

Priority Protection



Product Disclosure Statement
Version 13, Date Prepared 1 March 2014

Life's better with the right partner®



Important Notes

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

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

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

Each of the Plans has stand alone insurance covers that can be selected individually or in combination, each with built-in benefits and optional benefits (**Riders**) that you can select at an additional cost. (See Structure diagram on pages 2–5.) Each of the benefits under the Plans has an entry age and expiry date, together with a maximum sum insured, depending on your Occupation Category. (See Summary tables on pages 6–12 and the list of Occupation Categories on page 102.)

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

Structuring Priority Protection through superannuation

The Superannuation Life Cover Plan and the Superannuation Income Protection Plan can be acquired through a self-managed superannuation fund if you are a member of the fund. If you are not a member of a self-managed superannuation fund, you can become a member of the AIA Superannuation Fund, ABN 78 757 377 348 ('**the Fund**') in which case:

- you will be issued with a risk-only superannuation product in the Fund, with benefits referable solely to the Superannuation Life Cover Plan and/or the Superannuation Income Protection Plan;
- the Policy will be owned by CCSL Limited, ABN 51 104 967 964, AFS Licence No. 287084, ('**Trustee**'), as the trustee of the Fund; and
- all premiums and benefit payments will be made through the Fund and are therefore subject to restrictions under superannuation law.

The Trustee is located at Level 7, 530 Little Collins Street, Melbourne Australia 3000, Phone (03) 9616 8600.

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

About this PDS

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

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

The information in this PDS is current as the date of issue but may be updated or replaced at any time, and you can obtain a copy of the current version on request, free of charge, by calling AIA Australia on 1800 333 613. Changes that are not materially adverse will be updated and made available to you at www.aia.com.au. You will be advised of material changes or significant events as required by law.

The information in this PDS is of a general nature only and has been prepared without taking into account your objectives, financial situation or needs. Therefore, before making any decision you should consider the appropriateness of the information, having regard to your objectives, financial situation and needs. If you are deciding whether to acquire one or more of these Plans or a risk-only superannuation interest in the Fund, you should read this PDS before making your decision.

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

Defined Terms

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

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

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

Limitations Exclusions and Benefit Reductions

You should be aware that some limitations and exclusions will apply to your Policy. This means that there are circumstances when we will not pay a claim or where we will pay a claim on a reduced basis. We have included a summary of Exclusions and Limitations on pages 79–80 and a summary of the circumstances when benefits may be reduced on pages 81–82. *As a general rule, if you select a benefit as a rider to a stand alone benefit, payment of the rider benefit will reduce the Sum Insured under the stand alone benefit. For full details, see the Policy Document.*

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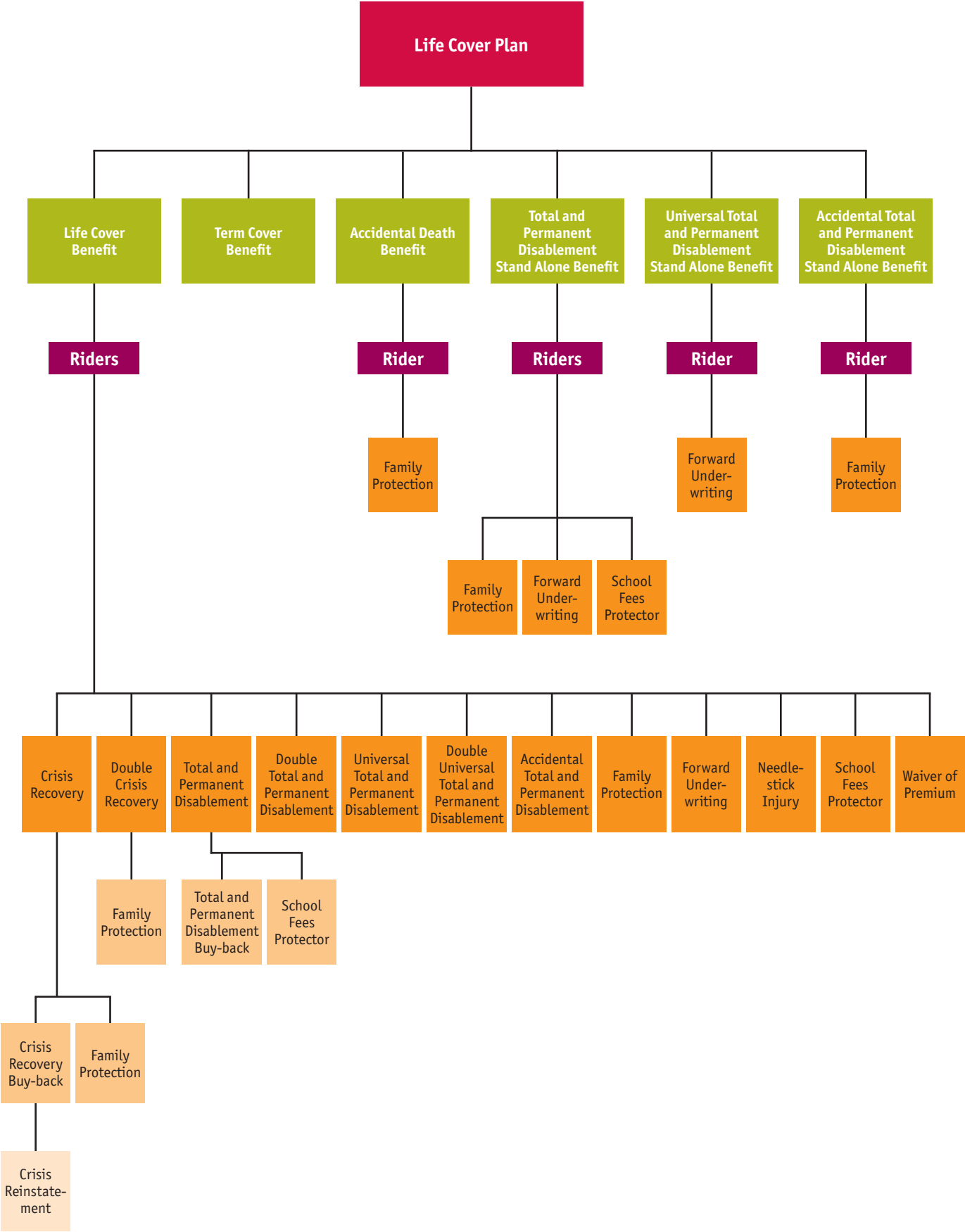
Definitions

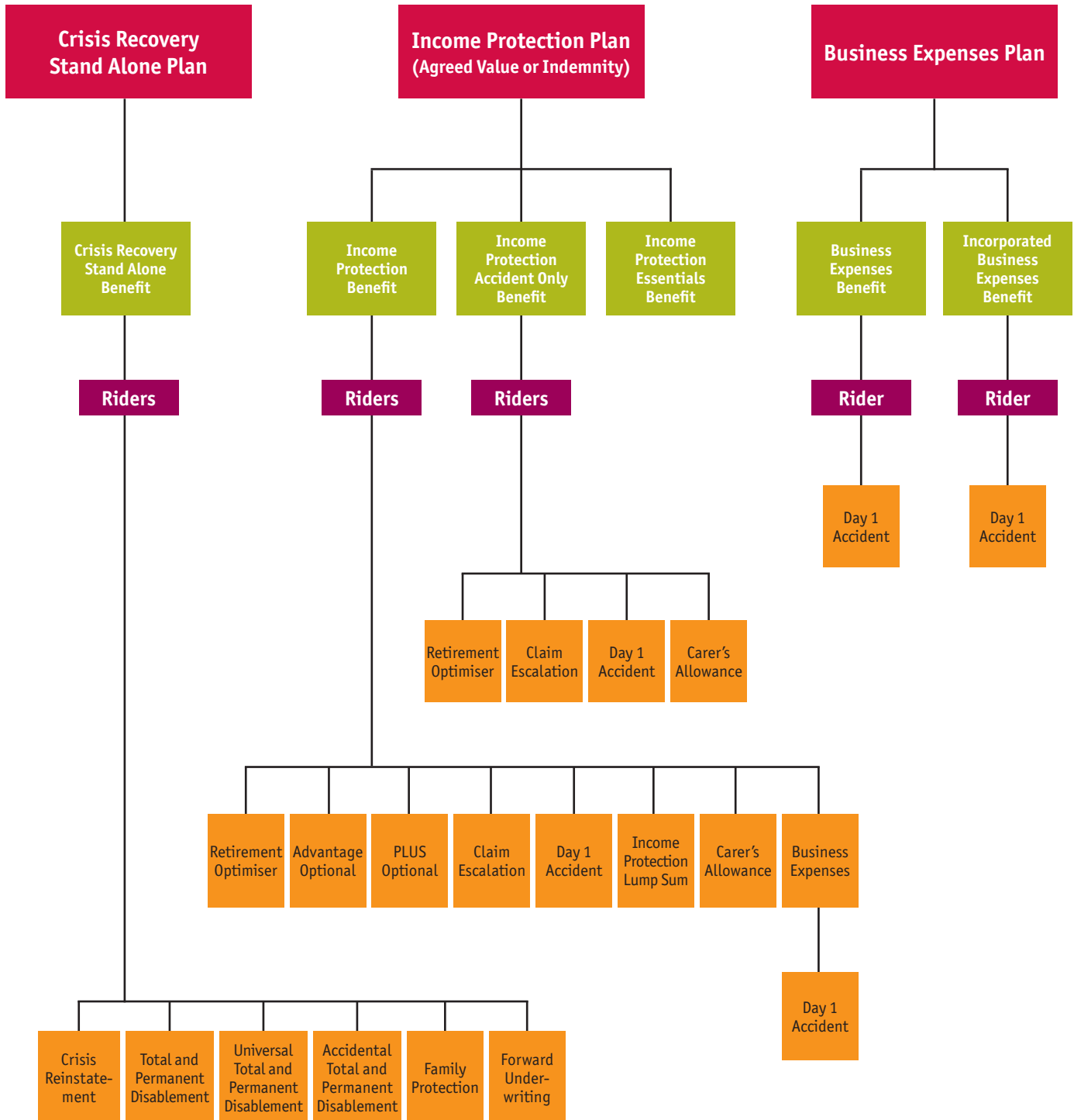
Occupation Categories

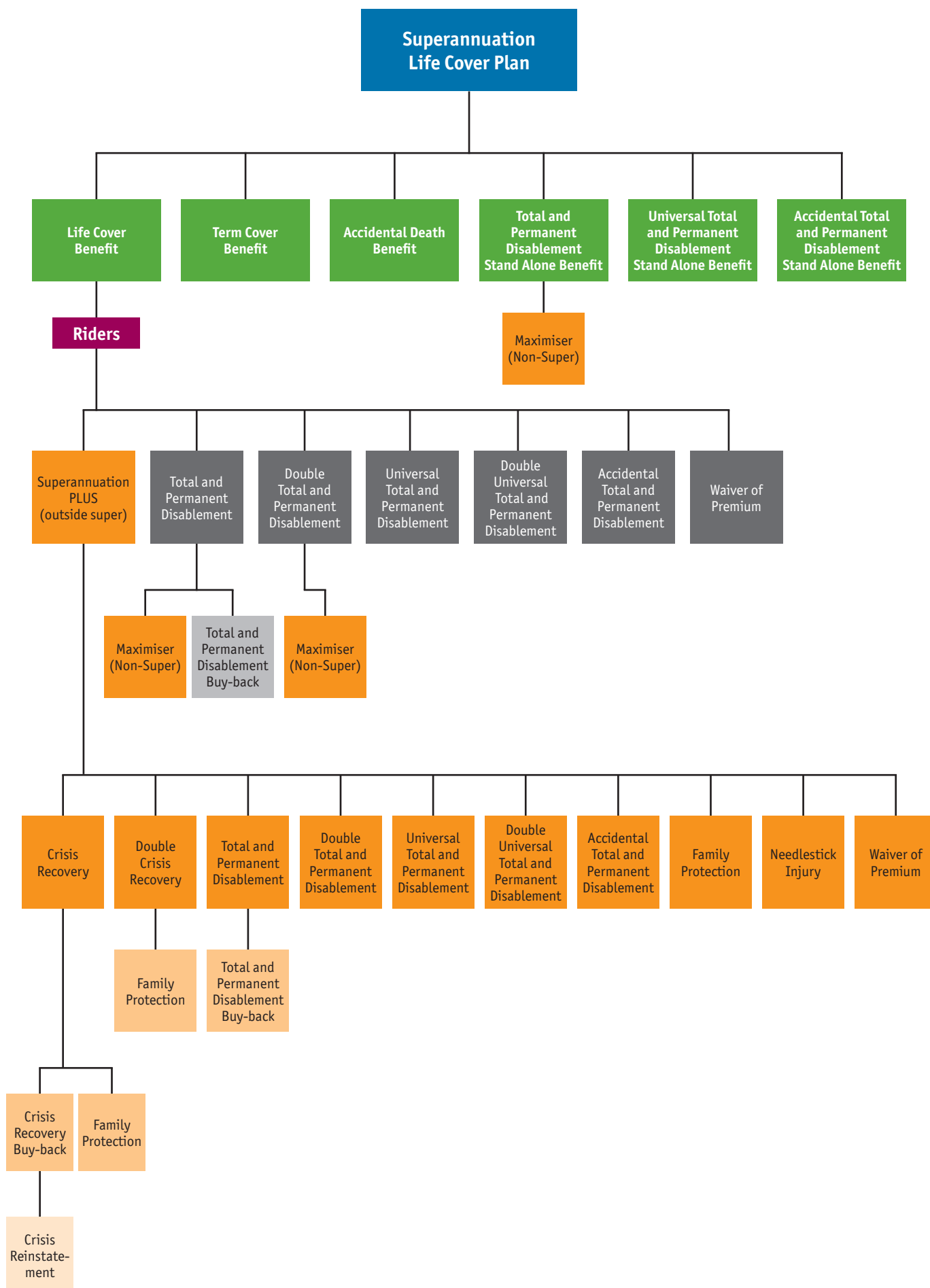
Certificates for Interim Cover

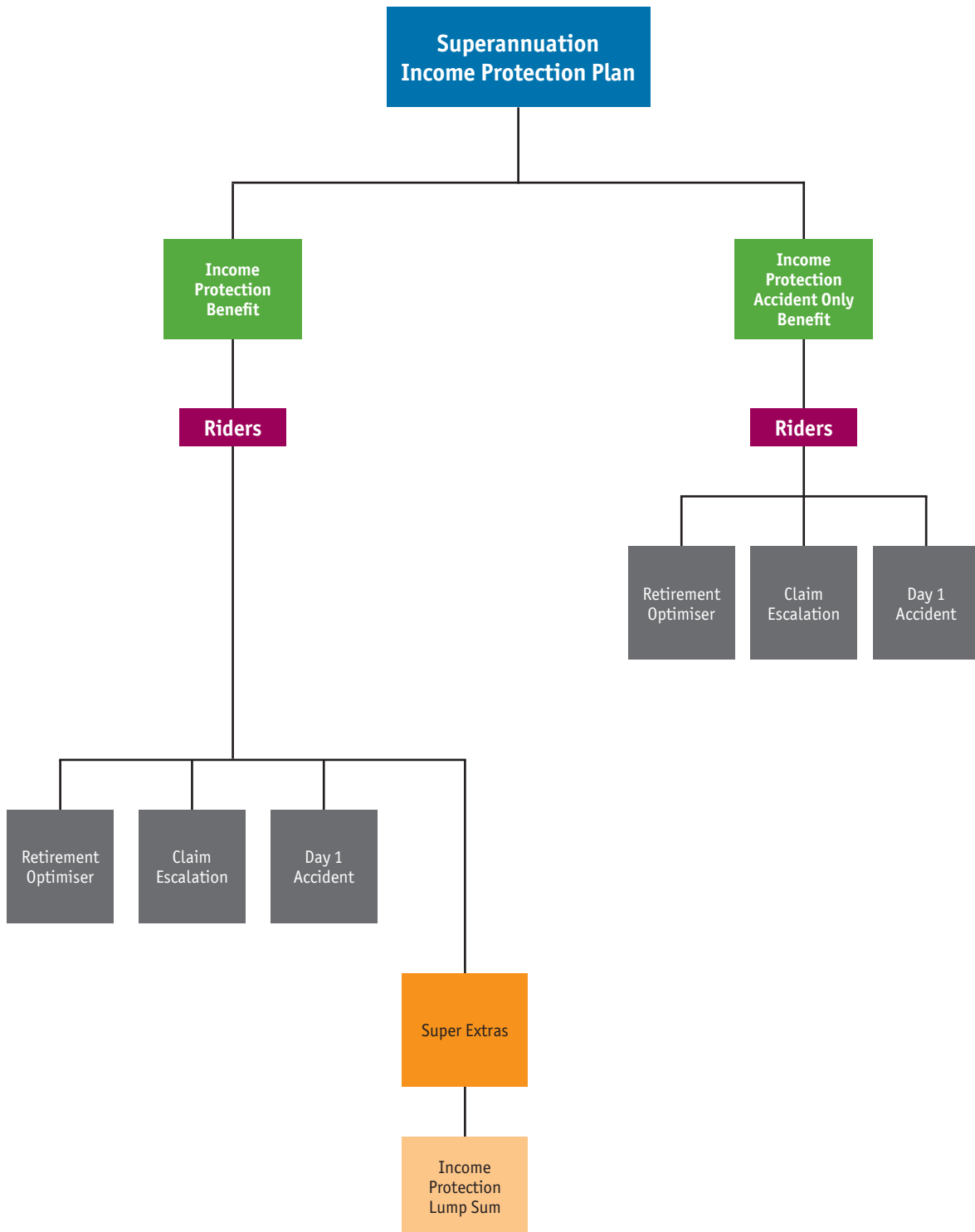
Direct Debit Request Service Agreement

Contact information









Life Cover Plan

Life Cover Benefit	Rider Benefits ¹									
	Crisis Recovery	Crisis Recovery Buy-back ²	Crisis Reinstatement ³	Double Crisis Recovery ¹¹	Total and Permanent Disablement	Total and Permanent Disablement Buy-back ⁴	Double Total and Permanent Disablement ¹²	Universal Total and Permanent Disablement	Double Universal Total and Permanent Disablement ¹⁶	Accidental Total and Permanent Disablement

Entry age next birthday (years) between

Occupation Category	AAA, AA, A	11 and 75	16 and 64	16 and 60	16 and 60	16 and 60	16 and 64	16 and 60	16 and 60	16 and 64	16 and 64
	B					16 and 60	16 and 64	16 and 60	16 and 60		16 and 64
	C					16 and 60	16 and 60	16 and 60	16 and 60		16 and 60
	D					16 and 55	16 and 55	16 and 55	16 and 55		16 and 55
	E					16 and 50	16 and 50	16 and 50	16 and 50	16 and 50	Not applicable
	Home Duties					16 and 60	16 and 64	16 and 60	16 and 60	16 and 64	16 and 64

Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA, A	100	70	65	65	70	70	70	100	100	70
	B					65	65	65			65
	C					65	65	65			65
	D					65	65	65			65
	E					55	55	55	55	55	Not applicable
	Home Duties					65	65	65	100	100	65

Maximum Sum Insured

Occupation Category	AAA, AA, A	None ⁵	\$2,000,000 ^{6,7}	Crisis Recovery Sum Insured	Crisis Recovery Sum Insured	\$5,000,000 ^{6,10,17}	Total and Permanent Disablement Sum Insured	\$5,000,000 ^{6,10,17}	\$1,000,000 ^{6,10}	\$1,000,000 ^{6,10}	\$1,000,000 ⁶
	B					\$5,000,000 ^{6,10,17}		\$5,000,000 ^{6,10,17}			
	C					\$5,000,000 ^{6,10,17}		\$5,000,000 ^{6,10,17}			
	D					\$2,000,000 ^{6,10,17}		\$2,000,000 ^{6,10,17}			
	E					\$1,000,000 ^{6,10}		\$1,000,000 ^{6,10}			Not applicable
	Home Duties	\$1,500,000 (age up to 45 next birthday) \$1,000,000 (age 46–75 next birthday)	\$750,000 ^{6,7}			\$750,000 ^{6,7} \$1,000,000 ^{6,10}		\$1,000,000 ^{6,10}			\$1,000,000 ^{6,10}

- Life Cover benefit must be purchased.
- Crisis Recovery benefit must be purchased.
- Crisis Recovery Buy-back benefit must be purchased.
- Total and Permanent Disablement benefit must be purchased.
- Subject to financial underwriting.
- Cannot exceed Life Cover Sum Insured.
- Applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone and Double Crisis Recovery and other similar benefits with us and other insurers.
- Applies to the total sums insured for Family Protection benefit under Crisis Recovery, Crisis Recovery Stand Alone, Double Crisis Recovery, Life Cover, Total and Permanent Disablement Stand Alone, Accidental Total and Permanent Disablement Stand Alone and Accidental Death and other similar benefits with us and other insurers.
- Cannot exceed Crisis Recovery, Double Crisis Recovery, Accidental Death, Life Cover, Total and Permanent Disablement Stand Alone or Accidental Total and Permanent Disablement Stand Alone benefit Sum Insured.
- Applies to the total sums insured for Total and Permanent Disablement, Total and Permanent Disablement Stand Alone, Double Total and Permanent Disablement, Accidental Total and Permanent Disablement, Accidental Total and Permanent Disablement Stand Alone, Universal Total and Permanent Disablement, Universal Total and Permanent Disablement Stand Alone and Double Universal Total and Permanent Disablement and other similar benefits with us and other insurers.
- Cannot be purchased in conjunction with Crisis Recovery, Double Total and Permanent Disablement or Double Universal Total and Permanent Disablement.
- Cannot be purchased in conjunction with Total and Permanent Disablement, Double Crisis Recovery, Double Universal Total and Permanent Disablement, Accidental Total and Permanent Disablement or Universal Total and Permanent Disablement.
- Crisis Recovery benefit, Double Crisis Recovery benefit, Accidental Death benefit, Life Cover benefit, Total and Permanent Disablement Stand Alone or Accidental Total and Permanent Disablement Stand Alone must be purchased.
- Life Cover benefit or Total and Permanent Disablement Stand Alone benefit must be purchased.
- The maximum sum insured after indexation increases is \$500,000.
- Cannot be purchased in conjunction with Total and Permanent Disablement, Double Total and Permanent Disablement, Accidental Total and Permanent Disablement or Universal Total and Permanent Disablement.
- A maximum sum insured of \$1,000,000 applies where the Life Insured is working as a Permanent Part-time Employee.
- The minimum Sum Insured is \$100,000. Total and Permanent Disablement cover and Crisis Recovery cover are capped at \$5,000,000 and \$2,000,000, respectively, depending on your occupational category. Universal Total and Permanent Disablement cover is capped at \$1,000,000.
- Applies to the total sums insured for Accidental Death cover and other similar benefits with us.

