring or professional player)	C	A	NA
TEXTILE WORKERS	CY	A	C
THEATRE/CINEMA INDUSTRY (full time only)			
Actor	NA	A	NA
Director/Producer	B	A	B
Management (administration only)	A	A	A
Make-up	C	A	C
Projectionist	B	A	B
Ticket Seller/Usher	BY	A	B
Wardrobe	C	A	C
Other	IC	A	IC
TILER/SLATER			
Floor/Wall	D	A	D
Roof	DY	A	E

Occupation rating guide

Occupation	Income Prot	Trauma & ADL TPD	TPD	Occupation	Income Prot	Trauma & ADL TPD	TPD
TIMBER				VENDING MACHINE	B	A	B
Cutter/Getter/Feller/Logger	DY	A	NA	TECHNICIAN			
Using Explosives	NA	EXC or C	NA	Qualified Tradesperson/Repairer			
Sawmill				VETERINARY SURGEON			
- Milling/Log work	DY	A	D	Domestic Pets	MP	A	A
- Stacking and similar duties	DY	A	D	Other	B	A	B
TIMBER MERCHANT				VIGNERON	C	A	B
No manual work	C	A	C	WAITER	B	A	B
Manual work	DY	A	D	WATCHMAKER	B	A	B
TOOLMAKER (qualified)	C	A	C	WELDER (qualified)	D	A	C
TRAMWAY WORKERS				WHARF/WATERSIDE WORKER	NA	A	NA
Tram Conductor	BY	A	B	WINDOW CLEANER			
Tram Driver	DY	A	C	Up to 10 metres high	CY	A	C
TRAVEL AGENT/CONSULTANT	A	A	A	Above 10 metres high	DY	A	NA
TREE SURGEON/LOPPER/REMOVER	DY	A	NA	WINDOW DRESSER (full time only)	B	A	B
TRENCH DIGGER	D	A	D	WINDOW FRAMERS/FITTERS	C	A	C
TROTTERING DRIVER	NA	EXC or B	NA	WINDSCREEN FITTER	C	A	C
TRUCK DRIVER				WINEMAKER	C	A	B
Local/metropolitan	D	A	C	WINE/SPIRIT MERCHANT	B	A	B
Long distance	DY	A	D	WOOL BUYER/CLASSER	B	A	B
TUNNELLER/SHAFT WORKER	NA	A	NA	WRECKER (BUILDING) Supervisor, Manager, Overseer, Foreperson	CY	A	C
TYPIST/STENOGRAPHER	B	A	B	Other	NA	A	NA
UNDERTAKER (see FUNERAL PARLOUR)				X-RAY TECHNICIAN	B	A	B
UNEMPLOYED	NA	A	NA	ZOO/WILDLIFE KEEPER/ATTENDANT	D	B	NA
UNIVERSITY AND COLLEGE STAFF				ZOOLOGIST			
Professor/Dean/Lecturer	AA	A	A	Qualified lab only	A	A	A
University - Office administration staff	A	A	A	Qualified fieldwork	C	B	C
University - Tutor (with degree)	AA	A	A	Other	IC	IC	IC
UPHOLSTERER	C	A	C				
VALUER - LICENSED (not Salesperson)	A	A	A				

Pursuits and pastimes/

This section of the guide covers a variety of popular pursuits and pastimes.

Some activities present an extra risk and it may be necessary to impose an extra premium or an exclusion clause.

The following table lists a number of activities and provides an indication of possible extra premiums or exclusions. The table is a guide only and each application will be individually underwritten on the specific information provided. The Underwriter may choose to apply an exclusion or loading in an individual situation even if not indicated in the table. If you have any questions, please call the underwriting team.

