



## More cover for your money

New changes to Children's Trauma cover, Trauma Cover and Total and Permanent Disablement (TPD) cover.

We have introduced some great enhancements to Trauma cover and Children's Trauma cover effective from 28 March 2011, at no extra cost to you. The changes in this brochure only apply to new claims arising on or after 28 March 2011.

This brochure also updates the Flexible Lifetime – Protection Product Disclosure Statement (PDS), dated 22 May 2010. You can obtain a copy of the PDS from your financial planner or online at [www.amp.com.au](http://www.amp.com.au).

### Children's Trauma cover option enhancements

These enhancements apply if you have Children's Trauma Cover option.

#### Terminal illness cover

Currently, we pay \$25,000 if the insured person dies. Now, we also pay the \$25,000 Death cover amount if the insured person is terminally ill.

Terminally ill means:

- the insured person's doctor tells us in writing that they believe that the insured person has less than 12 months to live
- the doctor's prognosis is based on clinical findings and reports, and
- we agree with the doctor's prognosis.

When the terminal illness benefit becomes payable, the Children's Trauma Cover option will end.

### New cover for Children

The Children's Trauma cover option now also covers:

- Benign tumour of the brain or spinal cord
- Cardiomyopathy
- Intensive care
- Loss of speech
- Stroke

A benefit for cardiomyopathy or stroke is only payable 3 months after the Children's Trauma cover option starts, is increased (for the amount of the increase only) or is reinstated.

The new definitions are below:

#### Benign tumour of the brain or spinal cord

The insured person has a non-cancerous tumour in the brain or spinal cord which is histologically described and which produces neurological deficit causing permanent and significant functional impairment or requires radical surgery for its removal. We don't cover any of the following:

- cysts, granulomas and cerebral abscesses, or
- malformations in, or of, the arteries or veins of the brain, or
- haematomas, or
- tumours in the pituitary gland.

#### Cardiomyopathy

The insured person's heart muscle fails to function properly resulting in permanent physical impairment to at least Class 3 of the New York Heart Association Classification of Cardiac Impairment.

#### Intensive care

The insured person has an accident or illness which requires them to have continuous mechanical ventilation by means of tracheal intubation. The tracheal intubation must need to continue for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. We won't pay where the accident or illness is a result of alcohol or drug use that isn't prescribed by a doctor.

#### Loss of speech

The insured person totally loses the ability to speak due to organic brain disease or accidental injury. The loss must be irreversible. We won't pay for loss of speech which is due to any psychological cause.

#### Stroke

The insured person suffers a cerebrovascular episode producing neurological damage which lasts for more than 24 hours. The damage must be evidenced clinically by:

- cerebral CT scan, or
- an angiogram, or
- an MRI or PET, or
- other reliable imaging techniques approved by AMP Life.

We won't pay for transient ischaemic attacks, reversible ischaemic neurological deficit, major head injuries or symptoms due to migraine or headache.

This document contains important information on enhanced features in the Life Protection Plan (Death, Total and Permanent Disablement and Trauma cover). You should read it carefully and keep a copy with your other plan documentation.

### More information

If you would like any more information on these enhancements or anything to do with the Life Protection Plan, talk to your financial planner or contact an AMP Customer Service Officer.

**Phone** 131 267  
**Web** [www.amp.com.au](http://www.amp.com.au)  
**Email** [polinfo@amp.com.au](mailto:polinfo@amp.com.au)  
**Mail** PO Box 300, Parramatta NSW 2124

#### Important information

This brochure contains general information. It does not take into account your personal objectives, financial situation or needs. Therefore, you should consider how appropriate the information is to your personal circumstances before acting on the information.

If you have Trauma cover Advanced or Trauma cover Premier, you should refer to your Plan Rules, this brochure and other notices we have given you in relation to changes to your plan before making a decision in relation to your insurance cover.

Please read the Flexible Lifetime - Protection Product Disclosure Statement dated 22 May 2010 (PDS), together with this brochure, before making a decision in relation to your insurance cover. The PDS is available at [www.amp.com.au](http://www.amp.com.au) or by calling us on 131 267.