Life Cover Plan (continued)

Rider Benefits ¹ (continued)					Term Cover Benefit	Total and Permanent Disablement Stand Alone Benefit	Universal Total and Permanent Disablement Stand Alone Benefit	Accidental Total and Permanent Disablement Stand Alone Benefit	Accidental Death Benefit
Needlestick Injury (AA only)	Waiver of Premium	Forward Underwriting	Family Protection ¹³	School Fees Protector ¹⁴					

Entry age next birthday (years) between

18 and 60 (AA only)	16 and 64	16 and 55	2 and 15 (insured Child) 16 and 60 (Life Insured) 3 and 16 (Child)	Same as Life Cover, Total and Permanent Disablement rider or Total and Permanent Disablement Stand Alone benefit (Life Insured)	11 and 60 (5 year term); 11 and 55 (10 year term)	16 and 64	16 and 64	16 and 64	16 and 75	AAA, AA, A	Occupation Category
Not available	16 and 64					16 and 64		16 and 64		B	
	16 and 60					16 and 60		16 and 60		C	
	16 and 55					16 and 55		16 and 55		D	
	16 and 50					16 and 50	16 and 50	Not available		E	
	16 and 64					16 and 64	16 and 64	16 and 64		Home Duties	

Expiry age – policy anniversary prior to age (years)

70 (AA only)	70	65	21 (insured Child) or 70 (Life Insured), if earlier	Same as Life Cover, Total and Permanent Disablement rider or Total and Permanent Disablement Stand Alone benefit (Life Insured) 19 (Child)	End of chosen benefit term (5 or 10 years)	70	100	70	100	AAA, AA, A	Occupation Category
Not available	65					65		65		B	
	65					65		65		C	
	65					65		65		D	
	55					55	55	Not available		E	
	65					65	100	65		Home Duties	

Maximum Sum Insured

\$1,000,000 ⁶ (AA only)	Not available	\$10,000,000 ¹⁸	\$200,000 ^{8,15}	Refer to page 43 of the Product Disclosure Statement	None ⁵	\$5,000,000 ^{10,17}	\$1,000,000 ¹⁰	\$1,000,000 ¹⁰	\$1,000,000 ¹⁹	AAA, AA, A	Occupation Category	
Not available						\$5,000,000 ^{10,17}				\$1,000,000 ¹⁰		B
						\$5,000,000 ^{10,17}						C
						\$2,000,000 ^{10,17}						D
						\$1,000,000 ¹⁰				Not available		E
					\$1,500,000 (age up to 45 next birthday)	\$1,000,000 ¹⁰	\$1,000,000 ¹⁰	Home Duties				
					\$1,000,000 (age 46–60 next birthday)							

Crisis Recovery Stand Alone Plan

Crisis Recovery Stand Alone Benefit	Rider Benefits ¹					
	Total and Permanent Disablement	Universal Total and Permanent Disablement	Accidental Total and Permanent Disablement	Crisis Reinstatement	Family Protection	Forward Underwriting

Entry age next birthday (years) between

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

Expiry age – policy anniversary prior to age (years)

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

Maximum Sum Insured

Occupation Category	AAA, AA, A	\$2,000,000 ²	\$2,000,000 ^{4,6,7}	\$1,000,000 ⁴	\$1,000,000 ^{4,6}	Crisis Recovery Stand Alone Sum Insured	\$200,000 ^{3,4,5}	\$10,000,000 ⁸
	B							
	C							
	D		\$2,000,000 ^{4,6,7} (age 16–55 next birthday)					
	E		\$1,000,000 ^{4,6} (age 16–50 next birthday)					
	Home Duties		\$750,000 ²	\$750,000 ⁴	\$750,000 ⁴	\$750,000 ^{4,6}		

Business Expenses Plan

Business Expenses Benefit	Incorporated Business Expenses Benefit	Rider Benefit
		Day 1 Accident

16 and 60	AAA and AA only 16 and 60	16 and 60
16 and 60	Not available	16 and 60
16 and 55	Not available	16 and 55
16 and 55	Not available	16 and 55
Not available	Not available	Not available
Not available	Not available	Not available

65	AAA and AA only 65	65
65	Not available	65
Not available	Not available	Not available
Not available	Not available	Not available

Refer to Maximum Insured Monthly Benefit table on page 61	AAA and AA only \$30,000 per month	Refer to Maximum Insured Monthly Benefit table on page 61
Not available	Not available	Not available
Not available	Not available	Not available
Not available	Not available	Not available

1. Crisis Recovery Stand Alone benefit must be purchased.

2. Applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone and Double Crisis Recovery and other similar benefits with us and other insurers.

3. Applies to the total sums insured for Family Protection benefit under Crisis Recovery, Crisis Recovery Stand Alone, Double Crisis Recovery, Accidental Death, Life Cover, Total and Permanent Disablement Stand Alone and Accidental Total and Permanent Disablement Stand Alone and other similar benefits with us and other insurers.

4. Cannot exceed Crisis Recovery Stand Alone Sum Insured.

5. The maximum sum insured after indexation increases is \$500,000.

6. Applies to the total sums insured for Total and Permanent Disablement, Total and Permanent Disablement Stand Alone, Accidental Total and Permanent Disablement, Accidental Total and Permanent Disablement Stand Alone, Universal Total and Permanent Disablement, Universal Total and Permanent Disablement Stand Alone and Double Universal Total and Permanent Disablement Stand Alone.

7. A maximum sum insured of \$1,000,000 applies where the Life Insured is working as a Permanent Part-time Employee.

8. The minimum Sum Insured is \$100,000. Total and Permanent Disablement cover and Crisis Recovery cover are capped at \$5,000,000 and \$2,000,000, respectively, depending on your occupational category. Universal Total and Permanent Disablement cover is capped at \$1,000,000.

Income Protection Plan

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

Entry age next birthday (years) between

Occupation Category	AAA, AA, A	16 and 60	16 and 60	16 and 50	Same as Income Protection benefit or Income Protection Accident Only benefit chosen	Same as Income Protection benefit	Same as Income Protection benefit	Same as Income Protection benefit, Income Protection Accident Only benefit or Business Expenses benefit chosen	Same as Income Protection benefit or Income Protection Accident Only benefit (Life Insured) 3 and 16 (insured Child)	Same as Income Protection benefit or Income Protection Accident Only benefit chosen	16 and 60	Same as Income Protection benefit	61 and 65
	B	16 and 60	16 and 60								16 and 60		
	C	16 and 55	16 and 55								16 and 55		
	D	16 and 55 (Indemnity)	16 and 55 (Indemnity)								16 and 55		
	E	16 and 50 (Indemnity)	16 and 50 (Indemnity)								Not available		
	Home Duties	Not available	Not available								Not available		

Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA, A	65 or 70 where an Age 70 Benefit Period is selected	65	55	Same as Income Protection benefit or Income Protection Accident Only benefit chosen	Same as Income Protection benefit	Same as Income Protection benefit	Same as Income Protection benefit, Income Protection Accident Only benefit or Business Expenses benefit chosen	Same as Income Protection benefit or Income Protection Accident Only benefit (Life Insured) 19 (insured Child)	Same as Income Protection benefit or Income Protection Accident Only benefit chosen	65	65	70	
	B	65												
	C													
	D													
	E	55	55											Not available
	Home Duties	Not available	Not available											

Maximum Sum Insured

Refer to Maximum Insured Monthly Benefit table on page 53	Refer to Maximum Insured Monthly Benefit table on page 53	\$4,000 per month	Income Protection benefit or Income Protection Accident Only benefit chosen	Income Protection benefit	Income Protection benefit	Income Protection benefit, Income Protection Accident Only benefit or Business Expenses benefit chosen	\$2,000 per month	Refer to Retirement Optimiser benefit on page 52	Refer to Maximum Insured Monthly Benefit table on page 61	Refer to Income Protection Lump Sum benefit on page 52	\$20,000
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1. Either the Income Protection or Income Protection Accident Only benefit can be selected (not both).
2. Income Protection benefit or Income Protection Accident Only benefit must be purchased.
3. Not available under Income Protection Accident Only benefit.
4. A 3-day qualifying period is not available for Occupation Category E.
5. Cannot be purchased in conjunction with PLUS Optional.
6. Cannot be purchased in conjunction with Advantage Optional.
7. Available under Income Protection benefit, Income Protection Accident Only benefit and Business Expenses benefit.
8. Rider benefits are not available with Income Protection Essentials benefit.
9. Where the Age 70 benefit period is selected, the rider benefits will expire at Age 65.

Superannuation Life Cover Plan

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

Entry age next birthday (years) between

Occupation Category	AAA, AA, A	11 and 74	16 and 64	16 and 60	16 and 60 (insured Child) or 16 and 60 (Life Insured)	16 and 60	18 and 60 (AA only)	16 and 64	16 and 64	16 and 60
	B						Not available	16 and 64	16 and 64	16 and 60
	C							16 and 60	16 and 60	16 and 60
	D					16 and 55		16 and 55	16 and 55	16 and 55
	E					16 and 50		Not available	16 and 50	16 and 50
	Home Duties					16 and 60		16 and 64	16 and 64	16 and 60

Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA, A	75	70	65	65	21 (insured Child) or 70 (Life Insured), if earlier	65	70 (AA only)	70	70	70
	B							Not available	65	65	65
	C								65	65	65
	D								65	65	65
	E						55		Not available	55	55
	Home Duties						65		65	65	65

Maximum Sum Insured

Occupation Category	AAA, AA, A	None ⁵	\$2,000,000 ^{6,7}	Crisis Recovery Sum Insured	Crisis Recovery Sum Insured	\$200,000 ^{6,9,14}	\$2,000,000 ^{6,7}	\$1,000,000 (AA only)		\$5,000,000 ^{6,8,16}	Total and Permanent Disablement Sum Insured	
	B							Not available		\$1,000,000 ^{6,8}		\$5,000,000 ^{6,8,16}
	C									\$5,000,000 ^{6,8,16}		
	D									\$2,000,000 ^{6,8,16}		
	E									\$1,000,000 ^{6,8}		
	Home Duties	\$1,500,000 (age up to 45 next birthday) \$1,000,000 (age 46–75 next birthday)	\$750,000 ^{6,7}				\$750,000 ^{6,7}	\$1,000,000 ^{6,8}	\$1,000,000 ^{6,8}			

- Life Cover benefit must be purchased.
- Crisis Recovery benefit must be purchased.
- Crisis Recovery Buy-back benefit must be purchased.
- Total and Permanent Disablement benefit must be purchased.
- Subject to financial underwriting.
- Cannot exceed Life Cover Sum Insured.
- Applies to the total sums insured for Crisis Recovery, Double Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
- Applies to the total sums insured for Total and Permanent Disablement, Double Total and Permanent Disablement, Total and Permanent Disablement Stand Alone, Double Universal Total and Permanent Disablement, Universal Total and Permanent Disablement, Accidental Total and Permanent Disablement Stand Alone and Accidental Total and Permanent Disablement Stand Alone and other similar benefits with us and other insurers.
- Applies to the total sums insured for Family Protection benefit under Crisis Recovery, Crisis Recovery Stand Alone, Double Crisis Recovery, Life Cover, Accidental Death, Total and Permanent Disablement Stand Alone and Accidental Total and Permanent Disablement Stand Alone and other similar benefits with us and other insurers.
- Cannot be purchased in conjunction with Crisis Recovery, Double Total and Permanent Disablement or Double Universal Total and Permanent Disablement.
- Cannot be purchased in conjunction with Total and Permanent Disablement, Double Universal Total and Permanent Disablement, Universal Total and Permanent Disablement, Accidental Total and Permanent Disablement, or Superannuation PLUS Double Crisis Recovery.
- Total and Permanent Disablement (Any Occupation definition) must be purchased inside superannuation.
- Only available under a linked policy outside of superannuation.
- The maximum sum insured after indexation increases is \$500,000.
- Cannot be purchased in conjunction with Total and Permanent Disablement, Double Total and Permanent Disablement, Accidental Total and Permanent Disablement, Universal Total and Permanent Disablement, or Superannuation PLUS Double Crisis Recovery.
- A maximum sum insured of \$1,000,000 applies where the Life Insured is working as a Permanent Part-time Employee.
- Applies to the total sums insured for Accidental Death cover and other similar benefits with us.

Superannuation Life Cover Plan (continued)

Rider Benefits ¹ (continued)					Term Cover Benefit	Total and Permanent Disablement Stand Alone Benefit	Universal Total and Permanent Disablement Stand Alone Benefit	Accidental Total and Permanent Disablement Stand Alone Benefit	Accidental Death Benefit
Double Total and Permanent Disablement ¹¹	Universal Total and Permanent Disablement	Double Universal Total and Permanent Disablement ¹⁵	Waiver of Premium	Maximiser ¹²					

Entry age next birthday (years) between

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

Expiry age – policy anniversary prior to age (years)

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

Maximum Sum Insured

\$5,000,000 ^{6,8,16}	\$1,000,000 ^{6,8}	\$1,000,000 ^{6,8}	Not available	Total and Permanent Disablement Sum Insured	None ⁵	\$5,000,000 ^{8,16}	\$1,000,000 ⁸	\$1,000,000 ⁶	\$1,000,000 ¹⁷	AAA, AA, A	Occupation Category
\$5,000,000 ^{6,8,16}				\$5,000,000 ^{8,16}		B					
\$5,000,000 ^{6,8,16}				\$5,000,000 ^{8,16}		C					
\$2,000,000 ^{6,8,16}				\$2,000,000 ^{8,16}		D					
\$1,000,000 ^{6,8}				\$1,000,000 ⁸		E					
\$1,000,000 ^{6,8}				\$1,500,000 (age up to 45 next birthday) \$1,000,000 (age 46–60 next birthday)	\$1,000,000 ⁸	\$1,000,000 ⁸		Home Duties			

Superannuation Income Protection Plan

Income Protection ¹ Benefit (Agreed Value or Indemnity)	Income Protection ¹ Accident Only Benefit (Agreed Value or Indemnity)	Rider Benefits ²				2 Year Benefit Period To Age 70 (Indemnity only)
		Claim Escalation ⁵	Day 1 Accident ^{3,5}	Retirement Optimiser ⁵	Super Extras ^{4,5,6}	

Entry age next birthday (years) between

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

Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA, A	65 or 70 where an Age 70 Benefit Period is selected	65	Same as Income Protection benefit or Income Protection Accident Only benefit chosen	Same as Income Protection benefit or Income Protection Accident Only benefit chosen	65	65	70
	B	65						Not available
	C							
	D							
	E	55	55			55	Not available	

Maximum Sum Insured

Refer to Maximum Insured Monthly Benefit table on page 53	Refer to Maximum Insured Monthly Benefit table on page 53	Income Protection benefit or Income Protection Accident Only benefit chosen	Income Protection benefit or Income Protection Accident Only benefit chosen	Refer to Retirement Optimiser benefit on page 52	Refer to Maximum Insured Monthly Benefit table on page 53	\$20,000
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1. Either the Income Protection or Income Protection Accident Only benefit can be selected (not both).
2. Income Protection benefit or Income Protection Accident Only benefit must be purchased.
3. A 3-day qualifying period is not available.
4. Available under Income Protection benefit (not available under Income Protection Accident Only benefit).
5. Where an Age 70 benefit period is selected, the rider benefits will expire at Age 65.
6. The Income Protection Lump Sum benefit is available as an optional benefit under the Super Extras package.

About Priority Protection

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

Life Cover

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

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

Total and Permanent Disablement (TPD)

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

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

Crisis Recovery

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

Crisis Recovery cover is only available under an Ordinary Plan.

Income Protection

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

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

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

Business Expenses

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

Business Expenses cover is only available under an Ordinary Plan.

Insurance through Superannuation

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

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

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

- Some of the benefits available under an Ordinary Plan are not available under a Superannuation Plan. (We have noted where a benefit is not available under a Superannuation Plan throughout this PDS or where it is only available by purchasing a linked Ordinary Plan policy outside of superannuation at an additional premium cost but you should refer to the relevant Superannuation Policy.)
- There may be taxation advantages where a Policy is owned by the trustee of a superannuation fund. (We have provided information about taxation of the Fund on pages 69 – 70, but you should obtain your own advice for your personal circumstances before you make a decision.)
- If you cease to be a member of a complying superannuation fund, the Superannuation Life Cover Plan and Superannuation Income Protection Plan benefits will cease. Any applicable premium refund would be paid to the trustee and will be subject to preservation rules as required by superannuation legislation.

More information about the Fund is on pages 65 – 70.

More information about linking a Superannuation Plan to an Ordinary Plan is on page 71.

Life Cover

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

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

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

Benefit Overview

This table provides some important information about the benefits included with Life Cover.

For the full terms and conditions, ask for a copy of the Policy Document.

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

	Life Cover Benefit	5-year Term	10-year Term	Accidental Death
Complimentary Family Final Expenses^{NS} We may pay a lump sum of 10% of the Sum Insured up to \$20,000 per Child if your Child dies or is positively diagnosed with a Terminal Illness. A maximum total payment of \$200,000 and other conditions apply to this complimentary benefit. <i>If you also hold Crisis Recovery Complimentary Family Protection benefit, we will make only one payment per Child under both benefits.</i>	✓	✓	✓	✓
Complimentary Interim Accidental Death Cover We may pay a lump sum in the event of your Accidental Death within a period of up to 90 days from your application date – see the certificate attached to this PDS.	✓	✓	✓	✓
Optional Benefits at an additional cost (Rider Benefits)				
Total and Permanent Disablement (see pages 16 – 20)	✓	—	—	—
Accidental Total and Permanent Disablement (see pages 18 – 20)	✓	—	—	—
Total and Permanent Disablement Buy-back (see page 22)	✓	—	—	—
Double Total and Permanent Disablement (see pages 24 – 25)	✓	—	—	—
Universal Total and Permanent Disablement (see page 21)	✓	—	—	—
Double Universal Total and Permanent Disablement (see page 26)	✓	—	—	—
Waiver of Premium (see page 23)	✓	—	—	—
Crisis Recovery^{SP} (see pages 27 – 31)	✓	—	—	—
Crisis Recovery Buy-back^{SP} (see page 32)	✓	—	—	—
Crisis Reinstatement^{SP} (see pages 33 – 34)	✓	—	—	—
Double Crisis Recovery^{SP} (see pages 35 – 39)	✓	—	—	—
Family Protection^{SP} (see pages 40 – 41)	✓	—	—	✓
Needlestick Injury^{SP} (see page 42)	✓	—	—	—
Forward Underwriting benefit^{NS} (see pages 44 – 45)	✓	—	—	—
School Fees Protector^{NS} (see page 43)	✓	—	—	—

NS Not available under the Superannuation Life Cover Plan.

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

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 79 – 83.

For the date when cover ends, see page 84.

TPD cover

We offer three main types of TPD benefits:

- Total and Permanent Disablement
- Accidental Total and Permanent Disablement
- Universal Total and Permanent Disablement

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

You can purchase TPD cover as a stand alone benefit, as a rider benefit to either Life Cover or Crisis Recovery Stand Alone cover or as a linked 'Maximiser' benefit to a Superannuation Life Cover Plan (see pages 72 – 73). Limits apply to the total Sums Insured for all TPD cover.