Legend

Assessments

Std	Standard rates will usually apply
\$2.00	\$2.00 extra premium per thousand of the sum insured
\$2.50	\$2.50 extra premium per thousand of the sum insured
\$5.00	\$5.00 extra premium per thousand of the sum insured
\$10.00	\$10.00 extra premium per thousand of the sum insured
E	Cover may be offered with a full exclusion clause for the pursuit
IC	Individual consideration
WP	Waiting period
D	Cover will be declined
Min	Minimum extra premium

Pursuit/Pastime	Life	Trauma	TPD	IP/BE
Aviation (agriculture)	Min \$10.00	E	D	D
Aviation (commercial licence)				
– up to 250 hours per annum	Std	Std	D	D
– over 250 hours per annum	IC	Std	D	D
Aviation (hazardous)				
– for example, aerobatics	IC	IC	IC	IC
Aviation (private licence) – not ultralight, not hazardous				
– up to 100 hours per annum	Std	Std	Std	Std
– over 100 hour per annum	IC	IC	D	E
Aviation (ultralight)	IC	E	E	E
Boxing (amateur)	Std	E	IC	IC
Boxing (professional)	Min \$2.00	D	D	D
Diving (recreational) no caving, potholing or wreck diving < 45 metres	Std	Std	Std	Std
Diving – qualified (recreational) no caving, potholing or wreck diving > 45 metres	E	E	E	E
Football – (touch)	Std	Std	Std	Std

Pursuits and pastimes

Pursuit/Pastime	Life	Trauma	TPD	IP/BE
Football – (all other codes) occupations MP, AA, A and B	Std	Std	Std	30 day WP for football related claims
Football – (all other codes) occupations C, D and F	Std	Std	Std	90 day WP for football related claims
Golf (amateur)	Std	Std	Std	Std
Hockey	Std	Std	Std	Std
Horseriding (amateur only) polo, show jumping or rodeo	Std	E	E	E
Horseriding (amateur only) trail riding only	Std	Std	Std	Std
Martial arts (non-competitive, traditional)	Std	Std	Std	Std-E
Motor cycle racing (amateur only)	IC	IC	E	E
Motor car racing (amateur)	IC	IC	IC	IC
Motor cycle riding (road use only) under age 25	Std	Std	E	E
Motor cycle riding (road use only) occupations MP, AA, A and B age 25 and above	Std	Std	Std	30 day WP for motor cycle riding
Motor cycle riding (road use only) occupations C, D and F age 25 and above	Std	Std	Std	90 day WP for motor cycle riding
Motor cycle riding (farm use only)	Std	Std	Std	Std
Motor cycle riding (trail bike) – recreational	Std	Std	E	E
– competitive	IC	IC	IC	IC
Mountaineering (including outdoor rock climbing)	IC	E	E	E
Sailing – Australian coastal water	Std	Std	Std	Std
Sailing – otherwise	IC	E	E	E
Snow skiing – recreational	Std	Std	Std	Std
Snow skiing – competitive	Std	Std	E	E
Snow Skiing – professional	Std	Std	D	D
Water skiing – recreational	Std	Std	Std	Std
Water skiing – competitive	Std	Std	E	E
Wrestling – amateur	Std	Std	E	E
Wrestling – professional	Std	Std	D	D

Claims requirements/

Claims philosophy

We have a duty to all our planholders and stakeholders to thoroughly evaluate each claim based on the terms and conditions of the contract and the information provided and disclosed at the time of purchase and claim(s).

It is our business to pay genuine claims that satisfy a reasonable interpretation of the terms and conditions of the relevant plan. We strive for fair, ethical and transparent service to our clients and their advisers.

Each claim will be assessed fairly and sensibly, based on medical and other relevant evidence using consistent guidelines and procedures and according to plan terms and conditions.

Claims that meet the plan terms and conditions will be paid promptly when all necessary information has been received and assessed.

We understand this is a time of physical, social and financial distress for the client or their beneficiaries and when they need us most.

We will:

- deal with our claimants with compassion and empathy
- case manage each claim using best-practice claims management techniques
- maintain regular contact with our clients, as appropriate, either by phone, letter, facsimile or in person
- ensure claims are dealt with efficiently and promptly, in confidence and in utmost good faith
- aim to keep advisers fully informed, as appropriate, throughout the course of a claim, and
- comply with legislation affecting claims management.