AMP Life Limited ABN 84 079 300 379, AFS Licence No. 233671, is the issuer of the insurance products referred to in this brochure.

## Removal of the age 10 limit

Previously, an insured person was only covered for the following trauma conditions and medical procedures after the age of 10.

We have now removed this age restriction so now all insured person's are covered for these trauma conditions and medical procedures:

- Blindness
- Coma
- Kidney failure
- Loss of hearing
- Loss of use of limbs and/or sight
- Major head trauma
- Major organ transplant
- Paralysis that is one of: Diplegia, Hemiplegia, Paraplegia, Quadriplegia, Tetraplegia
- Peripheral blood stem cell or bone marrow transplant
- Severe burns

## Trauma cover enhancements

### Improved cover for Coronary Artery Angioplasty partial benefit

We now pay a partial benefit for Coronary Artery Angioplasty more than once under the Partial Package option or Trauma cover Premier as long as the procedure is at least 6 months after the previous angioplasty. Previously, we did not pay for this procedure more than once.

The maximum amount we pay for Coronary Artery Angioplasty partial benefit is 25% of the Trauma cover insured amount (up to a maximum of \$50,000) per procedure.

Applies to:

- Trauma cover Optimum with Partial Package option
- Trauma cover Standard with Partial Package option
- Trauma cover Advanced with Partial Package option
- Trauma cover Premier

### We have improved some of our trauma definitions

We have used underlining and strike through so that you can see what's changed as well as explaining what's changed in the table below.

| CANCER  |   |   |   |  |
|---|---|---|---|--|
| WE WILL PAY   | PAYMENT CONDITIONS  | WE WON'T PAY  | WHAT'S CHANGED  | WHICH PRODUCTS   |
| <p>If an insured person suffers from a malignant tumour. This includes:</p> <ul style="list-style-type: none"> <li>– a malignant sarcoma,</li> <li>– Hodgkin's lymphoma,</li> <li>– non-Hodgkin's lymphoma,</li> <li>– a malignant bone marrow disorder,</li> <li>– leukaemia, including: <ul style="list-style-type: none"> <li>– acute leukaemia,</li> <li>– chronic myelocytic leukaemia,</li> <li>– chronic lymphocytic leukaemia where classified as Binet Stage B and C or Rai Stage I, II or III,</li> </ul> </li> <li>– thrombocytopenia,</li> <li>– polycythemia vera,</li> <li>– Melanoma where the thickness is 1.5mm or more or the Clark level of invasion is Level 3, <u>or where the melanoma is showing signs of ulceration</u></li> <li>– a prostate tumour that is histologically described as having: <ul style="list-style-type: none"> <li>– a TNM Classification of T2, or</li> <li>– a TNM Classification of T1 (or any equivalent classification) with a Gleason score of 8-7 or more, or</li> <li>– a TNM Classification of T1 <u>where removal of the entire prostate has been removed or radiotherapy has been undertaken</u> is recommended, specifically to arrest the spread of malignancy, and the procedure is the appropriate and necessary treatment,</li> <li>– tumours which are histologically described as pre-malignant or showing malignant changes of "carcinoma in situ" requiring treatment similar in extent to that which would be undertaken for invasive carcinoma<sup>#</sup>.</li> </ul> </li> </ul> | <p>The cancer must be: Confirmed by pathology tests, and characterized by the uncontrolled spread of malignant cells and the invasion of normal tissue.</p> | <ul style="list-style-type: none"> <li>– For <del>HIV/AIDS-related cancers</del>, or skin cancers other than melanoma.</li> </ul> | <p>We will now pay for thrombocytopenia and polycythemia vera.</p> <p>We will pay a full benefit for melanoma showing signs of ulceration.</p> <p>We will pay a full benefit for T1 prostate cancer with a Gleason score of 7.</p> <p>We have clarified that we will pay a full benefit if removal of the prostate is required or radiotherapy recommended.</p> <p>We no longer exclude HIV and AIDS related cancers.</p> | <p>Optimum<br/>Premier<br/>Advanced<br/>Standard<br/>Childrens</p> |