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

Detail	Total and Permanent Disablement cover		
	Total and Permanent Disablement benefit	Accidental Total and Permanent Disablement benefit	Universal Total and Permanent Disablement benefit
<i>What employment types are eligible?</i>	<ul style="list-style-type: none"> • Full-time Employment¹ • Permanent Part-time Employee² 	<ul style="list-style-type: none"> • Full-time Employment¹ • Permanent Part-time Employee² 	<ul style="list-style-type: none"> • All employment types
<i>Are any Occupation Categories not eligible for this benefit?</i>	All of the Occupation Categories are eligible.	Yes, Occupation Category E is not eligible.	All of the Occupation Categories are eligible.
<i>What are the weekly working requirements depending on my Occupation Category?</i>	<u>Occupation Categories – AAA, AA, A, B, C and D</u> <ul style="list-style-type: none"> • At least 15 hours worked per week <u>Occupation Category – E</u> <ul style="list-style-type: none"> • At least 20 hours worked per week <u>Occupation Category – Home Duties³</u> <ul style="list-style-type: none"> • No minimum, however you must meet the definition of Home Duties (refer to Definitions section). 	<u>Occupation Categories – AAA, AA, A, B, C and D</u> <ul style="list-style-type: none"> • At least 15 hours worked per week <u>Occupation Category – Home Duties³</u> <ul style="list-style-type: none"> • No minimum, however you must meet the definition of Home Duties (refer to Definitions section). 	<u>Occupation Categories – AAA, AA, A, B, C and D</u> <ul style="list-style-type: none"> • Working less than 15 hours per week. <u>Occupation Category – E</u> <ul style="list-style-type: none"> • Working less than 20 hours per week. <u>Occupation Category – Home Duties³</u> <ul style="list-style-type: none"> • No minimum, however you must meet the definition of Home Duties (refer to Definitions section).
<i>Is cover available for self-employed people?</i>	Yes	Yes	Yes
<i>Which type of definition will apply?</i>	<u>Occupation Categories AAA, AA, A, B and C – Own OccupationSM</u> <ul style="list-style-type: none"> • Minimum hours worked per week is 20 <u>Occupation Categories AAA, AA, A, B, C and D – Any Occupation</u> <ul style="list-style-type: none"> • Minimum hours worked per week is 15 <u>Occupation Category E – All Duties</u> <ul style="list-style-type: none"> • Minimum hours worked per week is 20 <u>Occupation Category – Home Duties³</u> <ul style="list-style-type: none"> • Total and Permanent Disablement (Home Duties) 	<u>Occupation Categories AAA, AA, A, B, C and D – Accidental TPD Any Occupation</u> <ul style="list-style-type: none"> • Minimum hours worked per week is 15 <u>Occupation Category – Home Duties³</u> <ul style="list-style-type: none"> • Accidental Total and Permanent Disablement (Home Duties) 	Loss of Independence

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

Detail	Double Total and Permanent Disablement cover	
	Double Total and Permanent Disablement benefit	Double Universal Total and Permanent Disablement benefit
<i>What employment types are eligible?</i>	<ul style="list-style-type: none"> • Full-time Employment¹ • Permanent Part-time Employee² 	<ul style="list-style-type: none"> • All employment types
<i>Are any Occupation Categories not eligible for this benefit?</i>	<ul style="list-style-type: none"> • All of the Occupation Categories are eligible. 	<ul style="list-style-type: none"> • All of the Occupation Categories are eligible.
<i>What are the weekly working requirements depending on my Occupation Category?</i>	<p><u>Occupation Categories – AAA, AA, A, B, C and D</u></p> <ul style="list-style-type: none"> • At least 15 hours worked per week <p><u>Occupation Category – E</u></p> <ul style="list-style-type: none"> • At least 20 hours worked per week. <p><u>Occupation Category – Home Duties³</u></p> <ul style="list-style-type: none"> • No minimum, however you must meet the definition of Home Duties (refer to Definitions section). 	<p><u>Occupation Categories – AAA, AA, A, B, C and D</u></p> <ul style="list-style-type: none"> • Working less than 15 hours per week. <p><u>Occupation Category – E</u></p> <ul style="list-style-type: none"> • Working less than 20 hours per week. <p><u>Occupation Category – Home Duties³</u></p> <ul style="list-style-type: none"> • No minimum, however you must meet the definition of Home Duties (refer to Definitions section).
<i>Is cover available for self-employed people?</i>	Yes	Yes
<i>Which type of definition will apply?</i>	<p><u>Occupation Categories AAA, AA, A, B and C – Own OccupationSM</u></p> <ul style="list-style-type: none"> • Minimum hours worked per week is 20 <p><u>Occupation Categories – AAA, AA, A, B, C and D – Any Occupation</u></p> <ul style="list-style-type: none"> • Minimum hours worked per week is 15 <p><u>Occupation Category E – All Duties</u></p> <ul style="list-style-type: none"> • Minimum hours worked per week is 20 <p><u>Occupation Category – Home Duties³</u></p> <ul style="list-style-type: none"> • Total and Permanent Disablement (Home Duties) 	Loss of Independence

¹ We classify full-time employment for this benefit as working at least 20 hours per week, for 48 weeks per year (excluding public holidays).

² We classify part-time employment for this benefit as being employed (including self-employed) to undertake identifiable duties for at least 15 hours per week (in each and every week for 48 weeks per year (excluding public holidays) where the person accrues paid sick and holiday leave entitlements.

³ We classify Home Duties for this benefit as being wholly engaged in full-time unpaid domestic duties in your own residence.

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

Total and Permanent Disablement

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

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

Benefit overview

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

	Total and Permanent Disablement	Accidental Total and Permanent Disablement
Premium structure		
Level Premiums	✓	✓
Stepped Premiums	✓	—
Optimum Premiums	✓	—
Available as:		
Total and Permanent Disablement Stand Alone	✓	—
Accidental Total and Permanent Disablement Stand Alone	—	✓
Rider benefit (to Life Cover benefit and Crisis Recovery Stand Alone)	✓	✓
Linked 'Maximiser' benefit to Total and Permanent Disablement Stand Alone or TPD rider benefit with 'Any Occupation' definition under the Superannuation Life Cover Plan. Please refer to the Maximiser section on pages 72 – 73.	✓ (Own Occupation definition)	—
Built-in benefits		
Total and Permanent Disablement We will pay a lump sum equal to the Sum Insured if you are disabled according to the applicable Total and Permanent Disablement definition: <ul style="list-style-type: none"> • Own OccupationSM • Any Occupation • All Duties • Home Duties. If your applicable definition is 'Any Occupation' and you return to work in your own occupation or perform any other reasonable occupation and if your earning capacity is permanently restricted due to your disablement to the extent that the income you generate in the 12 month period following a return to work is less than 25% of the income you generated in the previous 12 months of performing your own occupation, we will pay the Total and Permanent Disablement benefit. If you have the 'Own Occupation' definition under a linked Maximiser Policy, your claim will firstly be assessed under the 'Any Occupation' definition under the Superannuation Life Cover Plan.	✓	—
Accidental Total and Permanent Disablement We will pay a lump sum equal to the Sum Insured if you are disabled according to the applicable Accidental Total and Permanent Disablement definition: <ul style="list-style-type: none"> • Any Occupation • Home Duties. 	—	✓

	Total and Permanent Disablement	Accidental Total and Permanent Disablement
Partial and Permanent Disablement^{NS} If you suffer the permanent loss of use of one arm, one leg or sight in one eye, we will make an advance payment from the Total and Permanent Disablement Sum Insured equal to the lesser of 25% of the Sum Insured and \$750,000. We will only pay this benefit once during the lifetime of the Policy. <i>If you select the Total and Permanent Disablement Stand Alone benefit, you must survive for a period of 14 days from the date of the loss to be eligible for the Partial and Permanent Disablement benefit.</i>	✓	—
Partial and Permanent Disablement – Accidental Total and Permanent Disablement^{NS} If you suffer the permanent loss of use of one arm, one leg or sight in one eye as a result of an Accidental Injury, we will make an advance payment from the Accidental Total and Permanent Disablement Sum Insured equal to the lesser of 25% of the Sum Insured and \$750,000. We will only pay this benefit once during the lifetime of the Policy. <i>If you select the Accidental Total and Permanent Disablement Stand Alone benefit, you must survive for a period of 14 days from the date of the loss to be eligible for the Partial and Permanent Disablement benefit.</i>	—	✓
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓	—
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓	✓
Financial Planning Reimbursement^{NS} If your total and permanent disablement claim is paid we will reimburse up to \$3,000 of the cost of obtaining advice from a financial planner/s about management of the claim proceeds incurred within the first six months of the claim payment.	✓	✓
Day 1 TPD (removal of TPD qualifying period) We will not require you to be absent from employment for an uninterrupted period of three consecutive months if you suffer (and we confirm diagnosis of) one of the applicable 'Other Serious Crisis Events' listed below and as a result you would otherwise meet the definition of Total and Permanent Disablement applicable under your Policy. The applicable 'Other Serious Crisis Events' are: <ul style="list-style-type: none"> • Alzheimer's disease • Blindness • Paralysis <ul style="list-style-type: none"> – Diplegia – Hemiplegia – Paraplegia – Quadriplegia • Loss of Hearing • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Parkinson's Disease Not applicable to the Total and Permanent Disablement (All Duties) definition.	✓	—

NS Not available under the Superannuation Life Cover Plan.

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

	Total and Permanent Disablement	Accidental Total and Permanent Disablement
Conversion to Loss of Independence^{NS} Instead of your TPD benefit expiring at the Policy Anniversary before the expiry age for your Occupation Category, we will convert the benefit to a Loss of Independence benefit until you reach the age of 100. If you make a claim after conversion: <ul style="list-style-type: none"> • The claim will be assessed under the Loss of Independence definition • The Sum Insured will be the lesser of: <ul style="list-style-type: none"> – The TPD Sum Insured at the expiry date; and – For Occupation Categories AAA, AA and A: \$2,000,000; or – For Occupation Categories B, C, D and Home Duties: \$1,000,000. <i>Conversion to Loss of Independence does not apply if the TPD benefit is selected as a rider to the Crisis Recovery Stand Alone benefit.</i>	✓	—
Conversion to Accidental Loss of Independence^{NS} Instead of your Accidental TPD benefit expiring at the Policy Anniversary before the expiry age for your Occupation Category, we will convert the benefit to an Accidental Loss of Independence benefit until you reach the age of 100. If you make a claim after conversion: <ul style="list-style-type: none"> • The claim will be assessed under the Accidental Loss of Independence definition • The Sum Insured will be the lesser of: <ul style="list-style-type: none"> – The Accidental TPD Sum Insured at the expiry date; and – For Occupation Categories AAA, AA and A: \$2,000,000; or – For Occupation Categories B, C, D and Home Duties: \$1,000,000. <i>Conversion to Accidental Loss of Independence does not apply if the Accidental TPD benefit is selected as a rider to the Crisis Recovery Stand Alone benefit.</i>	—	✓
Benefits at an additional cost (Rider Benefits)		
Total and Permanent Disablement Buy-back (see page 22)	✓ (Rider only)	—
School Fees Protector^{NS} (see page 43)	✓	—
Family Protection^{NS} (see pages 40 – 41)	✓ (Stand Alone only)	✓ (Stand Alone only)
Forward Underwriting^{NS} (see pages 44 – 45)	✓ (Stand Alone only)	—

^{NS} Not available under the Superannuation Life Cover Plan.

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 79 – 83.

For the date when cover ends, see page 84.

Universal Total and Permanent Disablement

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

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

Benefit overview

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

	Universal Total and Permanent Disablement
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Available as:	
Universal Total and Permanent Disablement Stand Alone	✓
Rider benefit (to Life Cover benefit and Crisis Recovery Stand Alone)	✓
Built-in benefits	
Universal Total and Permanent Disablement We will pay a lump sum equal to the Sum Insured if you are disabled according to the Loss of Independence definition.	✓
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓
Financial Planning Reimbursement^{NS} If your total and permanent disablement claim is paid we will reimburse up to \$3,000 of the cost of obtaining advice from a financial planner/s about management of the claim proceeds incurred within the first six months of the claim payment.	✓
Benefit at an additional cost (Rider Benefit)	
Forward Underwriting^{NS} (see pages 44 – 45)	✓ (Stand Alone only)

NS Not available under the Superannuation Life Cover Plan.

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 79 – 83.

For the date when cover ends, see page 84.

Total and Permanent Disablement Buy-back

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

Benefit overview

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

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

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

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

For the date when cover ends, see page 84.

Waiver of Premium

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

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

Benefit overview

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

	Waiver of Premium
Premium structure	
Level Premiums	✓
Available only as:	
Rider benefit under the Life Cover benefit	✓
Built-in benefits	
If you suffer: <ul style="list-style-type: none"> • Total and Permanent Disablement under the <ul style="list-style-type: none"> – Any Occupation definition – Own Occupation definition^{NS} – All Duties definition – Home Duties definition; or • Partial and Permanent Disablement^{NS} then after the qualifying period:	
Waives the premiums for the Life Cover benefit and rider benefits under the Life Cover benefit*	✓
Waives the premiums for Crisis Recovery Stand Alone benefit* and rider benefits under the Crisis Recovery Stand Alone benefit* ^{NS} (if purchased with a Life Cover benefit under the same policy) ^{SP}	✓
Waives the premiums for Accidental Death benefit (if purchased together with a Life Cover benefit under the same policy)	✓
Please note: The Waiver of Premium also applies to any benefit indexation increases but not to certain voluntary increases. Please refer to the terms and conditions in the Policy Document for further information. In the case of Total and Permanent Disablement each definition of Total and Permanent Disablement that you can choose for the Waiver of Premium benefit contains a qualifying period (either three or six months). During this qualifying period you must be absent from employment solely as a result of Injury or Sickness in order to be eligible to claim under the benefit. The premiums due on the policy must still be paid by the policy owner during the qualifying period. Upon acceptance of the Waiver of Premium claim, any premiums that have been paid will not be refunded. A Waiver of Premium benefit purchased under an Ordinary Plan will not waive premiums under the Superannuation Plan. In order to have premiums waived on both Ordinary and Superannuation Plans, two separate Waiver of Premium benefits must be purchased, one inside super and one outside super.	

* Excluding Universal Total and Permanent Disablement, Accidental Total and Permanent Disablement, Double Total and Permanent Disablement and Double Universal Total and Permanent Disablement (as applicable).

NS Not available under the Superannuation Life Cover Plan.

SP Also available under a linked Superannuation PLUS policy outside of superannuation.

The benefits that apply to you will be shown on your Policy Schedule.
For the date when cover ends, see page 84.

Double Total and Permanent Disablement

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

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

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

Benefit overview

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

	Double Total and Permanent Disablement
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Available as:	
Rider benefit to Life Cover benefit	✓
Linked 'Maximiser' benefit to Double Total and Permanent Disablement rider benefit with 'Any Occupation' definition under the Superannuation Life Cover Plan. Please refer to the Maximiser section on pages 72 – 73.	✓ (Own Occupation definition)
Built-in benefits	
Total and Permanent Disablement We will pay a lump sum equal to the Sum Insured if you are disabled according to the applicable Total and Permanent Disablement definition: <ul style="list-style-type: none"> • Own OccupationSM • Any Occupation • All Duties • Home Duties If your applicable definition is 'Any Occupation' and you return to work in your own occupation or perform any other reasonable occupation and if your earning capacity is permanently restricted due to your disablement to the extent such that the income you generate in the 12 month period commencing from your return to work is less than 25% of the income you generated in the previous 12 months of performing your own occupation, we will pay the Total and Permanent Disablement benefit. If you have the 'Own Occupation' definition under a linked Maximiser Policy, your claim will firstly be assessed under the 'Any Occupation' definition under the Superannuation Life Cover Plan. <i>The benefit is not payable if a Terminal Illness claim is in progress or has previously been paid by us or any other insurer or you die within 14 days of suffering the Injury or Sickness that directly or indirectly caused your Total and Permanent Disablement.</i>	✓

	Double Total and Permanent Disablement
No reduction of the Life Cover Sum Insured (after a full Double Total and Permanent Disablement payment).	✓
Waiver of Life Cover Premium (after a full Double Total and Permanent Disablement payment). Conditions apply. Refer to Policy Document.	✓
Partial and Permanent Disablement^{NS} If you suffer the permanent loss of use of one arm, one leg or sight in one eye, we will make an advance payment from the Double Total and Permanent Disablement Sum Insured equal to the lesser of 25% of the Sum Insured and \$750,000. We will only pay this benefit once during the lifetime of the Policy.	✓
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary. <i>Benefit Indexation of the Life Cover benefit will cease to apply after the Double Total and Permanent Disablement benefit becomes payable.</i>	✓
Financial Planning Reimbursement^{NS} If your total and permanent disablement claim is paid we will reimburse up to \$3,000 of the cost of obtaining advice from a financial planner/s about management of the claim proceeds incurred within the first six months of the claim payment.	✓
Conversion to Loss of Independence^{NS} Instead of your Double Total and Permanent Disablement benefit expiring at the Policy Anniversary before the expiry age for your Occupation Category, we will convert the benefit to a Loss of Independence benefit until you reach the age of 100. If you make a claim after conversion: <ul style="list-style-type: none"> • The claim will be assessed under the Loss of Independence definition • The Sum Insured will be the lesser of: <ul style="list-style-type: none"> – The Double Total and Permanent Disablement Sum Insured at the expiry date; and – For Occupation Categories AAA, AA and A: \$2,000,000; or – For Occupation Categories B, C, D and Home Duties: \$1,000,000. 	✓

NS Not available under the Superannuation Life Cover Plan.

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

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 79 – 83.

For the date when cover ends, see page 84.

Double Universal Total and Permanent Disablement

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

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

Benefit overview

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

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

NS Not available under the Superannuation Life Cover Plan.

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 79 – 83.

For the date when cover ends, see page 84.

Crisis Recovery

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

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

Crisis Recovery is only available as an Ordinary Plan.

Benefit overview

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

	Crisis Recovery
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Available as:	
Crisis Recovery Stand Alone	✓
Rider benefit (to Life Cover Plan or Superannuation Life Cover Plan under a linked Superannuation PLUS policy outside of superannuation)	✓
Built-in benefits	
Crisis Events benefit We will pay a lump sum equal to the full Crisis Recovery Sum Insured if you are diagnosed with a Cancer Event, a Coronary Event or an Other Serious Crisis Event (as listed in the table on page 29) after the applicable qualifying period. <i>If you select the Crisis Recovery Stand Alone benefit, you must survive for a period of 14 days from the date of diagnosis.</i>	✓
Partial payments We will make a partial payment from your Crisis Recovery Sum Insured (as set out in the table on page 30) if we are able to confirm diagnosis of the Crisis Events listed in that table. The amount of the partial payment cannot exceed the Sum Insured. <i>If you select the Crisis Recovery Stand Alone benefit, you must survive for a period of 14 days from the date of diagnosis.</i> <i>After a partial payment, if you sustain another Crisis Event we will pay the reduced Sum Insured but we will make a payment for Chronic Diagnosis Advancement only once.</i>	✓
Death Cover We will pay a lump sum benefit of up to \$5,000 if you die and no benefit was payable for a Crisis Event.	✓ (Stand Alone only)
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓

	Crisis Recovery
Complimentary Interim Accidental Crisis Recovery Cover We may pay a lump sum in the event of certain Crisis Events due to an Accidental Injury within a period of up to 90 days from your signed application date – see the certificate attached to this PDS.	✓
Complimentary Interim Accidental Death Cover We may pay a lump sum in the event of your Accidental Death within a period of up to 90 days from your application date – see the certificate attached to this PDS.	✓ (Stand Alone only)
Financial Planning Reimbursement If a claim is paid for the full Crisis Recovery Sum Insured we will reimburse up to \$3,000 of the cost of obtaining advice from a financial planner/s about management of the claim proceeds incurred within the first six months of the claim payment.	✓
Complimentary Family Protection We may pay a lump sum of 10% of the Sum Insured up to \$20,000 per Child if your Child dies or is positively diagnosed with a Terminal Illness or one of the other Crisis Events listed in the table on page 31 after the qualifying period (if any). The sum of all payments under this complimentary benefit cannot exceed the Crisis Recovery Sum Insured. There are exclusions for congenital conditions, pre-existing symptoms, intentional acts or where your Child has already suffered a particular Crisis Event. Other conditions also apply. This complimentary benefit does not include any conversion rights. <i>If you also hold a Complimentary Family Final Expenses benefit, we will make only one payment per Child under both benefits.</i>	✓
Conversion to Loss of Independence at age 70 Instead of your Crisis Recovery benefit expiring at the Policy Anniversary before you reach the age of 70, we will convert the benefit to a Loss of Independence benefit until you reach the age of 100. If you make a claim after conversion: <ul style="list-style-type: none"> • The claim will be assessed under the Loss of Independence definition • The Sum Insured will be the lesser of: <ul style="list-style-type: none"> – The Crisis Recovery Sum Insured at the expiry date; and – For Occupation Categories AAA, AA and A: \$2,000,000; or – For Occupation Categories B, C, D and Home Duties: \$1,000,000. 	✓ (Rider to Life Cover benefit only)
Benefits at an additional cost (Rider Benefits)	
Crisis Recovery Buy-back (see page 32)	✓ (Rider to Life Cover only)
Crisis Reinstatement (see pages 33 – 34)	✓
Family Protection (see pages 40 – 41)	✓
Forward Underwriting (see pages 44 – 45)	✓ (Stand Alone only)
Total and Permanent Disablement (see pages 18 – 20)	✓ (Stand Alone only)
Accidental Total and Permanent Disablement (see pages 18 – 20)	✓ (Stand Alone only)
Universal Total and Permanent Disablement (see page 21)	✓ (Stand Alone only)

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 79 – 83.

For the date when cover ends, see page 84.