To help accelerate the claims management process, the client is asked to:

- complete forms and documents requested
- promptly provide all information requested, and
- ensure that full and frank details are provided.

Claims will be pro-actively managed. We will work with you, your client, their doctors and rehabilitation providers to help your client return to good health and work.

While we recognise that both parties to the claim must act toward each other in good faith, we are committed to protecting AXA. To this end, we make our best efforts to minimise payment of fraudulent and illegitimate claims.

During the life of a claim the insurer has a reasonable expectation of the insured to mitigate his or her loss. Where possible, we would expect the client to make a reasonable attempt toward vocational rehabilitation and a return to the workforce.

Claims requirements

Compliance

During the course of a claim, we may make a number of requests for requirements. The Client may need to attend independent medical examinations in order to obtain objective specialist opinions in regards to the claimed disability.

Medical reports will be requested from treating doctors regarding the disability, and past medical histories may be obtained to verify statements made on their application.

Financial information may also be requested in order to verify the client's pre-disablement income, pre-plan inception income, and/or to confirm that no income has been received/generated by personal exertion during a claim for total disablement.

We are committed to providing excellence in customer service, which includes making reasonable requests of clients where necessary during the claims process. Further financial information will be required as part of the claims process when assessing partial disability.

In some instances, assessment of a claim may be delayed where a reasonable request has not been complied with. We encourage contact between the client, the claims assessor and or their financial adviser to address any concerns of issues that may arise out of any requests made by us.

Hypothetical enquiries

While we are always committed to providing customer service, the helpfulness of providing answers to hypothetical queries is limited given the potential variables in an actual situation.

Where possible we will provide a general answer to the query, however, as the assessment of claims involves evaluation of the actual circumstances and the terms and conditions of the relevant contract, no reliance can be placed on the answers given in the context of hypothetical situations.

It is worth considering whether or not your Business Development Officer (BDO) or Business Development Manager (BDM) would be appropriate to contact to initially discuss the query.

Notification of claims

Please call us, fax or write to us to notify us of an actual or potential claim. A phone call helps us start the claim process as quickly as possible. Please call our customer service centre on 132 987.

TIP – always make sure you have your client's plan number(s) handy when contacting us about your client's claim(s). This will help us locate your client's records quickly and provide speedy service to you.

Death claims

Please ensure that the following details are provided to us at time of notification:

- plan number(s)
- full name of claimant/life insured
- date of death
- cause of death (if known), and
- name and address for correspondence.

All other claims

Please ensure that the following details are provided to us at time of notification:

- plan number(s)
- full name of plan owner
- full name of claimant/life insured
- nature of claim
- name and address for correspondence, and
- proof of identity.

Terminal illness

Please call or write to us as soon as possible after the person insured is diagnosed with a terminal condition. We will send claim forms to the address advised for correspondence.

Income protection

In accordance with our plan we must be told within 30 days of the accident, operation or illness that a claim is to be made. We request that all notifications of Income Protection claims are made as soon as possible after the initial injury or procedure or after onset of sickness.

Not to do so may prejudice our ability to assess the claim or make rehabilitation assistance available, which may in turn result in denial of benefits (at worst) or otherwise cause avoidable processing delays.

Assessment of claims

Death claims

The requirements for a claim for death benefits vary greatly, depending on the form of insurance, plan ownership and sum insured. All copies of information provided must be original certified, that is we require original certification of the copies of the original documents.

Claims requirements

Minimum requirements are:

- Original certified copy of the final death certificate*
- Proof of age that is an original certified copy of birth certificate
- Will/Probate/Letters of Administration may be required in some circumstances, and
- Coroner's or if available a Police Report will be required where the cause of death is not specified or is undetermined.