# Treatment in this instance is defined as surgery and adjuvant therapy (such as radiotherapy and/or chemo-therapy)

| DEFINITION   | WHAT'S CHANGED  | WHICH PRODUCTS  |
|--|---|---|
| <b>PROSTATE CANCER</b>   |   |   |
| <p>The insured person is diagnosed as having a prostate tumour equivalent to TNM Classification T1 and a Gleason score of less than 7-8. The tumour must be confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion of normal tissue.</p>  | <p>As a result of the change to pay the full benefit Cancer definition for T1 Gleason score 7, we now pay a partial benefit for prostate cancer T1 with a Gleason score of 6 or below.</p>  | <p>Partial Package option<br/>Premier Partial Package Plus option</p> |
| <b>CARDIOMYOPATHY</b>  |   |   |
| <p>The insured person's heart muscle fails to function properly resulting in permanent physical impairment to at least Class 3 of the New York Heart Association Classification of Cardiac Impairment.</p> <p><del>We won't pay for cardiomyopathy that is directly caused by alcohol, or related to drug use that is not prescribed by a doctor.</del></p>  | <p>We have removed the drug and alcohol exclusion.</p>  | <p>Optimum<br/>Premier<br/>Childrens</p>                              |
| <b>COMA</b>  |   |   |
| <p>The insured person is in a state of unconsciousness and doesn't react to external stimuli. The state of unconsciousness <del>must score 6 or less on the Glasgow Coma Score and must be continuous for at least 72 hours.</del></p> <p><del>The state of unconsciousness must either: 4 days, followed by new functional impairment producing neurological signs which last at least a further 14 days. The signs must be demonstrated clinically and by a cerebral CT scan, angiogram, MRI, PET, or any other reliable imaging technique approved by AMP, or be continuous for at least 90 days. In all circumstances, we won't pay for any coma that is caused by the insured person's alcohol or drug abuse, or is the result of the insured person suffering another trauma condition for which we pay.</del></p> | <p>We have reduced the number of days the insured person must be unconscious from 4 to 3.</p> <p>As the absence of reaction to external stimuli is indicative of a Glasgow Coma Score of 6 or below we also removed that wording.</p> <p>We have also removed the drug and alcohol exclusion.</p> | <p>Optimum<br/>Premier<br/>Advanced<br/>Childrens</p>                 |
| <b>LIVER FAILURE</b>   |   |   |
| <p>The insured person suffers irreversible failure of the liver <u>resulting in permanent jaundice, ascites and/or encephalopathy.</u> <del>A result the only effective treatment option is to receive a liver transplant. In the opinion of an appropriate consultant medical specialist, the transplant must be required on medical grounds and must be the most appropriate treatment. We won't pay if the liver failure is directly caused by alcohol or related to use of other drugs not prescribed by a doctor.</del></p>   | <p>We will now pay at end stage liver failure rather than once a liver transplant is needed. End stage failure is indicated by permanent jaundice, ascites and/or encephalopathy.</p> <p>We have removed the drug and alcohol exclusion.</p>  | <p>Optimum<br/>Premier<br/>Advanced</p>                               |
| <b>SEVERE BURNS</b>  |   |   |
| <p>The insured person suffers burns classified as deep dermal thickness or full thickness, to 20% or more of their body surface area as measured by the Lund Browder Body Surface Chart.</p> <p>The burns can be caused by thermal, electrical or chemical agents. The head (including the neck) and each arm (including the hand) are separately considered to be 9% of the total body surface. The front, back and legs (including feet) are each separately considered to be 18% of the total body surface, with the remaining 1% being the perineal area. We will also pay if the insured person suffers full thickness burns to <del>the whole of 50% of both hands or the whole of 50% of the face where grafting is required.</del></p>   | <p>We have removed the reference to burns to the whole of the hands or face as we now cover burns covering 50% of the hands or face requiring grafting.</p>   | <p>Optimum<br/>Premier<br/>Advanced<br/>Childrens</p>                 |

## Total and Permanent Disablement (TPD) cover enhancements

If you are aged 59 or younger, we now offer up to a maximum of \$5 million (up from \$3 million) for TPD cover.