Crisis Events

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

Cancer Events	Other Serious Crisis Events
<ul style="list-style-type: none"> • Carcinoma in Situ of the Breast* • Hodgkin's Disease* • Invasive Cancer* • Leukaemia* • Malignant Bone Marrow Disorder* • Skin Cancer* • Prostate Cancer* 	<ul style="list-style-type: none"> • Accidental HIV Infection* • Alzheimer's Disease • Aplastic Anaemia • Bacterial Meningitis • Benign Brain Tumour* • Blindness • Chronic Liver Disease • Chronic Lung Disease • Coma • Dementia • Diplegia • Hemiplegia • Intensive Care • Kidney Failure • Loss of Hearing • Loss of Independence • Loss of Use of Limbs and/or Sight • Loss of Speech • Major Burns • Major Head Trauma • Major Organ Transplant* • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Paraplegia • Parkinson's Disease • Pneumonectomy • Quadriplegia • Severe Diabetes* • Severe Rheumatoid Arthritis • Terminal Illness* (Stand Alone only) • Viral Encephalitis
Coronary Events	
<ul style="list-style-type: none"> • Cardiomyopathy • Coronary Artery Angioplasty* • Coronary Artery By-pass Surgery* • Heart Attack* • Heart Valve Surgery* • Other Serious Coronary Artery Disease* • Out of Hospital Cardiac Arrest • Pulmonary Arterial Hypertension (Primary)* • Stroke* • Surgery to the Aorta* 	
<p>*Qualifying period</p> <p>The Crisis Recovery and Crisis Recovery Stand Alone benefits are not payable if you suffer a Crisis Event within three months of the benefit being activated.</p> <p>We will waive this three-month qualifying period if your policy replaces another policy from a previous insurer for the same Sum Insured or lower where the full qualifying period was already served.</p> <p>Survival Period</p> <p>If you select the Crisis Recovery Stand Alone benefit we will pay the benefit when you have survived for 14 days from diagnosis of the Crisis Event.</p>	

Partial benefit payments

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

Crisis Event	Partial amount paid*
Cancer	
Carcinoma in situ – must be confirmed by histopathology	
Carcinoma in situ of the breast where no mastectomy is performed and is confirmed by a biopsy.	The greater of \$10,000 and 10% of the Sum Insured
Carcinoma in situ – female cancers: <ul style="list-style-type: none"> vagina, ovary, vulva and fallopian tube where the tumour must be classified as TIS according to the TNM staging method or FIGO Stage 0; and cervix-uteri with a grading of either TNM stage TIS or CIN 3 or above. 	The greater of \$10,000 and 10% of the Sum Insured.
Carcinoma in situ – male cancers: <ul style="list-style-type: none"> penis and testicle where the tumour must be classified as TIS according to the TNM staging method. 	The greater of \$10,000 and 10% of the Sum Insured.
Skin Cancer – where diagnosed by an appropriate specialist Medical Practitioner acceptable to us, we will pay:	
For any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion.	The greater of \$10,000 and 15% of the Sum Insured.
For cutaneous squamous cell carcinomas where the tumour is diagnosed as stage T3N0M0 under the TNM Classification system.	10% of the Sum Insured.
Coronary Artery Angioplasty	
After any payment for coronary artery angioplasty the Sum Insured will be reduced by the payment made.	
Where one coronary artery is obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or the insertion of up to two stents.	25% of the Sum Insured, with a maximum of \$25,000 will be payable.
Where two coronary arteries are obstructed and corrected with the use of either angioplasty, atherectomy or laser therapy, or, the insertion of more than two stents (regardless of the number of coronary arteries involved).	50% of the Sum Insured, with a maximum of \$50,000 will be payable.
Chronic Diagnosis Advancement	
We will pay an advance payment of your Crisis Recovery or Crisis Recovery Stand Alone benefit if we are able to confirm the diagnosis of one of the below Crisis Events and an appropriate specialist Medical Practitioner acceptable to us must also confirm that you have suffered or been medically diagnosed with one of the following Crisis Events: <ul style="list-style-type: none"> Motor Neurone disease, Multiple Sclerosis, Muscular Dystrophy, and Parkinson's Disease, but have not yet met the definition of that Crisis Event (please refer to pages 94 – 95 for the above definitions).	The payment is 25% of the Sum Insured (up to a maximum of \$25,000).
Loss of use of limbs and/or sight	
A one-time partial benefit will be paid in the event of the total and permanent loss of use of: one hand, one foot or sight in one eye (to the extent of 6/60 or less).	25% of the Sum Insured, with a maximum of \$10,000 will be payable.
*After any partial payment the Sum Insured will be reduced by the payment made. The amount of the partial payment cannot exceed the Sum Insured. Refer to Policy Document.	
Survival Period	
If you select the Crisis Recovery Stand Alone benefit we will pay the partial benefit when you have survived for 14 days from diagnosis of the Crisis Event.	

Complimentary Family Protection Crisis Events

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

Complimentary Family Protection benefit Crisis Events	
<ul style="list-style-type: none"> • Death* • Terminal Illness* 	
Cancer Events	Other Serious Crisis Events
<ul style="list-style-type: none"> • Hodgkin's Disease*[†] • Invasive Cancer*[†] • Malignant Bone Marrow Disorder*[†] • Skin Cancer*[†] • Leukaemia*[†] 	<ul style="list-style-type: none"> • Aplastic Anaemia • Bacterial Meningitis • Benign Brain Tumour* • Blindness • Coma • Diplegia • Hemiplegia • Kidney Failure • Loss of Hearing • Loss of Use of Limbs and/or Sight[#] • Loss of Speech • Major Burns • Major Head Trauma • Major Organ Transplant* • Paraplegia • Quadriplegia • Viral Encephalitis
Coronary Events	
<ul style="list-style-type: none"> • Heart Attack* • Pulmonary Arterial Hypertension (Primary)* • Stroke* 	
<p>*Qualifying Period The Complimentary Family Protection benefit is not payable if your Child suffers a Crisis Event within three months of the benefit being activated.</p> <p>[†]For Cancer</p> <ul style="list-style-type: none"> • No payment for carcinoma-in-situ of any organ. • No payment for melanoma with a Breslow level <1 mm thickness and less than Clark Level 3 in depth of invasion. <p>[#]For Loss of Use of Limbs and/or Sight No payment for loss of use of one limb or loss of sight in one eye.</p>	

Crisis Recovery Buy-back

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

Benefit overview

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

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

* Not available with Crisis Recovery Stand Alone benefit.

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

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

For the date when cover ends, see page 84.

Crisis Reinstatement

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

Benefit overview

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

	Crisis Recovery Reinstatement
Premium structure	
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Available as:	
Rider benefit (to the Crisis Recovery Buy-back benefit and the Crisis Recovery Stand Alone benefit)	✓
Built-in benefits	
<p>Crisis Reinstatement</p> <p>You have the option to re-purchase the Crisis Recovery Sum Insured that is reduced after payment of 100% of your Crisis Recovery claim (or after payment of a restricted benefit on diagnosis of Prostate Cancer). The tables over the page provide an overview of how the re-purchased cover will apply for specified Crisis Events.</p> <p>If your Crisis Recovery cover was purchased as a rider benefit you must re-purchase the Sum Insured within 30 days of the first anniversary of the date your claim was paid and you must exercise the Crisis Recovery Buy-back option (if applicable) at the same time.*</p> <p>If your Crisis Recovery cover was purchased as a stand alone benefit, you must re-purchase the Sum Insured within 30 days of the date your claim was paid.*</p> <p><i>You can only reinstate your Crisis Recovery Sum Insured once except in the case of a Restricted Reinstatement under the Prostate Cancer Crisis Event (see page 34).</i></p>	✓
<p>Benefit Indexation</p> <p>Your Sum Insured will automatically increase each policy year by the higher of the CPI increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.</p>	✓
<p>Premium Freeze</p> <p>You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.</p>	✓

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

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

For the date when cover ends, see page 84.

Heart Attack Crisis Event

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

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

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

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

Prostate Cancer Crisis Event

Reinstatement

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

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

Restricted Reinstatement

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

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

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

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

Cancer Crisis Event (other than Prostate Cancer)

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

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

Coronary Crisis Event (other than Heart Attack)

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

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

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

Other Serious Crisis Events

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

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

Double Crisis Recovery

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

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

Benefit summary

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

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

	Double Crisis Recovery
Premium Freeze You can freeze your premiums if you are age 35 or older and are paying your premiums on a stepped basis. This means that your premium stays the same each policy year, but your Sum Insured reduces each policy year.	✓
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary. <i>Benefit indexation of the Life Cover Sum Insured will cease to apply after the Double Crisis Recovery benefit becomes payable.</i>	✓
Complimentary Interim Accidental Crisis Recovery Cover We may pay a lump sum in the event of certain Crisis Events due to an Accidental Injury within a period of up to 90 days from your application – see the certificate attached to this PDS.	✓
Financial Planning Reimbursement If a claim is paid for the full Double Crisis Recovery Sum Insured we will reimburse up to \$3,000 of the cost of obtaining advice from a financial planner/s about management of the claim proceeds incurred within the first six months of the claim payment.	✓
Complimentary Family Protection We may pay a lump sum of 10% of the Sum Insured up to \$20,000 per Child if your Child dies or is positively diagnosed with a Terminal Illness or one of the other Crisis Events listed in the table on page 39 after the applicable qualifying period. The sum of all payments under this complimentary benefit cannot exceed the Double Crisis Recovery Sum Insured. There are exclusions for congenital conditions, pre-existing symptoms, intentional acts or where your Child has already suffered a particular Crisis Event. Other conditions also apply. This complimentary benefit does not include any conversion rights. <i>If you also hold a Complimentary Family Final Expenses benefit, we will make only one payment per Child under both benefits.</i>	✓
Conversion to Crisis Recovery Instead of your Double Crisis Recovery benefit expiring at the Policy Anniversary before the expiry age for your Occupation Category, we will convert the benefit to a Crisis Recovery benefit until you reach the age of 70.	✓
Benefit at an additional cost (Rider Benefit)	
Family Protection (see pages 40–41)	✓

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

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 79–83.

For the date when cover ends, see page 84.

Crisis Events

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

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

*Qualifying period

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

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

Survival Period

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

Partial benefit payments

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

Crisis Event	Partial amount paid*
Cancer	
Carcinoma in situ – must be confirmed by histopathology	
Carcinoma in situ of the breast where no mastectomy is performed and is confirmed by a biopsy	The greater of \$10,000 and 10% of the Sum Insured.
Carcinoma in situ – female cancers: <ul style="list-style-type: none"> vagina, ovary, vulva and fallopian tube where the tumour must be classified as TIS according to the TNM staging method or FIGO Stage 0; and cervix-uteri with a grading of either TNM stage TIS or CIN 3 or above. 	The greater of \$10,000 and 10% of the Sum Insured.
Carcinoma in situ – male cancers: <ul style="list-style-type: none"> penis and testicle where the tumour must be classified as TIS according to the TNM staging method. 	The greater of \$10,000 and 10% of the Sum Insured.
Skin Cancer – where diagnosed by an appropriate specialist Medical Practitioner acceptable to us, we will pay:	
For any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion	The greater of \$10,000 and 15% of the Sum Insured.
For cutaneous squamous cell carcinomas where the tumour is diagnosed as stage T3N0M0 under the TNM Classification system.	10% of the Sum Insured.
Coronary Artery Angioplasty	
After any payment for coronary artery angioplasty the Sum Insured will be reduced by the payment made.	
Where one coronary artery is obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or the insertion of up to two stents.	25% of the Sum Insured, with a maximum of \$25,000 will be payable.
Where two coronary arteries are obstructed and corrected with the use of either angioplasty, atherectomy or laser therapy, or, the insertion of more than two stents (regardless of the number of coronary arteries involved).	50% of the Sum Insured, with a maximum of \$50,000 will be payable.
Chronic Diagnosis Advancement	
We will pay an advance payment of your Double Crisis Recovery benefit if we are able to confirm the diagnosis of one of the below Crisis Events and an appropriate specialist Medical Practitioner acceptable to us must also confirm that you have suffered or been medically diagnosed with one of the following Crisis Events: <ul style="list-style-type: none"> Motor Neurone disease, Multiple Sclerosis, Muscular Dystrophy, and Parkinson's Disease, but have not yet met the definition of that Crisis Event (please refer to pages 94 – 95 for the above definitions).	The payment is 25% of the Sum Insured (up to a maximum of \$25,000).
Loss of use of limbs and/or sight	
A one-time partial benefit will be paid in the event of the total and permanent loss of use of: one hand, one foot or sight in one eye (to the extent of 6/60 or less).	25% of the Sum Insured, with a maximum of \$10,000 will be payable.
*After any partial payment the Sum Insured will be reduced by the payment made. The amount of the partial payment cannot exceed the Sum Insured. Refer to Policy Document.	
Survival Period	
If you select the Crisis Recovery Stand Alone benefit we will pay the partial benefit when you have survived for 14 days from diagnosis of the Crisis Event.	

Complimentary Family Protection Crisis Events

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

Complimentary Family Protection benefit Crisis Events	
<ul style="list-style-type: none"> • Death* • Terminal Illness* 	
Cancer Events	Other Serious Crisis Events
<ul style="list-style-type: none"> • Hodgkin's Disease*[†] • Invasive Cancer*[†] • Malignant Bone Marrow Disorder*[†] • Skin Cancer*[†] • Leukaemia*[†] 	<ul style="list-style-type: none"> • Aplastic Anaemia • Bacterial Meningitis • Benign Brain Tumour* • Blindness • Coma • Diplegia • Hemiplegia • Kidney Failure • Loss of Hearing • Loss of Use of Limbs and/or Sight[#] • Loss of Speech • Major Burns • Major Head Trauma • Major Organ Transplant* • Paraplegia • Quadriplegia • Viral Encephalitis
Coronary Events	
<ul style="list-style-type: none"> • Heart Attack* • Pulmonary Arterial Hypertension (Primary)* • Stroke* 	
<p>*Qualifying Period The Complimentary Family Protection benefit is not payable if your Child suffers a Crisis Event within three months of the benefit being activated.</p> <p>[†]For Cancer</p> <ul style="list-style-type: none"> • No payment for carcinoma-in-situ of any organ. • No payment for melanoma with a Breslow level <1 mm thickness and less than Clark Level 3 in depth of invasion. <p>[#]For Loss of Use of Limbs and/or Sight No payment for loss of use of one limb or loss of sight in one eye.</p>	

Family Protection

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

The minimum age for a Child to be insured under this benefit is two years next birthday. You can insure a maximum of 10 Children under the one benefit.

The Family Protection benefit is available under an Ordinary Plan.

Benefit overview

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

	Family Protection
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Available as:	
Rider benefit to Life Cover benefit	✓
Rider benefit to Accidental Death benefit	✓
Rider benefit to Total and Permanent Disablement Stand Alone benefit	✓
Rider benefit to Accidental Total and Permanent Disablement Stand Alone benefit	✓
Rider benefit to Crisis Recovery benefit (both as a stand alone or a rider benefit)	✓
Rider benefit to Double Crisis Recovery benefit	✓
Built-in benefits	
Crisis Events We will pay a lump sum if your Child is positively diagnosed with: <ul style="list-style-type: none"> • a Cancer Event, • a Coronary Event or • an Other Serious Crisis Event as listed in the table opposite after any applicable qualifying period.	✓
Death benefit We will pay a lump sum if your Child dies.	✓
Terminal Illness benefit We will pay a lump sum if your Child dies or is positively diagnosed with a Terminal Illness.	✓
Benefit Indexation Your Sum Insured will automatically increase each policy year by the higher of the CPI increase and 5% up to a maximum Sum Insured of \$500,000 only if this option has been selected on your main benefit. For limitations please refer to the Policy Document. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓
Conversion Option If no claim has been made for a Family Protection benefit, an insured Child can purchase a Crisis Recovery benefit in their own name up to the amount of cover in place at conversion without additional medical underwriting upon reaching the Policy Anniversary prior to age 21 (years).	✓

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

For the date when cover ends, see page 84.

Crisis Events

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

- **Death**

- **Terminal Illness**

- **Cancer Events** (excluding Carcinoma in Situ of the Breast)

- Invasive Cancer*
- Hodgkin's Disease*
- Leukaemia*
- Malignant Bone Marrow Disorder*
- Skin Cancer*

- **Coronary Events**

- Cardiomyopathy
- Heart Attack*
- Stroke*

- **Other Serious Crisis Events**

- Accidental HIV infection*
- Aplastic Anaemia
- Bacterial Meningitis
- Blindness
- Coma
- Kidney Failure
- Loss of Hearing
- Loss of Use of Limbs and/or Sight
- Loss of Speech
- Major Burns
- Major Head Trauma
- Major Organ Transplant*
- Paralysis
 - Diplegia
 - Hemiplegia
 - Paraplegia
 - Quadriplegia
- Viral Encephalitis

*** Qualifying Period:**

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

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

Needlestick Injury

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

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

The Needlestick Injury benefit is available under an Ordinary Plan.

Benefit overview

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

	Needlestick Injury
Premium structure	
Level Premiums	✓
Available as:	
Rider benefit (to Life Cover benefit)	✓
Built-in benefit	
<p>Needlestick Injury benefit</p> <p>We will pay a lump sum equal to the lesser of the Life Cover Sum Insured up to \$1,000,000, if you accidentally become infected with occupationally acquired Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C while working in your normal occupation.</p> <p><i>You must report the accident to us and the relevant licensing body within 30 days and have a negative HIV, Hepatitis B or Hepatitis C antibody test taken within 7 days of the accident, with sero-conversion evidence to occur within six months of the accident.</i></p> <p>If 'Accidental HIV Infection' under Other Serious Crisis Events is payable in conjunction with a payment from the Needlestick Injury benefit, then both benefits will be paid up to a maximum of \$2 million in total. Where the total payment under both benefits would exceed \$2 million, the full Needlestick Injury benefit will be paid first and a portion of the 'Accidental HIV Infection' under Other Serious Crisis Events will be paid to bring the total payment up to \$2 million.</p> <p>Refer to Policy Document for full conditions and limitations.</p>	✓

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 79 – 83.

For the date when cover ends, see page 84.

School Fees Protector

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

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

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

Benefit overview

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

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

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

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

For the date when cover ends, see page 84.

Maximum Annual Limits

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

Forward Underwriting

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

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

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

Benefit overview

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

Detail	Forward Underwriting
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Available with:	
Life Cover benefit	✓
Total and Permanent Disablement Stand Alone benefit	✓
Universal Total and Permanent Disablement Stand Alone benefit	✓
Crisis Recovery Stand Alone benefit	✓
Built-in benefit	
Forward Underwriting You can exercise the option to obtain new or additional cover for a benefit you hold (as set out above) within 60 days of the occurrence of a: <ul style="list-style-type: none"> • Personal Event • Business Event • Other Event up to the maximums set out in the table on page 45 or the maximum Sum Insured for the relevant benefit. This benefit secures the option to buy cover for the additional benefits. Please refer to the Policy Document for a list of these benefits. Conditions apply.	✓

Forward Underwriting Cover Amount

The Forward Underwriting Benefit Cover Amount is the amount that can be used to apply for a new Life Cover benefit, Total and Permanent Disablement benefit, Universal Total and Permanent Disablement benefit or Crisis Recovery benefit, subject to the maximums set out in the table opposite.

The sum of all options exercised over the term of the policy may not exceed the Forward Underwriting Cover Amount.

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

For the date when cover ends, see page 84.

Forward Underwriting Events

Type of Event	Maximum new or additional cover that can be exercised
Business Event options*	
Increase in personal liability	The lesser of: <ul style="list-style-type: none">• 50% of Cover Amount; and• the amount of increase in your monetary liabilities, shareholder value or value to business as a result of the business activity.
Increase in shareholder value	
Increase in your value to the business	
Personal Event options	
Marriage <ul style="list-style-type: none">• A marriage or customary union as recognised in terms of the laws of Australia.• A union recognised as a marriage in accordance with the tenets of any religion.• Two adults who are in a relationship as a couple (whether or not legally married to each other), regardless of their sex, where the two adults live with each other on a permanent and genuine domestic basis and have done so for a continuous period of at least two years.• An option under the marriage event can only be exercised once. The event must not have occurred within six months of a permanent separation.• The life insured must be a party to the marriage/union.	Up to 25% of Cover Amount
Permanent separation <ul style="list-style-type: none">• A permanent separation of two parties to a marriage as defined above.• An option under the Permanent Separation event can only be exercised once. The event must not have occurred within six months of the marriage event, as defined above.• The life insured must be a party to the permanent separation.• Permanent Separation to be evidenced by an order of divorce or a statutory declaration signed by both parties.	Up to 25% of Cover Amount
Mortgage <ul style="list-style-type: none">• The registration of a mortgage in respect of property owned by the life insured.	The lesser of: <ul style="list-style-type: none">• 50% of Cover Amount; and• the value of the mortgage.
New child dependant <ul style="list-style-type: none">• The birth or legal adoption of a child.• The life insured must be a parent of the child.• Adoption of a child can be by same sex or heterosexual couples.	Up to 25% of Cover Amount
Child dependant's education cost <ul style="list-style-type: none">• A child is registered for study at a private school or tertiary education institution.<ul style="list-style-type: none">– This includes a University degree.	The lesser of: <ul style="list-style-type: none">• 25% of Cover Amount; and• the number of years of future attendance at an institution, multiplied by the first year's tuition fees PLUS the number of years of future attendance at an institution, multiplied by the first year's fees for accommodation provided by the institution.
Child born with Spina Bifida <ul style="list-style-type: none">• The protrusion of a sac containing tissue, cerebrospinal fluid, nerves and part of the spinal cord through an opening in one or more of the vertebrae of the spinal column.• The life insured must be a parent of the child.	Up to 25% of Cover Amount
Child born with Cerebral Palsy <ul style="list-style-type: none">• The diagnosis of Cerebral Palsy by a neurologist or paediatrician.• The life insured must be a parent of the child.	Up to 25% of Cover Amount
Other Event option	
Every third benefit anniversary	Up to 25% of Cover Amount

*The life insured incurs additional monetary liability as a result of the following business activity:

- Life insured starts a new business.
- Life insured increases his/her personal liability for business debts.
- Life insured's shareholding/value in the business/value to the business increases.

Income Protection cover

We offer three main types of Income Protection benefits:

- Income Protection
- Income Protection Accident Only
- Income Protection Essentials.

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

With the Income Protection benefit under an Ordinary Plan, you can also choose to add the Advantage Optional or the PLUS Optional rider benefits. With the Income Protection benefit under a Superannuation Plan, you can take out a linked Super Extras benefit under an Ordinary Plan, which allows you to access many (but not all) of the features of a PLUS Optional benefit. Super Extras is not available to Occupation Category E.

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

Detail	Income Protection benefit	Income Protection Accident Only benefit	Income Protection Essentials benefit
<i>What employment types are eligible?</i>	<ul style="list-style-type: none"> • Full-time Employment¹ • Permanent Part-time Employee² 	<ul style="list-style-type: none"> • Full-time Employment¹ • Permanent Part-time Employee² 	<ul style="list-style-type: none"> • Home Duties³ • Employee
<i>Are any Occupation Categories not eligible for this benefit?</i>	Yes, Occupation Category Home Duties is not eligible	Yes, Occupation Category Home Duties is not eligible	All of the Occupation Categories are eligible.
<i>What are the minimum hourly working requirements depending on my Occupation Category?</i>	<u>Occupation Categories – AAA, AA and A</u> <ul style="list-style-type: none"> • At least 20 hours worked per week <u>Occupation Categories – B, C, D and E</u> <ul style="list-style-type: none"> • At least 25 hours worked per week 	<u>Occupation Categories – AAA, AA and A</u> <ul style="list-style-type: none"> • At least 20 hours worked per week <u>Occupation Categories – B, C, D and E</u> <ul style="list-style-type: none"> • At least 25 hours worked per week 	<u>Home Duties³</u> <ul style="list-style-type: none"> • No minimum, however you must meet the definition of Home Duties (refer to Definitions section). <u>Employee</u> <ul style="list-style-type: none"> • No minimum, however you must meet the definition of Employee (refer to Definitions section).
<i>Is cover available for self-employed people?</i>	Yes, however you must be working on a Full-time ¹ basis	Yes, however you must be working on a Full-time ¹ basis	No
<i>Which type of definition will apply?</i>	<u>Duties based definition</u> <ul style="list-style-type: none"> • Total Disablement (Income Protection) • Total Disablement (Income Protection – Occupation E) <u>Multi Definition</u> <ul style="list-style-type: none"> • Where a PLUS Optional or Advantage Optional rider benefit has been purchased, a Multi Definition applies 	<u>Accident Only duties based definition</u> <ul style="list-style-type: none"> • Total Disablement (Income Protection Accident Only) • Total Disablement (Income Protection Accident Only – Occupation E) 	<u>Home Duties³</u> <ul style="list-style-type: none"> • Total Disablement (Income Protection Essentials – Home Duties) <u>Employee</u> <ul style="list-style-type: none"> • Income Protection Loss of Independence
<i>Are Agreed Value and/or Indemnity benefit types available?</i>	<ul style="list-style-type: none"> • Agreed value* • Indemnity 	<ul style="list-style-type: none"> • Agreed value* • Indemnity 	<ul style="list-style-type: none"> • Agreed value⁴

¹ We classify full-time employment for this benefit as working at least 25 hours per week, for 48 weeks per year (excluding public holidays).