For ordinary life plans we will also require:

- The original plan document or a signed lost plan document form
- Application for Payment form signed by the appropriate parties
- Notice of Death Claim.

For superannuation life plans we also require:

- Dependency form completed by an independent person
- Tax file number(s)/declaration(s), and
- Marriage certificate/Decree Absolute of Dissolution of Marriage may be required, where applicable, in some circumstances.

It is important to note that in certain circumstances the Trustees of the fund may require the granting of Probate or Letters of Administration to be made prior to making a determination to release any funds from the plan.

For ordinary business plans payable to the deceased's estate, where there are no surviving plan owners or nominated beneficiaries, and the total sum insured for all plans with us does not exceed \$50,000 we will require a 'Notice of Death Claim' concerning the Will and any beneficiaries.

Where the sum insured exceeds \$50,000 we require an originally certified copy of Probate or Letters of Administration. It is important to note that Probate or Letters of Administration are not required, regardless of the sum insured, where a valid beneficiary(ies) had been initially noted on the proposal or subsequently nominated or where ownership of the plan differs from that of the deceased.

We may require further medical evidence such as reports from the deceased's treating doctors or a report from the Coroner or Police prior to being able to make a final assessment of the claim. If we require these documents medical authorities or questionnaires will be sent to the Executors or next-of-kin for signing and returning.

We will pay for any medical or allied evidence we request beyond costs involved in providing the certification of death.

* Tasmania does not issue death certificates, instead providing a Record of Death. This does not advise the cause of death. Before we can assess a claim for death benefits from Tasmania, we require a copy of the Record of Death and either the 'Medical Certificate Cause of Death' or a Coroner's report.

Terminal illness claims

Completion of claim form

The claimant or their representative may complete the form. Please note we will require a copy of the power of attorney or similar if the client is unable to sign the forms themselves.

The client's treating doctor and specialist are to complete the medical certifications and forward to us. Only registered medical practitioners, not allied health workers, may complete the certification. Certification from chiropractors, physiotherapists, naturopaths and other health professionals will not be accepted.

Please ensure we receive the completed forms as soon as possible. This will help us to be of assistance to your client.

When we have received the claim form, we check to ensure premiums have been paid and the plan was in force at the time of claim.

We may ask for further information such as proof of age or authority to access medical or other records relevant to the claim or at the time of applying for insurance. To help us assess the claim, we may need:

- further information from the client's treating doctor(s), or
- your client's condition to be reviewed by one or more independent medical practitioners.

We will pay for any medical evidence we request beyond the initial claim form.

Requests for medical evidence, particularly from treating doctors, may create delays in assessment of the claim. We follow up requests for reports from doctors regularly and make every attempt to expedite the process but we are dependent on the co-operation of the doctor.

TPD claims

Completion of claim form

The claimant or their representative may complete the form. The claim form includes medical authorities, a Freedom of Information authority and a Medicare authority. All parts of the claim form must be completed to the best of the claimant's ability.

Please note we will require a copy of the power of attorney or similar if the client is unable to sign the forms themselves.

When we have received the claim forms, we check to ensure that premiums have been paid and the plan was in force at the time of claim.

Should the authorities not be completed and provided with the initial claim form, delays will be met until these are provided. The authorities provide AXA with the ability to investigate the client's medical and claims history as required.

Claims requirements

To help us assess the claim, we will require further information from the client's treating doctor(s). We may require the client to be assessed by independent medical practitioners. We will pay for any medical evidence we request.

Requests for medical evidence, particularly from treating doctors, may create delays in assessment of the claim. We follow up requests for reports from doctors regularly and make every attempt to expedite the process but we are dependent on the co-operation of the doctor.

Trauma claims

Completion of claim form

The claim form includes medical authorities and a statement of claim. The claimant or their representative may complete the form. All parts of the claim form must be completed to the best of the claimant's ability.

Please note we will require a copy of the power of attorney or similar if the client is unable to sign the forms themselves.

When we have received the claim form, we check to ensure that premiums have been paid and the plan was in force at the time of claim.

If we do not receive completed authorities with the initial claim form, delays will occur until these are provided. The authorities provide AXA with the ability to investigate our client's medical history as needed.

To help us assess the claim and confirm the client's condition, we may need:

- information from the client's treating doctor(s), and
- your client's condition to be assessed by one or more independent medical practitioners.

We will pay for any medical evidence we request.

Requests for medical evidence, particularly from treating doctors, may create delays in assessment of the claim. We follow up requests for reports from doctors regularly and make every attempt to expedite the process but we are dependent on the co-operation of the doctor.

The submission, with the Initial Claim Form, of any medical investigation reports such as x-rays, pathology reports and ECGs may expedite the assessment of the claim.

Interim cover claims

We provide interim insurance cover commencing from the date the client's application form and first premium payment (or effective deduction authority for that amount), are received at our office. Please refer to the Product Disclosure Statement to confirm eligibility and duration of benefits for Interim Cover Insurance.

Requirements for initial assessment

For Income Protection Interim Cover claims we require a completed claim form and authorities from the client and their doctor to begin assessment of the claim. A medical practitioner whose qualifications are recognised in Australia must complete the medical certificate section of the claim form. Any fee for completion of medical certification is the responsibility of the client. Medicare may cover part or all of the costs of medical certification. We regret that we cannot accept short medical certificates or worker's compensation medical certification – all medical certification must be provided on our forms.

For Life Plans (Accidental Death) we require:

- The relevant death claim requirements as for a completed policy
- Copy of the Coroner's file and Police Report (if this is not already in the Coroner's Report).

For TPD Interim Cover claims we require a completed claim form and authorities from the client and their doctor to begin assessment of the claim. Any other information that the client may hold that would be relevant to the claim (eg Work Cover or Work Care paperwork) should also be submitted with the claim form to expedite proceedings.

All information must be certified original copies.

When we have received the claim forms and any other requirements, we will check to ensure the Interim Cover for Accidental Death and Income Protection benefits was in place at the time of the illness or injury.

If we do not receive completed authorities with the initial claim (except for death claims), delays will occur until these are provided. The authorities provide us with the ability to investigate your client's medical history as needed.

We may ask for further information to help us assess the claim.

We will pay for any medical evidence we request beyond those provided at the time of initial claim. We will not pay for obtaining up to date Progress Claim forms.

Requests for medical evidence, particularly from treating doctors, may create delays in assessment of the claim. We follow up requests for reports from doctors regularly and make every attempt to expedite the process but we are dependent on the co-operation of the doctor.

Income protection claims

Income protection claims management is focused on customer service and assisting your claimant's return not only to good health, but also to work.

Completion of initial claim form

We require completed claim forms from the client and their doctor to begin assessment of the claim. We cannot assess a claim until both the client's statement and the doctor's certification is received.

Claims requirements

A medical practitioner who is registered and whose qualifications are recognised in Australia must complete the medical certificate section of the claim form. We cannot accept certification from a physiotherapist, chiropractor, naturopath or any other allied health professional.

Any fee for completion of medical certification is the responsibility of the client. Medicare may cover part or all of the costs of medical certification.

We regret that we cannot accept short medical certificates or worker's compensation medical certification – all medical certification must be provided on AXA forms.

Initial claims assessment

Assessment of a new claim begins when we have received, fully completed, the claim form from the client and their doctor. The form allows the case manager to identify whether we can admit the claim or whether we require further information.

Please note even though the client and their doctor have fully completed the claim form, we may need further information before we can admit liability for the claim. Typical examples include:

- further details of the disability from the treating general practitioner, treating specialist or independent specialist
- financial details (tax returns, etc)
- details of Worker's Compensation, Third Party or other disability insurance from another insurer, and
- medical history from Medicare Australia or client's treating doctors.

We may also arrange for a representative to visit your client at home to gain a better understanding of the claimant's circumstances.