² We classify permanent part-time employment for this benefit as being employed (not self-employed) to undertake identifiable duties for at least 20 hours per week for 48 weeks per year (excluding public holidays) where the person accrues paid sick and holiday leave entitlements.

³ We classify Home Duties for this benefit as being wholly engaged in full-time unpaid domestic duties in your own residence.

⁴ The Indemnity basis is not available for this benefit.

* Under the Superannuation Income Protection Plan, the monthly benefit payable cannot exceed 100% of your Pre-disablement Income.

Your premium varies depending on the benefit you choose and your Occupation Category, including other factors (see page 75).

Income Protection and Income Protection Accident Only

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

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

Benefit overview

This table provides some important information about the Income Protection and Income Protection Accident Only benefits, including the Advantage Optional and PLUS Optional rider benefits. For the full terms and conditions, ask for a copy of the Policy Document.

	Income Protection	Income Protection with Advantage Optional ^{NS}	Income Protection with PLUS Optional ^{NS}	Income Protection Accident Only
Premium structure				
Level Premiums	✓	✓	✓	✓
Stepped Premiums	✓	✓	✓	✓
Optimum Premiums	✓	✓	✓	✓
Type of Cover				
Agreed Value* Your Insured Monthly Benefit is agreed with you at the time of your application based on your income at that time.	✓	✓	✓	✓
Indemnity Value Your monthly benefit is the lesser of: <ul style="list-style-type: none"> • your Insured Monthly Benefit; and • 75% of your monthly Pre-disablement Income at the time of becoming Totally Disabled. (If your monthly Pre-disablement Income is more than \$26,667, reduced percentages apply to amounts in excess of that figure.)	✓	✓	✓	✓
Worldwide Protection If you travel overseas full cover is provided anytime anywhere in the world.	✓	✓	✓	✓
AIDS Cover Includes cover if you become disabled directly or indirectly due to HIV or AIDS.	✓	✓	✓	—

* Under the Superannuation Income Protection Plan, the monthly benefit payable cannot exceed 100% of your Pre-disablement Income.

^{NS} Not available under the Superannuation Income Protection Plan.

	Income Protection	Income Protection with Advantage Optional ^{NS}	Income Protection with PLUS Optional ^{NS}	Income Protection Accident Only
Built-in benefits				
Total Disablement We will pay a total disablement monthly benefit if you meet the definition of Total Disablement after the Waiting Period. [^] Payments (monthly in arrears) will commence after the Waiting Period and will continue until the end of the Benefit Period as long as you remain Totally Disabled. <i>If you have other sources of income, your monthly benefit may be reduced.</i>	✓	✓	✓	✓
Partial Disablement We will pay a partial disablement monthly benefit if you continuously meet the definition of Total Disablement for at least 7 consecutive days [^] from the start of the Waiting Period and you then meet the definition of disablement (total or partial) for the balance, and you are Partially Disabled at the end, of the Waiting Period. Payments (monthly in arrears) will commence after the Waiting Period and will continue until the end of the Benefit Period as long as you remain Partially Disabled. If you are earning less than 25% of your Pre-disablement Income while Partially Disabled during any of the first three months after the Waiting Period, we will pay the total disablement monthly benefit for that month. ^{NS} <i>If you have other sources of income, your monthly benefit may be reduced.</i>	✓	✓	✓	✓
Benefit Indexation* Your Insured Monthly Benefit will automatically increase each policy year by the higher of the CPI increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓	✓	✓	✓
Waiver of Premium We waive your Income Protection premiums while a monthly benefit is payable for Total Disablement or Partial Disablement.	✓	✓	✓	✓
Rehabilitation Expenses^{NS} We reimburse the cost of your participation in a pre-approved rehabilitation program (as part of your structured return to work) to a maximum of 12 times your Insured Monthly Benefit.	✓	✓	✓	✓
Recurrent Disablement If you return to full-time work after payment of a disablement benefit and the same or a related disablement recurs within 12 months, we treat it as a continuation of the most recent claim and recommence payments without a further Waiting Period. Both periods of disablement are then counted towards the maximum Benefit Period.	✓	✓	✓	✓
Severity benefit^{NS} If we have been paying a benefit for more than six consecutive months after the Waiting Period and you are then totally disabled to the point where you cannot perform at least two Activities of Daily Living and you are under the constant care and supervision of another adult, we will pay an additional third of your monthly benefit until the end of the Benefit Period as long as we are satisfied that you continue to be totally disabled to the extent that you are unable to perform at least two of the Activities of Daily Living. <i>The sum of the Total Disablement and Severity benefit cannot exceed \$30,000 per month. Claim offsets may apply.</i>	✓	✓	✓	✓

	Income Protection	Income Protection with Advantage Optional ^{NS}	Income Protection with PLUS Optional ^{NS}	Income Protection Accident Only
Death benefit We will pay a lump sum benefit of six times your Insured Monthly Benefit up to a maximum of \$60,000 if you die before the Policy Anniversary preceding your expiry age (Expiry Date).	✓	✓	✓	✓
Terminal Illness benefit If you are receiving an Income Protection benefit and are diagnosed with a Terminal Illness before the Expiry Date we will make an advance payment of the Death benefit.	✓	✓	✓	✓
Complimentary Interim Accidental Death Cover We may pay a lump sum of up to \$30,000 in the event of your Accidental Death within a period of up to 90 days from your application – see the certificate attached to this PDS.	✓	✓	✓	✓
Complimentary Interim Accidental Income Protection Cover We may pay a monthly benefit of up to \$10,000 for up to six months after the proposed Waiting Period if you become Totally Disabled due to an Accidental Injury after applying for the Income Protection benefit and remain Totally Disabled after the proposed Waiting Period. Conditions apply – see the certificate attached to this PDS.	✓	✓	✓	✓
Needlestick Injury benefit^{SE} After the Waiting Period (Needlestick), we will pay a monthly benefit to top up any reduction in your monthly income as at the Date of Loss due to your accidentally becoming infected with HIV, AIDS, Hepatitis B or Hepatitis C as a result of a needlestick injury or splash injury while performing the duties of your normal occupation. <i>You must report the accident to us and the relevant licensing body within 30 days and have a negative HIV, Hepatitis B or Hepatitis C antibody test taken within seven days of the accident, with sero-conversion evidence to occur within six months of the accident.</i> Note: This benefit is not payable together with the Accidental HIV Infection Crisis Event under the Crisis Recovery benefit or the Occupationally Acquired Hepatitis B or Hepatitis C infection under the PLUS Optional benefit.	✓ Occupation AA only	✓ Occupation AA only	✓ Occupation AA only	—
Cosmetic or Elective Surgery benefit We will pay a Total Disablement benefit if you remain totally disabled after the Waiting Period as a result of cosmetic or other elective surgery or as a result of surgery to transplant an organ from you into the body of another person. Note: This benefit does not apply if the surgery or transplant takes place within six months of Income Protection benefit commencing, increasing or being reinstated. Normal post-surgery recovery is excluded.	✓	✓	✓	—
Multi Definition for Total Disablement^{NS} Instead of your Total Disablement claim being assessed under the Total Disablement definition, your claim will be assessed under the Total Disablement – Multi Definition.	—	✓ Full-time Employment other than Occupation Category E	✓ Full-time Employment other than Occupation Category E	—

* Under the Superannuation Income Protection Plan, the monthly benefit payable cannot exceed 100% of your Pre-disablement Income.

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

NS Not available under the Superannuation Income Protection Plan.

SE Available with the Superannuation Income Protection Plan only under a linked Super Extras policy outside of superannuation, see page 74 for more information.

	Income Protection	Income Protection with Advantage Optional ^{NS}	Income Protection with PLUS Optional ^{NS}	Income Protection Accident Only
Multi Definition for Partial Disablement^{NS} Instead of your Partial Disablement claim being assessed under the Partial Disablement definition, your claim will be assessed under the Partial Disablement – Multi Definition.	—	✓ Full-time Employment other than Occupation Category E	✓ Full-time Employment other than Occupation Category E	—
Specified Injury benefit^{SE} If you suffer a listed event as a result of an Injury, we will pay the Insured Monthly Benefit monthly in advance for a specific period even if you are working and regardless of your Waiting Period. (See the table below for details.) If this benefit is payable it will be paid instead of a Total or Partial Disablement benefit, a Bed Confinement benefit or a Day 1 Accident benefit. If you are still disabled at the end of the payment period for that event and before the Benefit Period or the Plan expires, any other applicable benefit will then become payable in accordance with the Policy. Other conditions apply.	—	✓	✓	—
Crisis Recovery benefit^{SE} Subject to any qualifying period, if you are diagnosed with a Crisis Event (as listed on page 29) including the diagnosis of prostate cancer at T1a and survive for 14 days, we will pay a lump sum benefit equal to six times your Insured Monthly Benefit (or you can elect to receive the payment in monthly instalments). If this benefit is payable, it will be paid instead of a Total or Partial Disablement benefit or a Bed Confinement benefit. However, if you are still unable to work due to disablement six months after the Crisis Recovery benefit became payable, your Total Disablement benefit will then become payable (unless your Waiting Period is one or two years, in which case you must still be unable to work due to disablement at the end of the Waiting Period to receive your Total Disablement benefit). Note: A benefit for the Accidental HIV Infection Crisis Event under the Crisis Recovery benefit or for Occupationally Acquired Hepatitis B or Hepatitis C infection under the PLUS Optional benefit will not be payable together with the Needlestick Injury benefit. Also, if you suffer more than one Crisis Event simultaneously we will only pay for one event at a time. Please note that no partial payments will be made under the Crisis Recovery benefit under the Income Protection benefit.	—	—	✓	—
Bed Confinement benefit^{SE} We will pay 1/30 of your Insured Monthly Benefit for each complete day during your Waiting Period that you are Totally Disabled, confined to bed and requiring the full-time care of a registered nurse (as confirmed by your Medical Practitioner). We will pay the benefit after you have been confined to bed for more than three days and up to the earlier of 90 days or the end of the Waiting Period.	—	—	✓	—
Accommodation benefit^{SE} We will reimburse accommodation costs for your immediate family member of up to \$250 a day for up to 30 days in any 12 month period if you become Totally Disabled, are confined to a bed and are more than 100 kilometres from your home or, on the advice of your practitioner, need to travel to a place more than 100 kilometres from your home.	—	—	✓	—
Family Care benefit^{SE} We will pay a monthly benefit of up to 50% of your Insured Monthly Benefit for up to three months after the end of your Waiting Period if an immediate family member's monthly income is reduced as a result of looking after you while you are Totally Disabled and totally dependent on that person for your essential everyday needs. Other conditions apply.	—	—	✓	—

	Income Protection	Income Protection with Advantage Optional ^{NS}	Income Protection with PLUS Optional ^{NS}	Income Protection Accident Only
Home Care benefit^{SE} We will reimburse the lesser of \$150 a day or 100% of your Insured Monthly Benefit for up to six months after the end of your Waiting Period while you are totally disabled, confined to or in the near vicinity of a bed, other than in a hospital or a similar institution that provides nursing care, and totally dependent upon a paid professional home carer. Note: This benefit will not be paid if you are already receiving the Family Care benefit or the Accommodation benefit.	—	—	✓	—
No Claim Bonus^{SE} We will increase your Insured Monthly Benefit at no additional cost to you if you do not make a claim for at least three years after purchasing the PLUS Optional benefit: <ul style="list-style-type: none"> • by 5% for three claim free years • by 10% for four claim free years • by 15% for five claim free years The increased benefit will be paid for up to 12 months once payments for your first claim are being made. We will only pay this benefit once during the life of your policy.	—	—	✓	—
Relocation Benefit^{SE} We will reimburse the cost of a single standard economy airfare to Australia (up to three times your Insured Monthly Benefit) if you become Totally Disabled for over three months while travelling or residing outside of Australia. Offsets for other transport reimbursements and other conditions apply.	—	—	✓	—
Rehabilitation Incentive benefit^{SE} We will pay a once-off benefit of three times your Insured Monthly Benefit if you return to full-time paid employment for six consecutive months after attending a pre-approved rehabilitation program.	—	—	✓	—
Guaranteed Future Insurability benefit^{SE} This benefit allows you to increase your Insured Monthly Benefit by 10% of the Sum Insured up to \$1,500 without medical underwriting whenever your salary package increases.	—	—	✓	—
Benefits at an additional cost (Optional Benefits)				
Day 1 Accident benefit If you are Totally Disabled for the selected qualifying period (3 days or 30 days) from when an Accidental Injury occurs, we will pay monthly in arrears 1/30 of your Insured Monthly Benefit for each complete day during your Waiting Period that you are Totally Disabled until the end of the selected Benefit Period (30, 60 or 90 days). Amounts payable under the Bed Confinement, Specified Injury or Crisis Recovery benefit will be deducted from the benefit amount. Note: This benefit is not available with a 14 day Waiting Period. The 3 day qualifying period is not available for Occupation Category E or under the Superannuation Income Protection Plan.	✓	✓	✓	✓
Claim Escalation benefit* If your claim is paid for more than 12 consecutive months, we will increase your claim payments by the higher of 3% and the CPI Increase. Your claim payments will continue to increase each year while you remain disabled until the earliest to occur of, the end of your Benefit Period, the latest Policy Anniversary prior to your age 65. Other conditions apply.	✓	✓	✓	✓

* Under the Superannuation Income Protection Plan, the monthly benefit payable cannot exceed 100% of your Pre-disablement Income.

NS Not available under the Superannuation Income Protection Plan.

SE Available with the Superannuation Income Protection Plan only under a linked Super Extras policy outside of superannuation, see page 74 for more information.

	Income Protection	Income Protection with Advantage Optional ^{NS}	Income Protection with PLUS Optional ^{NS}	Income Protection Accident Only
Income Protection Lump Sum benefit^{SE} You can apply for, or we may offer you, a lump sum benefit of up to the lesser of \$3,000,000 and 180 times your Insured Monthly Benefit if we are satisfied that your disablement meets the Total and Permanent Disablement (Own Occupation) definition. The lump sum payable depends on your age at time of claim and offsets may apply. If we pay this benefit, no further Income Protection rider benefits will be payable and the Income Protection benefit will end. Note: This benefit is only available for 'To Age 65' and 'To Age 70' Benefit Periods with Waiting Periods other than 1 or 2 years.	✓	✓	✓	—
Carer's Allowance benefit^{NS} If you are not earning any income because your nominated Child aged between 3 and 16 next birthday becomes totally dependent on you solely and directly due to Accidental Injury or Sickness, we will pay a benefit of 25% of the Insured Monthly Benefit (excluding any Retirement Optimiser) up to \$2,000 per month for up to six months while the Child remains totally dependent on you for their essential everyday needs. The benefit is payable only once in a 12 month period per insured child. Up to 10 Children can be insured and a separate benefit will apply to each Child. The benefit will terminate on the Policy Anniversary before the Child turns 18. Different qualifying and waiting periods apply in the event of the Child's Sickness and Accidental Injury.	✓	✓	✓	✓
Retirement Optimiser You can insure up to 5% of your average monthly Income so the superannuation account you nominate will continue to accumulate contributions while you are paid an Income Protection benefit. This means that, when we pay your monthly benefit for Total Disablement or Partial Disablement (or under the Day 1 Accident, Specified Injury or Crisis Recovery benefits, if applicable) we will also pay an additional amount into your nominated superannuation account. The additional amount we pay depends on whether your Income Protection benefit is on an Agreed Value or Indemnity basis and will be affected by reductions for partial disablement and any claim offsets. Benefit Indexation and Claim Escalation (if applicable) will also apply to the Retirement Optimiser benefit. <i>We will pay the Retirement Optimiser benefit as a non-concessional contribution to your nominated superannuation fund on your behalf. You must provide us with the information we request to enable us to pay this benefit. We cannot pay the Retirement Optimiser benefit to you in cash.</i>	✓	✓	✓	✓
Business Expenses benefit^{NS} This benefit is designed to cover fixed business expenses during a period of disablement for self-employed practitioners, whether working alone, in partnership or as a working director (see pages 59 – 61).	✓	✓	✓	—

NS Not available under the Superannuation Income Protection Plan.

SE Available with the Superannuation Income Protection Plan only under a linked Super Extras policy outside of superannuation, see page 74 for more information.

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured or claim offsets may apply, see pages 79 – 83.

For the date when cover ends, see page 84.

Waiting Periods

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

Benefit Periods

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

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

Maximum Insured Monthly Benefit

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

+ Not available to all occupations.

[#] Where the insured monthly benefit exceeds \$30,000, any excess must be written with a 2 year Benefit Period and a maximum expiry age of 65.

Conditions for To age 70 Benefit Period

The maximum Insured Monthly Benefit is \$30,000. Benefit reductions apply between ages 65 – 70, see page 82.

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

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

+ Similar benefits are available under Super Extras – see page 74.

NS Not available under the Superannuation Income Protection Plan.

Conditions for 2-year Benefit Period to age 70

The maximum Insured Monthly Benefit is \$20,000.

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

Advantage Optional and PLUS Optional benefits

Specified Injury Events and Payment Periods

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

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

^ 'Loss' means the total and permanent loss of:

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

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

PLUS Optional benefit only

Crisis Recovery benefit

In addition to the Crisis Events listed on page 29 the PLUS Optional Crisis Recovery benefit also includes:

- Occupationally Acquired Hepatitis B
- Occupationally Acquired Hepatitis C

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

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

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

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

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

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

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

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

Any such diagnosis must be accepted by us.

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

Survival period

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

Qualifying Period

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

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

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

Qualifying Period following last claim payment

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

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

Multiple Crisis Conditions

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

Income Protection Essentials

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

Benefit overview

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

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

	Income Protection Essentials
Waiver of Premium We will waive your Income Protection Essentials premiums while a monthly benefit is payable.	✓
Crisis Recovery benefit Subject to any qualifying period, if you are diagnosed with a Crisis Event (as listed on page 29) including the diagnosis of prostate cancer at T1a and survive for 14 days, we will pay a lump sum benefit equal to six times your Insured Monthly Benefit (or you can elect to receive the payment in monthly instalments). If this benefit is payable, it will be paid instead of a total disablement benefit. However, if you are still totally disabled six months after the Crisis Recovery benefit became payable, your total disablement benefit will then become payable. Note: If you suffer from more than one Crisis Event simultaneously, we will only pay you for one Crisis Event at a time. Please note that no partial payments will be made under the Crisis Recovery benefit under the Income Protection Essentials benefit.	✓
Rehabilitation Expenses We will reimburse the cost of your participation in a pre-approved rehabilitation program (as part of your structured return to work) to a maximum of 12 times your Insured Monthly Benefit.	✓
Recurrent Disablement If <ul style="list-style-type: none"> • you were working in Home Duties before your disablement and have returned to Home Duties; or • you were an Employee before your disablement and have returned to work for at least the same number of hours you were working just before the start of the Waiting Period, and the same or a related disablement recurs within 12 months of returning to Home Duties or Employment (as applicable), we will treat it as a continuation of the original claim and recommence payments without a further Waiting Period. Both periods of disablement will then be counted towards the maximum Benefit Period of 24 months.	✓
Death benefit We will pay a lump sum benefit of six times your Insured Monthly Benefit up to a maximum of \$24,000 if you die before the Policy Anniversary preceding your expiry age (Expiry Date).	✓
Terminal Illness benefit If you are receiving an Income Protection Essentials benefit and are positively diagnosed with a Terminal Illness before the Expiry Date we will make an advance payment of the death benefit.	✓
Complimentary Interim Accidental Death Cover We may pay a lump sum of up to \$12,000 in the event of your Accidental Death within a period of up to 90 days from your application date. Conditions apply – see the certificate attached to this PDS.	✓
Complimentary Interim Accidental Income Protection Cover We may pay a monthly benefit of up to \$4,000 for up to six months after the proposed Waiting Period if you become Totally Disabled due to an Accidental Injury after applying for the Income Protection Essentials benefit and remain Totally Disabled after the proposed Waiting Period. Conditions apply – see the certificate attached to this PDS.	✓

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured or claim offsets may apply, see pages 79 – 83.

Crisis Recovery benefit

The Crisis Events are listed on page 29.