Further medical information helps us to determine how long a client's disability is likely to last and whether we can assist the client in their return to work. The client's medical history can assist with this process and also confirms that the claimant has fully disclosed their medical history.

Useful terminology and information

Date of Loss – The Date of Loss is determined from the date the client ceases all work duties and is consulted and certified by a medical practitioner as unable to work.

Qualifying/Waiting Period – Most plan benefits have a waiting period. The waiting period starts from the Date of Loss and is the amount of time that must elapse before any benefit may be payable. It is important to note that benefits are not calculated retrospectively from the date of loss.

Financial requirements for Agreed Value Contracts

At the beginning of the agreed value contract, we rely on the client's statement of income on the proposal to set the benefit entitlement (subject to underwriting guidelines – please see pages 44 and 45). Unless full, accurate and complete financial evidence was provided

at underwriting it is necessary in many cases for us to request this information at claim stage. Financial evidence to support the income at the time of application will be required. We would encourage financial underwriting at application stage when the evidence may be more readily available and easy to locate.

Further financial information will be required as part of the claims process when assessing partial disability.

Financial requirements for Indemnity Contracts

During the course of the claims process, financial information may be requested from the Client. We may request Personal and Business (such as Company, Partnership and Trust) Tax Returns, Associated Profit & Loss Statements and Individual Tax Assessment Notices. In some instances we may also request Business Activity Statements.

This information is requested as it provides details of income and expenses that have been lodged with, and verified by the Australian Taxation Office.

The following scenarios may give rise to a request for financial accounts:

Indemnity Contracts: financial information would be requested where the plan definition states that we pay the lesser of the Monthly Benefit or 75% of Pre-Disability Earnings.

Pre-Disability Earnings are the Net Earnings (Gross Income less Gross Expenses but before Tax) the Insured earned prior to their disability.

Partial Disability: in the event that a Client returns to work part time, it is necessary to establish their Pre-Disability Earnings to enable the calculation of a Partial Benefit payment.

Further financial information will be required as part of the claims process when assessing partial disability.

In some instances, we may also request the Business Activity Statement of the Client to assess work activity.

Offsets: if the Client is receiving income from another Insurer, Workers' Compensation or another source, we may offset this income. In some cases we may need to establish the Client's Pre-Disability Earnings in order to apply the relevant offset.

Benefit Reconciliation: the Client may be asked to provide their financial accounts to verify that they have accurately disclosed income from sources other than our benefits, whilst on claim.

In addition, while the Client is receiving income from other sources such as income while partially disabled, from Workers' Compensation or another Insurer, financial accounts will be requested to reconcile all benefits paid. That is, to ensure that we have paid the correct benefit amount.

Documents required for financial assessment

Full financial information is required from the claimant to ensure the correct benefit entitlement is paid.

Claims requirements

For employees, this information consists of tax returns and, if applicable, details of salary packaging for the requested years.

For self-employed persons, we require copies of the claimant's business structure and financial information as follows:

- individual Income Tax Returns and assessment notices
- details of all business entities in which the client holds any interest or over which he/she exercises any control by way of being a director, partner, principal, officer or trustee
- a diagram of the business structure, and
- full financial statements for all business entities in which the claimant holds any interest or over which the claimant exercises any control by way of being a director, partner, principal or officer etc, including the Trading Statement, Detailed Profit and Loss Statement, Balance Sheet, Accountant's Notes to and Forming Part of the Accounts, Business Income Tax Return (Individual – in case of sole trader/Partnership/Company/Trust – whichever is applicable), Details of salaries paid to partners or directors and duties performed by spouse (to determine if there is any income splitting).

Income Tax Assessment Notices are of no use on their own as they provide only the lowest level that a person has been able to write down their income. They do not give a true indication of the client's personal exertion income. They do however verify that the correct Income Tax Returns have been supplied. The accountant's disclaimer and the notes to the accounts confirm that an accountant has drawn up financial statements.