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

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

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

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

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

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

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

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

Survival period

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

Qualifying Period

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

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

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

Qualifying Period following last claim payment

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

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

Multiple Crisis Conditions

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

Business Expenses

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

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

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

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

Benefit overview

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

	Business Expenses
Available as:	
Business Expenses Stand Alone	✓
Rider benefit (to Income Protection benefit)	✓
Premium structure	
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Type of Cover	
Indemnity Your monthly benefit is the lesser of: <ul style="list-style-type: none"> • your Insured Monthly Benefit; and • the Business Expenses* actually incurred that relate to the period of your total disablement, minus amounts reimbursed from elsewhere. 	✓
Built-in benefits	
Total Disablement We will pay a total disablement monthly benefit if you are totally disabled and meet the definition of Total Disablement (Business Expenses) after your Waiting Period. ⁺ Payments (monthly in arrears) will commence after the Waiting Period and continue until the end of the Benefit Period as long as you remain totally disabled. If this benefit is selected together with the Income Protection Advantage Optional or PLUS Optional benefits, the Total Disablement (Multi Definition) will apply. <i>Claim offsets may apply.</i>	✓

	Business Expenses
Partial Disablement We will pay a partial disablement monthly benefit if you continuously meet the definition of Total Disablement (Business Expenses) for at least seven consecutive days from the start of the Waiting Period and then meet the definition of Partial Disablement (Business Expenses) for the balance and after the end of your Waiting Period.* Payments (monthly in arrears) will commence after the Waiting Period and continue until the end of the Benefit Period as long as you remain partially disabled. If this benefit is selected together with the Income Protection Advantage Optional or PLUS Optional benefits, the Partial Disablement (Multi Definition) will apply. <i>Claim offsets may apply.</i>	✓
Benefit Period of 12 months A Benefit Period of 12 months applies to this benefit but if you still meet the definition of Total Disablement (Business Expenses) at the end of the Benefit Period and the total benefit paid is less than 12 times your Insured Monthly Benefit, we will continue to pay your benefit for a further 12 months or until we have paid 12 times your Insured Monthly Benefit as long as you continue to meet the definition.	✓
Waiver of Premium We will waive your Business Expenses premiums if a monthly benefit in respect of Business Expenses becomes payable after the Waiting Period in respect of your total or partial disablement. We will waive premiums from the start of the Waiting Period. Any premiums paid during the Waiting Period will be refunded with the first benefit payment from us. The waiving of premiums will continue to apply until the earlier of the: <ul style="list-style-type: none"> – end of the Benefit Period; and – date your total or partial disablement ceases. Premium payments will recommence from the date on which the waiving of premium ceases.	✓
Benefit Indexation Your Insured Monthly Benefit will automatically increase each policy year by the higher of the CPI increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓
Cosmetic or Elective Surgery We will pay a Total Disablement (Business Expenses) benefit if you remain totally disabled after the Waiting Period as a result of cosmetic or other elective surgery or as a result of surgery to transplant an organ from you into the body of another person. Note: This benefit does not apply if the surgery or transplant takes place within six months of the Business Expenses benefit commencing, increasing or being reinstated. Normal post-surgery recovery is excluded.	✓
Benefit at an additional cost	
Day 1 Accident benefit If you are Totally Disabled (Business Expenses) for the selected qualifying period (3 days or 30 days) from when an Accidental Injury occurs, we will pay monthly in arrears 1/30 of your Insured Monthly Benefit for each complete day during your Waiting Period that you are Totally Disabled (Business Expenses) up to a maximum of 30 days. Note: This benefit is not available with a 14 day Waiting Period.	✓

* See page 61 for types of Business Expenses covered.

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

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured or claim offsets may apply, see pages 79 – 83.

For the date when cover ends, see page 84.

Business Expenses covered	Business Expenses not covered
<p>These are the regular normal operating expenses of your business or practice. They include, but are not limited to, the following:</p> <ul style="list-style-type: none"> Accounting and audit fees. Regular advertising costs, postage, printing and stationery. Electricity, gas, heating, water, telephone and cleaning costs. Security costs. Rent, property rates and taxes. Membership fees, publications and subscriptions to professional bodies. Leasing costs of plant and equipment. Bank charges, principal and interest on business loans. Business related insurance premiums but not including premiums for this policy. Salaries and other related costs (e.g.: payroll tax, superannuation contributions, FBT) for non-income generating employees of your business. Net costs associated with employing a locum. <p>Please see policy terms and conditions for further details as contained in the Policy Document.</p>	<p>Business Expenses not covered under this benefit include, but are not limited to, the following:</p> <ul style="list-style-type: none"> Salaries and other related costs (e.g.: payroll, tax, superannuation, FBT) for yourself and income generating employees of the business other than a locum. Salaries and other related costs for any of your relatives or the policy owner unless that person was employed for at least 60 consecutive days prior to your disablement. Commissions or bonuses payable to yourself. Repayments of principal of personal loan or other finance agreement. Any costs of a capital nature including the cost of any books, equipment, fittings, fixtures, furniture goods, implements, merchandise or stock. Depreciation on real estate. Losses on investments. Taxes, other than in respect of related costs for non income generating employees as above. Any payment which we determine on a fair and reasonable basis not to be a regular operating expense.

Waiting Periods

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

Maximum Insured Monthly Benefit

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

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

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

Incorporated Business Expenses

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

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

Benefit overview

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

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

	Incorporated Business Expenses
Partial Disablement We will pay a partial disablement monthly benefit if you are continuously disabled (totally or partially) for and after the Waiting Period and then meet the definition of Partial Disablement (Business Expenses). ⁺ Payments (monthly in arrears) will commence after the Waiting Period and continue until the end of the Benefit Period as long as you remain partially disabled. If this benefit is selected together with the Income Protection Advantage Optional or PLUS Optional benefits, the Partial Disablement (Multi Definition) will apply. <i>Claim offsets may apply.</i>	✓
Choice of Waiting Period You can select a Waiting Period of 14 days or 30 days.	✓
Benefit Period A Benefit Period of 24 months applies to this benefit.	✓
Waiver of Premium We will waive your Incorporated Business Expenses premiums if a monthly benefit in respect of Incorporated Business Expenses becomes payable after the Waiting Period in respect of your total or partial disablement. We will waive premiums from the start of the Waiting Period. Any premiums paid during the Waiting Period will be refunded with the first benefit payment from us. The waiving of premiums will continue to apply until the earlier of the: <ul style="list-style-type: none"> • end of the Benefit Period; and • date your total or partial disablement ceases. Premium payments will recommence from the date on which the waiving of premium ceases.	✓
Benefit Indexation Your Insured Monthly Benefit will automatically increase each policy year by the higher of the CPI increase and 5%. You can opt out of indexation either on your application form or before a Policy Anniversary.	✓
Cosmetic or Elective Surgery We will pay a Total Disablement (Incorporated Business Expenses) benefit if you remain totally disabled after the Waiting Period as a result of cosmetic or other elective surgery or as a result of surgery to transplant an organ from you into the body of another person. Note: This benefit does not apply if the surgery or transplant takes place within six months of the Incorporated Business Expenses benefit commencing, increasing or being reinstated. Normal post-surgery recovery is excluded.	✓
Benefit at an additional cost	
Day 1 Accident benefit If you are Totally Disabled (Business Expenses) for the selected qualifying period (3 days or 30 days) from when an Accidental Injury occurs, we will pay monthly in arrears 1/30 of your Insured Monthly Benefit for each complete day during your Waiting Period that you are Totally Disabled (Business Expenses) up to a maximum of 30 days. Note: This benefit is not available with a 14 day Waiting Period.	✓

* See page 64 for types of Business Expenses covered.

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

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured or claim offsets may apply, see pages 79 – 83.

For the date when cover ends, see page 84.

Business Expenses covered	Business Expenses not covered:
<p>These are the regular normal operating expenses of your business or practice. They include, but are not limited to, the following:</p> <ul style="list-style-type: none"> Accounting and audit fees. Regular advertising costs, postage, printing and stationery. Electricity, gas, heating, water, telephone and cleaning costs. Security costs. Rent, property rates and taxes. Membership fees, publications and subscriptions to professional bodies. Leasing costs of plant and equipment. Bank charges, principal and interest repayments on business loans. Business related insurance premiums but not including premiums for this policy. Salaries and other related costs (e.g.: payroll tax, superannuation contributions, FBT) for non-income generating employees of your business. Net costs associated with employing a locum. <p>Please see policy terms and conditions for further details as contained in the Policy Document.</p>	<p>Business Expenses not covered under this benefit include, but are not limited to, the following:</p> <ul style="list-style-type: none"> Salaries and other related costs (e.g.: payroll, tax, superannuation, FBT) for yourself and income generating employees of the business other than a locum. Salaries and other related costs for any of your relatives or the policy owner unless that person was employed for at least 60 consecutive days prior to your disablement. Commissions or bonuses payable to yourself. Repayments of principal of any personal loan or other finance agreement. Any costs of a capital nature including the cost of any books, equipment, fittings, fixtures, furniture goods, implements, merchandise or stock. Depreciation on real estate. Losses on investments. Taxes, other than in respect of related costs for non income generating employees as above. Any payment which we determine on a fair and reasonable basis not to be a regular operating expense.

Maximum Insured Monthly Benefit

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

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

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

AIA Superannuation Fund

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

Membership of AIA Superannuation Fund

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

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

The first step is to apply for and be accepted for membership of the Fund at the same time as you apply for insurance cover. While your application is being assessed, your initial premium (or instalment premium) will be held in a trust account administered by the Trustee until the policy is issued. The Trustee will retain any interest earned on the money held in trust.

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

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

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

What are the eligibility requirements?

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

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

Making contributions

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

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

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

Can I transfer money from other superannuation funds?

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

Does the Fund accept co-contributions from the Government?

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

Payment of benefits

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

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

The Trustee of the Fund can only pay benefits to you from the Fund if a condition of release is met. The most relevant conditions of release are:

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

For example, if a Total and Permanent Disablement benefit becomes payable to the trustee under the Superannuation Life Cover Plan, it must be preserved in the fund. Before the trustee can pay you the benefit, you must demonstrate to the trustee that you meet the definition of permanent incapacity under superannuation law.

If you cannot satisfy the trustee that you meet the permanent incapacity definition, the insurance benefit will be retained in your superannuation fund until:

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

See ATO website for more details.

Your preservation age depends on your date of birth:

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

There are other circumstances that may allow part payment of a benefit, such as financial hardship or compassionate grounds, but conditions apply. For more information contact the Fund Administrator on 1800 333 613.

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

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

What is the definition of permanent incapacity under superannuation law?

Permanent incapacity means that you are unlikely, because of ill-health (whether physical or mental), to ever engage in gainful employment of the type for which you are reasonably qualified by education, training or experience. At least two Medical Practitioners will need to certify this.

What is the definition of temporary incapacity under superannuation law?

Temporary incapacity means:

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

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

What is the definition of terminal illness under superannuation law?

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

What benefit is payable if I die?

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

Who can receive the benefit if I die?

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

How do I nominate my beneficiaries?

The nomination you make may be either a:

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

If you do not give a valid binding nomination to the Trustee, your benefit will be paid to your legal personal representative or dependants (or to your relatives if there is no legal personal representative or dependant) according to the Trustee's discretion.

Non-lapsing Binding Nomination

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

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

Some conditions apply to binding nominations. They are:

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

Non-binding Nomination

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

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

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

Eligible beneficiaries for superannuation purposes

Dependants	<ul style="list-style-type: none"> • Your spouse (which includes a de facto spouse and certain same-sex partners) and children (including certain children of same-sex partners). • For this purpose, 'spouse' means: <ul style="list-style-type: none"> – a person to whom you are legally married; – a person (whether of the same or a different sex) who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple (such as a de facto spouse); or – a person (whether of the same or a different sex) with whom you are in a relationship that is registered under a relevant law of a State or Territory. • Another person who is financially dependent on you.
Legal Personal Representative	The person acting as executor or administrator of your deceased estate. If paid to your legal personal representative, a death benefit will form part of your deceased estate and be distributed according to your Will (or the laws of intestacy if you don't have a valid Will).
People in an Interdependent relationship	<p>An interdependent relationship will exist if you and other person:</p> <ul style="list-style-type: none"> • have a close personal relationship; • live together; and • one (or both) of you provides the other with financial support, domestic support and personal care. <p>This may include same-sex couples, live-in adult carers of elderly parents and siblings with common finances.</p> <p>Note: Where you have a close personal relationship and either or both of you suffer from a physical, intellectual or psychiatric disability, the other requirements for an interdependent relationship do not apply.</p>

When will interest be paid on insurance benefits?

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

Transfers to an eligible rollover fund

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

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

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

The Trustee currently uses Super Money Eligible Rollover Fund (SMERF) as the ERF to which it will make these transfers. The Trustee is also the trustee of SMERF. Its contact details are on page 111. The Trustee may review and alter this arrangement in future.

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

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

What fees and charges are payable for Fund membership?

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

Privacy – Fund information

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

What personal information does the Fund hold?

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

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

How is personal information disclosed?

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

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

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

Can members gain access to personal information?

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

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

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

The Trustee has adopted a Privacy Policy detailing the way it handles personal information and how it will deal with complaints. If you would like a copy of the Trustee's Privacy Policy please contact the Trustee's Privacy Officer. Contact details on page 111.

Inquiries and complaints about the Fund

If you are a member of the Fund and have any questions about the Fund, please contact the Fund Administrator on 1800 333 613.

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

If you are not satisfied with the Trustee's response to a complaint, you may refer your complaint to the Superannuation Complaints Tribunal (SCT). The SCT is an independent body set up by the Federal Government to help resolve superannuation complaints. The SCT can only accept complaints after you have made use of the Trustee's complaint handling process. Contact details are on page 111.

Operational Risk Reserve

The Federal Government as part of its Stronger Super reforms has imposed a requirement for superannuation trustees to establish and maintain an operational risk reserve (ORR) to specifically cover potential losses arising from operational risks that may affect the Funds' business operations. An operational risk is the risk of a loss resulting from inadequate or failed internal processes, people and systems, or from external events. The ORR may be drawn upon to assist in compensating members or the Fund in the event of an operational risk having materialised.

The Trustee will build up the ORR within the Fund to the defined target amount over a three year transition period leading up to 30 June 2016. The ORR will likely be sourced from existing

cash held or accrued within the Fund and supplemented by additional funding from AIA Australia where required. There will be no charge to Fund members. If the ORR falls below the target amount, the Trustee will seek to top up the ORR from either cash held within the Fund or by funding from AIA Australia if required.

Website disclosures

From 1 July 2014 onwards, the Trustee will be required to disclose certain information about the Trustee and the Fund on a website.

Accordingly, from 1 July, 2014, the Trustee's website www.ccsf.com.au will contain information and documentation such as the Fund trust deed, this Product Disclosure Statement, the Trustee's most recent annual report and financial statements and the names of each outsourced service provider to the Fund.

What about tax?

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

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

Is tax payable on a death benefit?

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

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

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

Is tax payable on a total and permanent disablement benefit?

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

Is tax payable on a terminal illness benefit?

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

Is tax payable on an Income Protection benefit?

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

What taxes are payable by the AIA Superannuation Fund?

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

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

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

Is there a tax deduction for superannuation contributions?

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

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

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

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

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

Are there any contribution limits?

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

Concessional contributions

A concessional tax rate of 15% generally applies to concessional contributions up to \$25,000 per person per year for the 2013/2014 financial year (subject to indexation in future years). This tax is payable by the superannuation fund (after subtracting any allowable deductions). For the 2013/14 financial year, members aged 59 and over at 30 June 2013 have a higher cap of \$35,000.

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

Non-concessional contributions

Non-concessional contributions are limited to \$150,000 per person per year (for the 2013/2014 financial year). People under age 65 can bring forward two years of future non-concessional limits, giving them a cap of \$450,000 over a three-year period. The \$150,000 cap will be indexed in future years so it is always six times the cap on concessional contributions.

Non-concessional contributions in excess of these limits will incur tax at 46.5% payable directly by the individual. (An amount to pay the tax must be released by a superannuation fund upon presentation of a release authority issued by the Tax Office).

Collection of Tax File Numbers (TFN)

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

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

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

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

What is the cooling-off period?

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

For more information about the cooling-off period for your insurance benefits, please refer to page 85.

Cancellation of Fund membership

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

Insurance through Superannuation

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

Superannuation PLUS

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

Benefit overview

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

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

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 79 – 83.

For the date when cover ends, see page 84.

How it works

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

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

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

*Please refer to pages 16 – 41, for benefit descriptions.

Note: Only Crisis Recovery, Crisis Recovery Buy-back, Crisis Reinstatement and Family Protection are available if your Superannuation PLUS policy is linked to a Superannuation Life Cover Plan that has a Life Cover benefit with a Total and Permanent Disablement rider and Maximiser is associated with that rider (see pages 72 – 73).

Maximiser

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

Benefit overview

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

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

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 79 – 83.

For the date when cover ends, see page 84.

How it works

Two linked Priority Protection policies are purchased:

For Maximiser (Total and Permanent Disablement benefit)

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

If you purchase Maximiser with the Total and Permanent Disablement rider under your Life Cover benefit and you also want to purchase a linked Superannuation PLUS policy, the only benefits available at an additional cost under the linked Superannuation PLUS policy are Crisis Recovery and its riders (see Note on page 71). The Sums Insured for Total and Permanent Disablement benefits under both policies must be the same at all times. If cover ceases under the Superannuation Policy, it will cease under the non-superannuation Life Cover Policy and vice versa.

For Maximiser (Double Total and Permanent Disablement benefit)

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

The Maximiser benefit must be the only benefit under the Life Cover Plan. The Sums Insured for Double Total and Permanent Disablement under both policies must be the same at all times. If cover ceases under the Superannuation Policy, it will cease under the non-superannuation Life Cover Policy and vice versa.

For Maximiser (Total and Permanent Disablement Stand Alone benefit)

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

The Maximiser benefit must be the only benefit under the Life Cover Plan. The Sums Insured for the Total and Permanent Disablement Stand Alone benefits under both policies must be the same at all times. If cover ceases under the Superannuation Policy, it will cease under the non-superannuation Life Cover Policy and vice versa.

Further details

The two policies are linked. Therefore:

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

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

Limitations

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

Partial and Permanent benefits are not available under this benefit.

Super Extras benefit

The Super Extras benefit is an optional rider benefit available under the Superannuation Income Protection benefit to all Occupation Categories except E. The Super Extras benefit allows you to structure your Income Protection cover under superannuation in a tax-effective way. Speak to your financial adviser for further details.

Benefit overview

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

	SUPER EXTRAS (outside super)
Premium structure	
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Type of cover	
Agreed Value	✓
Indemnity Value	✓
Built-in benefits	
Specified Injury benefit (outside of superannuation)	✓
Crisis Recovery benefit (outside of superannuation)	✓
Bed Confinement benefit (outside of superannuation)	✓
Accommodation benefit (outside of superannuation)	✓
Family Care benefit (outside of superannuation)	✓
Home Care benefit (outside of superannuation)	✓
Relocation Benefit (outside of superannuation)	✓
Rehabilitation Incentive benefit (outside of superannuation)	✓
Guaranteed Future Insurability benefit (outside of superannuation)	✓
No Claim Bonus (outside of superannuation)	✓
Needlestick Injury benefit (outside of superannuation)	✓ Occupation category AA
Benefit at an additional cost (Optional Benefit)	
Income Protection Lump Sum benefit (outside of superannuation)	✓

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

For a summary of the circumstances when a benefit may not be paid or where reductions in the sum insured may apply, see pages 79 – 83.

For the date when cover ends, see page 84.

How does it work?

Two linked Priority Protection policies are purchased:

1. One policy must be a Superannuation Income Protection Plan owned by the trustee of your superannuation fund.
2. The other must be a non-superannuation Super Extras benefit, under an Ordinary Plan owned by you.

The Type of Cover (agreed value or indemnity) under both policies must be the same at all times. The policy fee, where applicable, must be applied to the Superannuation Income Protection Plan.

What are the costs?

Premiums

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

Premium patterns

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

Stepped	Your premiums will increase at each Policy Anniversary in line with your age until the benefit Expiry Date.
Level	<p>You can choose to keep your premiums constant each year up to the latest Policy Anniversary prior to your 65th or 70th birthday. After this time, your premiums will continue on a stepped premium basis until the benefit Expiry Date.</p> <p>The level premium to age 70 is available for the following Plans:</p> <ul style="list-style-type: none"> – Life Cover, – Crisis Recovery Stand Alone, and – Superannuation Life Cover <p>Where a rider benefit under these Plans has an Expiry Date earlier than age 70, then level premiums to age 65 will apply.</p>
Optimum	<p>Your premiums will commence on a stepped pattern and automatically convert to the level pattern once the stepped premium is greater than the level premium. Level premiums will remain constant each year up to the latest Policy Anniversary prior to your 65th birthday. The optimum premium type is available only when the life insured is age 35 or older.</p> <p>A loading according to your age at inception of your optimum premium cover will be charged up until the latest Policy Anniversary prior to your 65th birthday.</p>

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

Can I alter my premium pattern

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

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

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

Benefit indexation increases

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

Premium guarantee

The premium rates for the policies are guaranteed for a minimum of one year.

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

What happens if I stop paying premiums?

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

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

Premium payment methods

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

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

Premium frequency charge

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

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

Other fees and costs

Policy fee

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

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

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

Do I pay stamp duty on my policy?

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

Changes to fees and charges

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

Commissions

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

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

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

Premium discounts and cashbacks

Initial selection discount

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

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

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

Large Sum Insured discount

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

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

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

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

Life Cover and Term Cover benefits

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

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

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

Total and Permanent Disablement benefit (Rider)*

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

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

Total and Permanent Disablement Stand Alone benefit*

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

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

Crisis Recovery Stand Alone benefit

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

Income Protection, Superannuation Income Protection and Business Expenses Plans

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

The same premium rate discounts will apply to the Claim Escalation benefit, Advantage Optional benefit (non-superannuation only), PLUS Optional benefit (non-superannuation only), Carer's Allowance, Income Protection Lump Sum benefit, Day 1 Accident benefit and Super Extras benefit (non-superannuation only) when selected.

Multi-plan discount

If you are the life insured under multiple plans and at least two of these plans have premiums of \$500 or more per year, the plans will be eligible for a multi-plan discount as outlined in the table below. For the purpose of plan eligibility for the multi-plan discount, plan premiums will include any premium frequency charge and will exclude the multi-plan discount itself and any policy fee and stamp duty.

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

This discount is applied to the premium excluding any stamp duty and policy fees that apply to the relevant policies.

An increase in coverage by way of Benefit Indexation or voluntary increase, and in premiums due to an increase in age, will be taken into consideration when determining the multi-plan discount at the Policy Anniversary or the date of next alteration to the policy; whichever is earlier.

The multiple plans do not have to commence at the same time to be eligible for a multi-plan discount; however each policy needs to have a commencement date on or later than 1 December 2008 to qualify. Once eligible, the multi-plan discount will be applied to new plans immediately, and will be applied automatically to existing plans at the next Policy Anniversary or the date of the next alteration to the relevant policy; whichever is earlier.

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

AIA Vitality membership

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

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

For Superannuation Plans, membership of AIA Vitality will need to be established and paid for by the life insured outside of the fund, and cashbacks do not apply (although further premium reductions may be granted in accordance with AIA Australia's rules).

For further information, please use the following contact details:

Post: AIA Vitality
PO Box 6313
St Kilda Road Central 8008
Melbourne VIC

Email: queries@aiavitality.com.au

Member queries: 1800 VITALITY

Significant risks

There are some significant risks associated with life insurance:

Selection of wrong product

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

Inadequate amount of insurance

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

Inability to obtain an increase in cover

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

Premium rates

Notwithstanding the premium rates guarantee, your premiums may be varied from time to time. (See page 75 for more information about premiums and the premium rates guarantee.)

Late payment of premiums

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

Electing to freeze premiums

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

Pre-existing Condition

If a claim for an insurance benefit relates to a Pre-existing Condition (as defined on page 97) that you have not disclosed the full details of to us before the benefit commencement date (as shown on your Policy Schedule) or the date of any increase, reinstatement or improvement of the benefit, then the claim will not be paid in respect of that benefit.

Your duty of disclosure

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

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

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Where applicable your duty of disclosure also extends to the trustee under the terms of the Superannuation Life Cover Plan and the Superannuation Income Protection Plan based on your approved superannuation membership. This ensures that your trustee is able to meet its disclosure obligations.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may elect to avoid the contract at any time from its inception.

An insurer who is entitled to avoid a contract of insurance may, within three years of entering into it, elect not to avoid it but to reduce the Sum Insured in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the insurer.

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

Benefit exclusions and limitations

Summary of exclusions

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

Exclusions	Lump Sum Plans											
	Life Cover Plan, Crisis Recovery Stand Alone Plan and Superannuation Life Cover Plan											
	Life Cover	Term Cover	Accidental Death	All Total and Permanent ¹ Disablement Stand Alone/Rider/Double	Waiver of Premium	Needlestick Injury	Family Protection	Complimentary Family Final Expense	Crisis Recovery/Double Crisis Recovery	Crisis Recovery Stand Alone	School Fees Protector	Loss of Independence
*Death from suicide in the first 13 months from commencement or re-instatement of the benefit.	✓	✓					✓	✓		✓	✓	
Any Crisis Event or disablement, directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by the life insured.				✓	✓		✓		✓	✓	✓	✓
An event directly or indirectly caused by intentional self-inflicted injury or any such attempt by the life insured.			✓	✓	✓	✓			✓	✓	✓	✓
Where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available prior to the accident giving rise to a claim.						✓						
Acquiring HIV, AIDS, Hepatitis B or Hepatitis C from activities other than from performing the duties of your normal occupation.						✓						
An event directly or indirectly caused by intentional self-inflicted injury or any attempt by the insured child.							✓	✓				
An event caused by a congenital condition until the 10th birthday of the insured child.							✓	✓				
An event intentionally caused by the insured child's parent, guardian or relative or someone who lives with or supervises the insured child.							✓	✓				
Any reason within three months of the benefit being activated.								✓				
An intentional act of the Policy Owner.								✓				
Death occurring more than six months after the accident.			✓									
The direct or indirect effects of alcohol and/or drug abuse.			✓									
<ul style="list-style-type: none"> War (whether formally declared or not), hostilities, civil commotion or insurrection. Non permanent residents of Australia. Any form of aviation activity other than as a fare-paying passenger on a scheduled airline. Participation in or training for professional sports or speed contests. Engaging in any unlawful acts. Suicide. 			✓									

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

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

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

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

Summary of Lump Sum benefit reductions

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

Benefit	Reduced by			
	Terminal Illness payment	Optional Total and Permanent Disablement rider benefit	Optional Crisis Recovery rider benefit	Partial Benefit payments*
Life Cover	Yes	Yes	Yes	Yes
Total and Permanent Disablement – Rider	Yes	No	Yes	Yes
Loss of Independence on conversion from Total and Permanent Disablement – Rider	Yes	No	Yes	Yes
Universal Total and Permanent Disablement – Rider	Yes	Yes	Yes	No
Accidental Total and Permanent Disablement – Rider	Yes	Yes	Yes	Yes
Total and Permanent Disablement – Rider with Maximiser	Yes	No	Yes	No
Total and Permanent Disablement Stand Alone with Maximiser	No	No	No	No
Double Total and Permanent Disablement with Maximiser	Yes	No	No	No
Double Total and Permanent Disablement – Rider	Yes	No	Yes	Yes
Total and Permanent Disablement Stand Alone	No	No	No	Yes
Loss of Independence on conversion from Total and Permanent Disablement Stand Alone	No	No	No	No
Universal Total and Permanent Disablement Stand Alone	No	No	No	No
Double Universal Total and Permanent Disablement – Rider	Yes	No	Yes	No
Accidental Total and Permanent Disablement Stand Alone	No	No	No	Yes
Crisis Recovery Stand Alone	Yes	Yes	No	Yes
Crisis Recovery – Rider	Yes	Yes	No	Yes
Double Crisis Recovery – Rider	Yes	Yes	No	Yes
Superannuation PLUS Crisis Recovery – Rider	Yes	Yes	No	Yes
Superannuation PLUS Double Crisis Recovery – Rider	Yes	Yes	No	Yes
Superannuation PLUS Total and Permanent Disablement – Rider	Yes	No	Yes	Yes
Superannuation PLUS Double Total and Permanent Disablement – Rider	Yes	No	Yes	Yes
Superannuation PLUS Accidental Total and Permanent Disablement – Rider	Yes	Yes	Yes	Yes
Term Cover	Yes	No	No	No
Accidental Death benefit	No	No	No	No

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

Please note that 'No' in this table means either the benefit is not reduced or that it is not applicable.

Aged based Reductions in Sum Insured for all TPD benefits

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

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

Where applicable, the order in which we will reduce your Sums Insured for TPD benefits is as follows:

1. Universal Total and Permanent Disablement benefit;
2. Accidental Total and Permanent Disablement benefit and then
3. Total and Permanent Disablement benefit.

Needlestick Injury

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

Income Protection Benefit Reduction prior to age 70

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

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

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

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

Claim offsets

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

Occupation Categories AAA and AA (Ordinary Plans only)

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

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

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

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

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

Amounts that can be offset include:

- (i) regular payments made under:
 - a workers' compensation; or
 - motor accident claim; or
 - a claim made under any similar state or federal legislation; and
- (ii) regular payments made from another insurance policy or from a superannuation/pension plan that you didn't disclose when you applied for your policy, or when you applied for an increase in cover; and
- (iii) if your occupation category is A and the Income Protection has a Benefit Period of 'to age 70', then any government age pension received after you reach age 65 years will also be offset.

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

All Occupation Categories (Ordinary and Superannuation Plans)

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

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

Business Expenses and Incorporated Business Expenses benefits

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

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

Pre-existing Condition

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

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

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

Other limitations

Superannuation Income Protection Plan

Any benefit under the Superannuation Income Protection Plan cannot be paid if you are unemployed at the time of disablement.

Needlestick Injury

The Needlestick Injury benefit is subject to the following limitations:

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

Income Protection – 2 year and 5 year Benefit Periods

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

Additional information

When will my cover end?

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

All Plans: (on the earliest to occur)	<ul style="list-style-type: none"> • Death of the life insured. • Expiry Date of the benefit. • Cancellation of the benefit. • Lapse of the benefit (non-payment of premiums). • Date of any conversion permitted under the benefit.
Life Cover benefit, Term Cover benefits, Accidental Death benefit, Crisis Recovery benefit, Double Crisis Recovery benefit, Family Protection benefit, Needlestick Injury benefit, Crisis Recovery Stand Alone benefit, Total and Permanent Disablement benefit, Double Total and Permanent Disablement, Total and Permanent Disablement Stand Alone benefit, Accidental Total and Permanent Disablement benefit, Accidental Total and Permanent Disablement Stand Alone benefit, Universal Total and Permanent Disablement benefit, Universal Total and Permanent Disablement Stand Alone benefit, Double Universal Total and Permanent Disablement benefit, Superannuation Life Cover benefit:	<ul style="list-style-type: none"> • Payment of the full benefit.
Crisis Recovery Buy-back, Crisis Reinstatement, Total and Permanent Disablement Buy-back:	<ul style="list-style-type: none"> • Life Cover Plan: 30 days after first anniversary of Crisis Recovery or Total and Permanent Disablement claim payment date. • Crisis Recovery Stand Alone Plan: 60 days after the Crisis Recovery claim payment date. • Date that the option is exercised.
Family Protection benefit: (on the earliest to occur)	<ul style="list-style-type: none"> • The Life Cover benefit, Accidental Death benefit, Crisis Recovery Stand Alone benefit, Crisis Recovery benefit, the Double Crisis Recovery benefit, Accidental Total and Permanent Disablement Stand Alone or Total and Permanent Disablement Stand Alone is terminated or reduced to nil.
All Income Protection and Business Expenses Plans including Income Protection Essentials and the Superannuation Income Protection Plan: (on the earliest to occur)	<ul style="list-style-type: none"> • Payment of the full benefit. • Permanent retirement from the workforce except as a direct result of disablement. • Incorporated Business Expenses benefit: Departure of the life insured from the business or practice.
Superannuation Life Cover Plan and Superannuation Income Protection Plan: (on the earlier to occur)	<ul style="list-style-type: none"> • Ceasing to be eligible to contribute to the Fund or your SMSF under the SIS Act. • Ceasing to be a member of the Fund or your SMSF.
Forward Underwriting benefit:	<ul style="list-style-type: none"> • Full utilisation of the Forward Underwriting Benefit Cover Amount (maximum \$10,000,000).

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

Cover for your Child under the School Fees Protector benefit will expire at the earlier of:

- your Child completing secondary school;
- the end of the secondary school year in which your Child turns 18;
- the cancellation of this benefit; and
- termination of the principal benefit.

Cover under a Superannuation Plan also ceases if:

- there are insufficient funds in your superannuation account to pay the relevant premium;
- the fund ceases to be a complying superannuation fund;
- you ceasing to be a member of the fund that holds the policy;
- your permanent retirement from the workforce except as a direct result of disablement; or
- date the linked Maximiser (Total and Permanent Disablement, Double Total and Permanent Disablement or Total and Permanent Disablement Stand Alone) benefit is paid, lapses or is cancelled.

General information about your policy, rights and obligations

How to apply

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

Health and other information required

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

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

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

Policy Documents

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

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

What is the cooling-off period for a Policy?

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

To cancel the policy within the cooling-off period, please send us:

- your request to cancel the policy either by letter, fax or email or in any other manner permitted by law, and
- the Policy Document and Policy Schedule.

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

*Note: You will lose the right to cancel (or request cancellation of) your policy within the cooling-off period when you first exercise any right or power, other than this right to return your policy, which you have under the terms of your policy.

Nomination of beneficiary

You are entitled to nominate a beneficiary to receive all death claim proceeds payable under an Ordinary Plan. See pages 66–67 for nominations under a Superannuation Plan held in the Fund.

Policy upgrades

From time to time we will review the benefits provided under the Policy. Should we improve the benefits under the Policy and such

improvements result in no increase in premium rates, we will automatically add these benefit improvements to the Policy.

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

If the life insured is suffering a Pre-existing Condition (as defined on page 97) at the effective date of the benefit improvement, the improvement will not apply to any claim affected by that Pre-existing Condition.

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

Guaranteed renewable

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

Statutory fund

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

Changes in ownership (assignment)

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

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

Cancelling your policy

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

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

Policy reinstatement

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

Making a claim

We should be notified at the earliest possible opportunity of any claim or potential claim against the policy. If a Superannuation

Life Cover Plan or Superannuation Income Protection Plan was obtained for you by the Fund, the Trustee of the Fund should also be notified at the earliest opportunity.

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

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

Your questions or concerns

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

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

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

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

Taxation – Ordinary Plans

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

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

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

* Capital gains tax may apply in some situations.

Goods and services tax (GST)

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

Please refer to the 'What about Tax?' section on pages 69 – 70 for information on taxation for the Superannuation Life Cover Plan and the Superannuation Income Protection Plan.

Privacy statement

How we handle your information

We are part of the AIA Group. We are bound by privacy principles under the Privacy Act 1988 (Cth) which apply to private sector organisations, and other laws which protect your privacy. Details about how we use your personal information and your rights are contained in our Privacy Policy. This section of the PDS summarises our Privacy Policy as at the date of this PDS. Please ensure that you refer to the most up-to-date version of our Privacy Policy at www.aia.com.au/en/privacy-statement/privacy-statement (the Website). To the extent that this section of the PDS is inconsistent with the Privacy Policy on the Website, the latter prevails. We reserve the right to review and amend the Privacy Policy for any reason and to make the updated version available on the Website, which you should check periodically. If you have any questions about the AIA Australia Privacy Policy, or have difficulty accessing the Privacy Policy on the Website, please call AIA Australia on 1800 333 613.

Collection of personal information

We collect personal information when you contact us, make an enquiry or use or request our products or services. We collect (amongst other things) information provided by you in any application forms or other information submitted in respect of your insurance or membership, transactional information when using cards and other facilities in respect of your membership, insurance or other product application information (including health, family and beneficiary information), insurance claims information and payment information, some sensitive and health and medical-related information, information about your name and contact details, identifying information (e.g. date of birth), demographic characteristics (e.g. gender), health, occupation and pastimes, financial information and payment details. We may collect this information from you when you fill out an application form or statement, or when we are dealing with you over the telephone or the internet.

We are required or authorised to collect your personal information under various laws including the Life Insurance Act, Insurance Contracts Act, Corporations Act, Crimes Act (Vic), Crimes Act (NSW), Criminal Law Consolidation Act (SA) and the Criminal Codes of Queensland, Tasmania, WA, NT, ACT and the Commonwealth. We may take steps separate to this Privacy Policy to ensure you are aware of any other relevant laws.

We may also monitor and record your communications with us. We collect personal information directly from you as well as from third parties and we may take steps to verify information collected – (including information service providers, partners, affiliates and related companies, joint venture partners and business partners in co-branded activities, public sources), your financial planner or adviser, your employer or employer's adviser, financial institutions you nominate, your health professional or accountant, or any other party with which we have an arrangement for the promotion and sale of products offered

or distributed by us and anyone acting on your behalf. We may take steps to verify information collected and to confirm this information is up to date.

Where you provide us with personal information about someone else you must have their consent to provide their personal information to us based on our Privacy Policy.

If you visit www.aia.com.au, or any other websites, portals or smart phone/tablet applications where this Privacy Policy is made available, as well as facilities, tools or utilities offered (collectively the Website) to read, browse or download information, our system may record information such as the date and time of your visit to the Website, the pages accessed and any information downloaded. This information is used for statistical, reporting and website administration and maintenance purposes.

Like many other websites, the Website may use 'cookies' from time to time. A cookie is a piece of information that allows our system to identify and interact more effectively with your device. The cookie helps us to maintain the continuity of your browsing session and remember your details and preferences when you return. You can configure your web browser software to reject cookies however some parts of our website may not have full functionality in that case.

When we send you emails or other electronic messages, we may record where you open the message and click on particular links. This helps us to better understand what information is of interest to you.

In some cases third parties may use cookies and other technologies such as web beacons and JavaScript on our Website in connection with online services like banner advertising, website analytics and surveys.

Use and disclosure of your personal information

We collect, use and disclose your personal information for underwriting purposes, to process your application, assess and process claims and any other administration relevant to our insurance policies, for our internal purposes to manage our business, to meet our legal obligations and protect our interests, to communicate with you, to conduct research and development relevant to our products and services, for statistical, prudential and actuarial purposes and to investigate and manage improper conduct such as non-disclosure or fraud as well as other purposes which we may notify to you. If you are unwilling to provide us with the information we need then we may not be able to do these things, for example, we may not be able to provide you with insurance cover, or other services or process your claim.

We, and other members of the AIA Group, may also use your personal information to provide marketing communications that may be of interest to you on an ongoing basis by telephone, electronically and other means. If you do not wish to receive these direct marketing communications please indicate this where prompted (e.g. in an application form or by following unsubscribe instructions in the communications themselves) or by contacting us as set out below.

Your personal information may be made available to third parties, including those described in this section of the PDS, and third parties who provide services to us such as (without limitation) health, insurance, reinsurance, archival, customer contact, claims assessment, data, information, IT, research, investigative and professional services. We may also disclose personal information to law enforcement agencies or government authorities where disclosure is required by law or where we agree to the disclosure.

Some of the third parties to whom we may disclose personal information (as described in this section and our Privacy Policy) may be located in other countries and you agree that while they will often be subject to confidentiality or privacy obligations, they may not always follow the particular requirements of Australian privacy laws. The countries may include the United States, South Africa, Japan, members of the European Union, Switzerland and countries in which AIA Group companies operate (see www.aia.com/en/our-markets/).

Accessing and updating your personal information You can request the correction of your personal data if it is inaccurate, incomplete or out of date. Requests for access or correction should be directed to our Compliance Manager (see 'Questions or concerns' below). In some circumstances, we may not permit access to your personal information where, for example, such access would be unlawful or denying access is authorised by law.

Accessing and updating your personal information

You have the right to access the personal information we hold about you, and can request the correction of your personal data if it is inaccurate, incomplete or out of date. Requests for access or correction should be directed to our Compliance Manager (see 'Questions or concerns' below).

In some circumstances, we may not permit access to your personal information where, for example, such access would be unlawful or denying access is authorised by law.

Questions or concerns

If you have any questions or concerns about your personal information, please contact our Compliance Manager at:

The Compliance Manager
AIA Australia Limited
PO Box 6111
St Kilda Road Central VIC 8008
Phone 1800 333 613

If you have a complaint about our handling of your personal information, you should submit it in writing to the Compliance Manager at the address specified above. Our Privacy Policy explains how we deal with privacy complaints, but in the summary we have established an internal dispute resolution process for handling customer complaints (including matters involving compliance with privacy laws). This dispute resolution mechanism is designed to be fair and timely to all parties and is free of charge. Our Internal Disputes Resolution Committee will handle any escalated complaints that cannot be addressed at an operational level. We will aim to resolve your complaint within 45 days of receipt.

If your complaint is not resolved to your satisfaction by our internal dispute resolution process, you may take your complaint to the Information Commissioner, who can be reached at:

Office of the Australian Information Commissioner
GPO Box 5218
Sydney NSW 2001
Phone: 1300 363 992
Web: www.oaic.gov.au

For further information about our Privacy practices, access and complaints procedures, please refer to our Privacy Policy at www.aia.com.au/en/privacy-statement/privacy-statement.

Definitions

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

Accidental Death

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

Accidental HIV Infection

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

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

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

Accidental Injury

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

Accidental Loss of Independence

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

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

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

Accidental Total and Permanent Disablement (Any Occupation)

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

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

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

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

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

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

Accidental Total and Permanent Disablement (Home Duties)

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

- (a) the life insured has suffered the total and irrecoverable loss of the:
 - sight of both eyes;
 - use of two limbs; or
 - sight of one eye and use of one limb;
 or
 - (b) the life insured, where wholly engaged in full-time unpaid domestic duties in his or her own residence:
 - has been unable to perform all Normal Domestic Duties and engage in any employment for an uninterrupted period of at least three consecutive months; and
 - is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Accidental Injury; and
 - at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render him or her likely to require indefinite ongoing medical care and unable ever to perform all Normal Domestic Duties and engage in any form of employment;
 or
 - (c) the life insured has suffered Accidental Loss of Independence.
- The life insured is 'Accidentally Totally and Permanently Disabled (Home Duties)' if the life insured satisfies the definition of Accidental Total and Permanent Disablement (Home Duties).

Activities of Daily Living

'ACTIVITIES OF DAILY LIVING' means the following activities:

Bathing

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

Dressing

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

Eating

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

Toileting

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

Transferring

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

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

Agreed Value

'AGREED VALUE' means:

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

In addition, if you select Agreed Value under the Superannuation Income Protection Plan, in the event of a claim, AIA Australia will pay the trustee an amount based on the benefit we agreed to insure you for at the commencement of the policy. It is a requirement under superannuation legislation that you cannot receive more than 100 percent of your Pre-disablement Income (Agreed Value) from all sources.

Alzheimer's Disease

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

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

Aplastic Anaemia

'APLASTIC ANAEMIA' means permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one of the following:

- blood product transfusion
- marrow stimulating agents
- immunosuppressive agents
- bone marrow transplantation.

Bacterial Meningitis

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

- totally and permanently unable to perform any one of the Activities of Daily Living (see page 89 for definition); or

- suffering at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment (Guides) 5th edition*, American Medical Association.

Diagnosis must be confirmed by a consultant neurologist.

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

Benefit Period

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

Benign Brain Tumour

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

- being totally and permanently unable to perform any one of the Activities of Daily Living (see page 89 for definition); or
- suffering at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment (Guides) 5th edition*, American Medical Association.

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

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

Diagnosis must be confirmed by a consultant neurologist.

Blindness

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

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

Cancer

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

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

‘Skin cancer’

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

- 100% of the Sum Insured for any melanoma where the tumour is with ulceration or is diagnosed as 1mm or greater in Breslow’s depth of invasion or Clark Level 3 or greater in depth of invasion;

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

‘Prostate Cancer’

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

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

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

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

Refer to page 34 for the terms and conditions pertaining to Crisis Reinstatement after a T1a claim.

‘Carcinoma in situ’

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

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

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

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

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

The full Sum Insured will be paid for carcinoma in situ of the breast where the entire breast is removed or where other surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy) is performed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist Medical Practitioner acceptable to us.