Payment of claims

Death claim payments

We will make payment as soon as possible after all requirements are received for a claim for which we have accepted liability. Most claims are paid within two weeks of provision of all requirements.

Please note should the coroner's findings be required, assessment of the claim can take some months thereby delaying any possible payment.

Before payment can be made under superannuation plans, the Trustee of the fund must approve the benefit payment and determine the beneficiaries of the payment.

Terminal illness payments

We will make payment as soon as possible after all requirements are met and the claim has been assessed.

Before payment can be made under superannuation plans, the Trustee of the Fund must approve the benefit payment. Payment is made to the Trustee. Where NM Superannuation Pty Ltd is the Trustee, payment is made to the client as directed by the Trustee based on legislative guidelines.

TPD payments

When the claim has been assessed, if payment is to be made for ordinary life plans we will require:

- an application for payment
- an original certified copy of the full birth certificate, and
- the plan document or a lost plan document application.

For superannuation life plans (excluding Group Insurance), we will require:

- a dependency form, and
- a tax file number/declaration.

These details are not requested until the claim has been assessed and liability accepted, as we prefer to reduce the amount of paperwork required from the client. We cannot make payment until these details are received.

We will make payment as soon as possible after all requirements are received for a claim for which we have accepted liability.

Before payment can be made under superannuation plans, the Trustee of the Fund must approve the benefit payment. Payment is made to the Trustee. Where NM Superannuation Pty Ltd is the Trustee, payment is made to the client as directed by the Trustee based on legislative guidelines.

Trauma payments

When a claim is accepted, before payment can be made, we will require:

- an original certified copy of the full birth certificate for the insured
- an application for payment, and
- the plan document or lost plan application.

These details are not requested earlier in the process as it reduces paperwork required from the client in case the claim is declined.

We will make payment as soon as possible after we receive and assess all requirements for the claim. Most claims are paid within two weeks of receipt of all requirements.

Interim cover payments

We will make payment as soon as possible after all aspects of the claim have been assessed and satisfy a reasonable interpretation of the terms and conditions of interim insurance cover as specified within the relevant Product Disclosure Statement.

Following the claim

Please note that during a claim under Interim Cover insurance the application for insurance has yet to be underwritten. The application for insurance following a claim (whether the claim is accepted or not) will be referred to an Underwriter for assessment.

Claims requirements

Income protection payments

Please note that we do not deduct tax from non-super IP benefits. All non-super benefits received must be declared as assessable income in the person insured's taxation return.

Any benefits to which the client is entitled under income protection plans written as superannuation are subject to the deduction of PAYG tax in accordance with the Tax Administration Act 1958. Benefits for income protection are only paid while the person insured satisfies the appropriate definitions under the plan.

Where possible we prefer to pay the claim benefit by direct credit into your client's bank account. However, cheques are available for those clients who would prefer a cheque.

Claim payments

Partial disability payments are made on the basis of loss of income compared to pre-disability income where the decreased income is a result of illness or injury. Loss of income is proved by pay slips (for employees) or profit and loss statements for self-employed persons. We generally find it is more convenient for our clients to provide month by month profit and loss statements rather than fortnightly statements in support of their claim for partial disability benefits.

Business expenses claims

These usually require the same forms used for assessing income protection claims. Additional requirements are completion of a Business Expenses Questionnaire. We may request the expenses listed on the questionnaire be supported by monthly profit and loss statements and request full financial information for the 12 months prior to the claim and post disability.

TIPS – To speed up claims assessment and payments, make sure that:

- the forms are fully completed and all authorities signed
- full details about other claim payments are provided (pay slips and the letter accepting liability help to confirm this)
- for indemnity plans, the client has provided their financial statements for the two years before the claim
- for agreed value plans, the client has ready access to their financial information in case we need it, and
- for partial disability payments and where offsets may be applicable, the client has provided evidence of their pre-disability income.

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Member of the Global AXA Group
Registered Office: 750 Collins Street Docklands Victoria 3008

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