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

Cardiomyopathy

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

The New York Heart Association classifications are:

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

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

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

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

Child

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

Chronic Liver Disease

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

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

Chronic Lung Disease

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

Coma

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

Consumer Price Index Increase

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

Coronary Artery Angioplasty

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

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

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

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

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

100% of the Sum Insured will be payable where three or more coronary arteries are obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or stents.

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

Coronary Artery By-pass Surgery

'CORONARY ARTERY BY-PASS SURGERY' means the actual undergoing of by-pass surgery (including saphenous vein or internal mammary graft(s)) for the treatment of coronary artery disease. The operation must be for the treatment of one or more coronary arteries and angioplasty contra-indicated and must be considered necessary by a consultant cardiologist.

Cosmetic or Elective Surgery Benefit

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

Date of Loss (Needlestick)

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

Dementia

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

Dependant

'DEPENDANT' of the life insured includes:

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

Diplegia

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

Employee

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

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

Expiry Date

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

Full-time Employment

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

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

'Full-time Employment' means working a minimum of 25 hours per week, 48 weeks per year excluding public holidays for the following benefits:

- Income Protection,
- Income Protection Accident Only,
- Business Expenses, and
- Incorporated Business Expenses.

Guaranteed Future Insurability

This is a summary only – please see the Policy Document for all terms and conditions applicable to Sum Insured increases.

Personal Events covered are:

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

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

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

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

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

Business Events covered are:

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

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

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

Heart Attack

'HEART ATTACK' (myocardial infarction) means the death of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by typical rise and/or fall of cardiac biomarker blood test (Troponin T, Troponin I or CK-MB) with at least one level above the 99th percentile of the upper reference limit PLUS:

- acute cardiac symptoms and signs consistent with myocardial infarction (e.g. chest pain)
- OR
- new serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB)
- OR
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests are inconclusive we will consider other appropriate and medically recognised tests. Other acute coronary syndromes including but not limited to angina pectoris are excluded.

Heart Valve Surgery

'HEART VALVE SURGERY' means the actual undergoing of a procedure to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities occurring after the commencement date or last reinstatement date of the policy.

Hemiplegia

'HEMIPLEGIA' means the total and permanent loss of function of one side of the body due to spinal cord injury or disease, or brain injury or disease.

Home Duties

'Home Duties' means you are wholly engaged in full-time unpaid domestic duties in your own residence.

Income (Employed Person)

'INCOME' in the case of an employed person is the pre-tax remuneration paid by an employer, including salary, fees and fringe benefits for the last financial year. This will include any statutory superannuation contributions and any other superannuation contributions made by an employer including those that are part of a salary sacrifice arrangement between the employed person and the employer. Where commissions and bonuses form over 40% of the pre-tax remuneration for the last financial year, we will take them into account. Where the employed person is a professional person employed by a professional practice company, income will include all commissions and bonuses paid, in addition to salary, fees, fringe benefits and superannuation contributions made by an employer, for the last financial year.

Income (Self-employed Person)

'INCOME' in the case of a self-employed person, a working director or partner in a partnership, is the income generated by the business or practice due to his or her personal exertion or activities, less his or her share of necessarily incurred business expenses, for the last financial year.

Income does not include other unearned income such as dividends, interest, rental income or proceeds from the sale of assets, or ongoing commission or royalties.

Income Protection Loss of Independence

For Income Protection Essentials – Income Protection Loss of Independence see 'LOSS OF INDEPENDENCE'.

Indemnity

'INDEMNITY'

- The monthly benefit payable in the event of total disablement is the lower of the Insured Monthly Benefit under the income protection benefit and 75% of the first \$26,667 of the life insured's monthly Pre-disablement Income (Indemnity) at the start of the total disablement plus 50% of the next \$20,000 of the life insured's monthly Pre-disablement Income (Indemnity) plus 20% of the next \$150,000 of the life insured's monthly Pre-disablement Income (Indemnity). See pages 96 – 97 for the definition of Pre-disablement Income (Indemnity);
- The Insured Monthly Benefit is not guaranteed;
- Financial evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply (see pages 82 – 83); and
- Cover on an indemnity basis is available to Occupation Categories AAA, AA, A, B, C, D and E.

In addition, if you select Indemnity under the Superannuation Income Protection Plan, in the event of a claim, AIA Australia will calculate your benefit by taking into account your Pre-disablement Income (Indemnity). If the claim is admitted, AIA Australia will pay the monthly benefit to the trustee. The trustee will make the proceeds available to you subject to your having satisfied the appropriate condition of release.

Injury

'INJURY' means a physical injury which occurs whilst the policy is in force and which results solely and directly and independently of a Pre-existing Condition or any other cause, in Total or Partial Disablement within one year of the date of its occurrence.

Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Injury'.

Insured Monthly Benefit'

INSURED MONTHLY BENEFIT' is stated on the Policy Schedule (unless otherwise disclosed to you or agreed with you) and may be adjusted by any benefit alterations the policy owner has effected, or which have been imposed by us and notified to the policy owner.

Intensive Care

'INTENSIVE CARE' means an Injury or Sickness has resulted in the life insured requiring continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Excluded from this definition is Intensive Care as a result of medically induced coma.

Kidney Failure

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

Loss of Hearing

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

Loss of Independence

'LOSS OF INDEPENDENCE' means:

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

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

Under Income Protection Essentials – Income Protection Loss of Independence, the life insured would be required to be under continuous care and supervision by another adult person for at least **three** consecutive months. At the end of that three-month period, the life insured must, in our opinion on the basis of medical evidence, require ongoing continuous care and supervision by another adult person.

Loss of Use of Limbs and/or Sight

‘LOSS OF USE OF LIMBS AND/OR SIGHT’ means the total and irrecoverable loss by the life insured of any of the following:

- use of both hands
- use of both feet
- sight of both eyes (to the extent of 6/60 or less)
- use of one hand and one foot
- use of one hand and the sight of one eye
- use of one foot and the sight of one eye.

Loss of Speech

‘LOSS OF SPEECH’ means the complete and irrecoverable loss of the ability to speak as a result of Injury or Sickness which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate medical specialist.

Major Burns

‘MAJOR BURNS’ means third degree burns or full thickness burns to at least:

- 20% of the body surface area as measured by the Lund and Browder Body Surface Chart;
- 50% of both hands, requiring surgical debridement and/or grafting; or
- 50% of the face, requiring surgical debridement and/or grafting.

Major Head Trauma

‘MAJOR HEAD TRAUMA’ means an accidental head injury resulting in permanent neurological deficit, resulting in the life insured either:

- being totally and permanently unable to perform any one of the Activities of Daily Living (see page 89 for definition); or
- suffering at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment (Guides) 5th edition*, American Medical Association.

Diagnosis must be confirmed by a consultant neurologist.

Major Organ Transplant

‘MAJOR ORGAN TRANSPLANT’ means having received, from a human donor, a medically necessary transplant involving one or more of the following organs: kidney, heart, liver, lung, bone marrow, pancreas and small bowel.

The full Sum Insured under the Crisis Recovery, Double Crisis Recovery and Crisis Recovery Stand Alone benefit will be paid if the life insured has been placed on the Australian or New Zealand waiting list to receive a major organ transplant of the kind described above for the Major Organ Transplant Crisis Event and that the procedure is unrelated to any previous procedure or surgery undergone by the life insured.

Manifests

‘MANIFESTS’ means that symptoms exist which would cause an ordinarily prudent person to seek diagnosis, care or treatment, or that medical advice or treatment has been recommended by or received from a Medical Practitioner.

Marriage

‘MARRIAGE’ means:

- a marriage or customary union as recognised in terms of the laws of Australia.

- a union recognised as a marriage in accordance with the tenets of any religion.
- two adults who are in a relationship as a couple (whether or not legally married to each other), regardless of their sex, where the two adults live with each other on a permanent and genuine domestic basis and have done so for a continuous period of at least two years.

Medical Practitioner

‘MEDICAL PRACTITIONER’ means a legally qualified and registered Medical Practitioner other than the policy owner or the life insured, or a family member, business partner, employee or employer of either the policy owner or the life insured.

Motor Neurone Disease

‘MOTOR NEURONE DISEASE’ means the unequivocal diagnosis of Motor Neurone Disease confirmed by a consultant neurologist.

Multiple Sclerosis

‘MULTIPLE SCLEROSIS’ means the unequivocal diagnosis of Multiple Sclerosis confirmed by a consultant neurologist.

Muscular Dystrophy

‘MUSCULAR DYSTROPHY’ means the unequivocal diagnosis of muscular dystrophy, confirmed by a consultant neurologist.

Non Smoker

‘NON-SMOKER’ means that, at a point in time, not having smoked tobacco or any other substance for a continuous period of 12 months ending at that point in time.

Normal Domestic Duties

NORMAL DOMESTIC DUTIES’ means the household duties normally performed by a person who remains at home and is not working in a regular occupation including part time and/or paid voluntary work.

Normal domestic duties specifically include:

- Cooking and preparing meals – meaning the ability to prepare meals using kitchen appliances;
- Cleaning the home – meaning the ability to carry out the basic internal household chores using domestic equipment such as a vacuum and mop;
- Washing clothes – meaning the ability to do the household’s laundry to a basic standard;
- Shopping for groceries – meaning the ability to purchase general household grocery items;
- Caring for children – meaning the ability to care for and supervise children (where applicable).

The life insured will not be considered to be unable to carry out all Normal Domestic Duties if the life insured is able to perform any one of these duties.

Occupationally Acquired Hepatitis B or Hepatitis C Infection

‘OCCUPATIONALLY ACQUIRED HEPATITIS B OR HEPATITIS C INFECTION’ means the life insured is infected with Hepatitis B or Hepatitis C as a result of an occupational accident. An occupational accident means an accident that happens whilst the life insured is performing the usual duties of his or her normal occupation and involves contact with a body substance which puts the life insured at risk of transmission of the infections.

This benefit will only be paid if all the following conditions for payment are satisfied. We require that:

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

Other Serious Coronary Artery Disease

'OTHER SERIOUS CORONARY ARTERY DISEASE' means the narrowing of the lumen of at least three coronary arteries by a minimum of 60%, as proven for the first time by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

Out of Hospital Cardiac Arrest

'OUT OF HOSPITAL CARDIAC ARREST' means cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to:

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

Paraplegia

'PARAPLEGIA' means the total and permanent loss of function of the lower limbs due to spinal cord injury or disease, or brain injury or disease.

Parkinson's Disease

'PARKINSON'S DISEASE' means the unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist. All other types of Parkinsonism are excluded (e.g. secondary to medication).

Partial and Permanent Disablement

'PARTIAL AND PERMANENT DISABLEMENT' means the life insured has suffered a permanent loss of use of:

- one arm, or
- one leg, or
- sight in one eye.

We will pay the lesser of:

- 25% of the Total and Permanent Disablement Sum Insured, and
- \$750,000.

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

Partial Disablement (Income Protection)

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

- unable to work in his or her own occupation at full capacity but is working in a reduced capacity in any occupation;
- earning a monthly income which is less than his or her Pre-disablement Income; and
- under the regular care of, and following the advice of, a Medical Practitioner.

The life insured is 'Partially Disabled (Income Protection)' if the life insured satisfies the definition of Partial Disablement (Income Protection).

Partial Disablement (Income Protection Accident Only)

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

- unable to work in his or her own occupation at full capacity but is working in a reduced capacity in any occupation; and
- earning a monthly income which is less than his or her Pre-disablement Income; and
- under the regular care of, and following the advice of, a Medical Practitioner.

The life insured is 'Partially Disabled (Income Protection Accident Only)' if the life insured satisfies the definition of Partial Disablement (Income Protection Accident Only).

Partial Disablement – Income Protection Capability Clause

'PARTIAL DISABLEMENT – INCOME PROTECTION CAPABILITY CLAUSE'

Partial Disablement Benefit Amount (Agreed Value and Indemnity) will be:

$$(A - B)/A \times C,$$

where

A = Pre-disablement Income,

B = Monthly Income while partially disabled; and

C = Insured Monthly Benefit

If the life insured's monthly income while partially disabled is negative, we will treat it as zero.

If there is a delay between the time the life insured generated the monthly income and when the life insured actually received it, we will deem the income to have been received in the month in which it was actually generated and this income will form the basis of our calculation of 'B'.

If the life insured is partially disabled and is not working to the extent of his/her capability as a result of causes other than Injury or Sickness and this situation continues for at least 2 months, then 'B' will be calculated based on what the life insured could reasonably be expected to earn if he/she were working to the extent of his/her capability.

In determining what the life insured could reasonably be expected to earn if he/she were working to the extent of his/her capability, we will take into account available medical evidence (including the opinion of the life insured's Medical Practitioner) and any other relevant considerations directly related to the life insured's medical condition (including information provided by the life insured).

If we are making monthly benefit payments and intend to adjust future payments due to a change in how we calculate 'B', we will notify you 30 days prior to this taking place.

If the life insured is unable to perform the important income-producing duties of his/her usual occupation for more than 10 hours per week then we will not change how we calculate 'B'.

The amount of benefit payable will be adjusted for any claim offsets (see pages 82–83).

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

Partial Disablement – Multi Definition (Advantage Optional or PLUS Optional benefit)

‘PARTIAL DISABLEMENT’ – Multi Definition (Advantage Optional or PLUS Optional benefit)

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

- you are working for more than 10 hours per week in your usual occupation, or a gainful occupation or you are able to work in your usual occupation or a gainful occupation;
- your monthly income is more than 20% of your Pre-disablement Income but less than your Pre-disablement Income;
- you are working in a reduced capacity in your usual occupation or a gainful occupation;
- you are not totally disabled; and
- you are under the regular care of, and following the advice of, a Medical Practitioner.

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

Note: This Partial Disablement – Multi Definition will be applicable to Business Expenses or Incorporated Business Expenses when selected together with the Advantage Optional or the PLUS Optional benefit under the Income Protection benefit.

Partial Disablement (Superannuation Income Protection)

‘PARTIAL DISABLEMENT (SUPERANNUATION INCOME PROTECTION)’ means that **solely due to Injury or Sickness** the life insured:

- has been continuously totally disabled for at least 7 consecutive days from the start of the Waiting Period; and
- has been continuously disabled (totally or partially) during the balance of the Waiting Period; and
- has been continuously disabled (partially) since the end of the Waiting Period; and
- is now partially disabled; and
- is under the regular care of, and following the advice of, a Medical Practitioner.

The life insured is Partially Disabled (Superannuation Income Protection) if the life insured satisfies the definition of Partial Disability (Superannuation Income Protection).

Partial Disablement (Superannuation Income Protection Accident Only)

‘PARTIAL DISABLEMENT (SUPERANNUATION INCOME PROTECTION ACCIDENT ONLY)’ means that **solely due to Accidental Injury**, the life insured:

- has been continuously totally disabled for at least 7 consecutive days from the start of the Waiting Period; and
- has been continuously disabled (totally or partially) during the balance of the Waiting Period; and
- has been continuously disabled (totally or partially) since the end of the Waiting Period; and
- is now partially disabled; and
- is under the regular care of, and following the advice of, a Medical Practitioner.

The life insured is ‘Partially Disabled (Superannuation Income Protection Accident Only)’ if the life insured satisfies the definition of Partial Disablement (Superannuation Income Protection Accident Only).

Permanent Part-time Employee

‘PERMANENT PART-TIME EMPLOYEE’ means a person who is employed to undertake identifiable duties for at least three days a week for a minimum of 15 hours per week, for 48 weeks per year (excluding public holidays) and is paid sick and holiday leave entitlements, for the following benefits:

- Total and Permanent Disablement,
- Total and Permanent Disablement Stand Alone,
- Double Total and Permanent Disablement,
- Accidental Total and Permanent Disablement,
- Accidental Total and Permanent Disablement Stand Alone.

‘PERMANENT PART-TIME EMPLOYEE’ means a person who is employed to undertake identifiable duties for at least three days a week for a minimum of 20 hours per week, for 48 weeks per year (excluding public holidays) and is paid sick and holiday leave entitlements, for the following benefits:

- Income Protection,
- Income Protection Accident Only,
- Business Expenses, and
- Incorporated Business Expenses.

People who are self-employed are not eligible to be considered as a Permanent Part-time Employee.

Pneumonectomy

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

Policy Anniversary

‘POLICY ANNIVERSARY’ means an anniversary of the due date of the first premium shown on the Policy Schedule.

Pre-disablement Income (Agreed Value)

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

During disablement the Pre-disablement Income (Agreed Value) amount will be increased every 12 months, following the date of disablement, by 3% or the Consumer Price Index Increase (CPI Increase) (whichever is the greater).

For the Superannuation Income Protection Plan, the benefit payable cannot exceed 100% of your monthly Pre-disablement Income at the date of disablement.

Pre-disablement Income (Indemnity)

‘PRE-DISABLEMENT INCOME (INDEMNITY)’ is the greater of the life insured’s average monthly income:

- for the 12 consecutive months preceding the commencement of disablement; and
- for the latest financial year preceding the commencement of disablement.

During disablement the Pre-disablement Income (Indemnity) amount will be increased every 12 months, following the date of disablement, by 3% or the Consumer Price Index Increase (CPI Increase) (whichever is the greater).

Pre-existing Condition

'PRE-EXISTING CONDITION' means, in relation to a claim under an insurance benefit, the

- a) health condition was diagnosed or investigated;
- b) symptoms leading to a diagnosis first appeared; or
- c) event giving rise to the claim (e.g. Crisis Event, Accidental Injury, death etc.) occurred;

prior to the effective date of the commencement or the effective date of any increase or reinstatement of the insurance benefit, or the effective date of any improvement in the insurance benefit, as appropriate. This includes circumstances or symptoms which you or the Policy Owner (or a reasonable person in the same position) was aware of, or should have been aware of, including the need to consult a medical practitioner or other health professional.

Premium Pattern

'PREMIUM PATTERN'

Level premium rates remain constant until the latest Policy Anniversary prior to the life insured's 65th/70th birthday as applicable or the Expiry Date of the benefit, if earlier, whereas stepped premium rates generally increase as the life insured's age increases.

In addition, stepped or level premiums will change if:

- you request a change in your Sum Insured;
- you choose to have your Sum Insured or Insured Monthly Benefit automatically increased to keep pace with inflation; or
- premium rates are reviewed (see Premium guarantee on page 75).

You can switch between stepped and level premiums at any time unless otherwise specified by the policy/benefit.

Pulmonary Arterial Hypertension (Primary)

'PULMONARY ARTERIAL HYPERTENSION (PRIMARY)' means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant irreversible physical impairment of at least Class

III of the New York Heart Association classification of cardiac impairment. Pulmonary Hypertension in association with chronic lung disease is specifically excluded.

Other forms of hypertension (involving increased blood pressure) are specifically excluded. The New York Heart Association classifications are:

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

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

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

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

Quadriplegia

'QUADRIPLEGIA' means the total and permanent loss of function of the lower and upper limbs due to spinal cord injury or disease, or brain injury or disease.

Rider Benefit

'RIDER BENEFIT' refers to any optional benefit that can be added to another benefit.

Severe Diabetes

'SEVERE DIABETES' means Diabetes Mellitus, either insulin or non-insulin dependent, as certified by a consultant Endocrinologist and resulting in at least two of the following criteria:

- severe diabetic retinopathy resulting in visual acuity (uncorrected and corrected) of 6/36 or worse in both eyes despite treatment;
- diabetic gangrene resulting in the need for surgical amputation and Loss of Digit*
- severe diabetic nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28ml/min (CKD stage 4, International Chronic Kidney Disease classification);
- Neuropathy including:
 - irreversible autonomic neuropathy resulting in postural hypotension, and/or motility problems in the gut with intractable diarrhoea.
 - Polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits.

*'Loss of Digit' means the surgical removal of a finger or toe from the hand or foot at the proximal interphalangeal joint.

Severe Rheumatoid Arthritis

SEVERE RHEUMATOID ARTHRITIS' means the unequivocal diagnosis of severe rheumatoid arthritis by a consultant rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:

- at least a six week history of severe Rheumatoid Arthritis, which involves three or more of the following joint areas:
 - proximal interphalangeal joints in the hands;
 - metacarpophalangeal joints in the hands; and
 - metatarsophalangeal joints in the foot, wrist, elbow, knee, or ankle;
- simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone);
- typical rheumatoid joint deformity; and
- at least two of the following criteria:
 - morning stiffness;
 - rheumatoid nodules;
 - erosions seen on x-ray imaging;
 - the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of Severe Rheumatoid Arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

Sickness

'SICKNESS' means illness or disease which Manifests itself after the policy is in force and which results in Total or Partial Disablement.

Spouse

‘SPOUSE’ means:

- a person to whom the life insured is legally married; or
- a person (whether of the same or a different sex) who, although not legally married to the life insured, lives with the life insured on a genuine domestic basis in a relationship as a couple (de facto); or
- a person (whether of the same or different sex) with whom the life insured is in a relationship that is registered under a relevant law of a State or Territory.

Stroke

‘STROKE’ means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis, where the following conditions are met:

- There is an acute onset of objective and ongoing neurological signs that last more than 24 hours, and
- Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis.

Brain damage due to an accident, infection, reversible ischaemic neurological deficit, transient Ischaemic attack, vasculitis or an inflammatory disease is excluded.

Sum Insured

‘SUM INSURED’ means the Sum Insured for that benefit stated on the Policy Schedule adjusted by any benefit alterations the policy owner has effected, or which have been imposed by us and notified to the policy owner.

Surgery to the Aorta

‘SURGERY TO THE AORTA’ means surgical repair to the aorta to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra arterial procedures or other non-surgical techniques.

Terminal Illness

‘TERMINAL ILLNESS’ means the diagnosis of the life insured with an illness which in the opinion of an appropriate specialist physician approved by us, is likely to result in the death of the life insured within 12 months of the diagnosis regardless of any treatment that may be undertaken.

Under a Superannuation Plan, two Medical Practitioners (one of whom must be a specialist in the life insured’s condition) must certify.

Total and Permanent Disablement (All Duties)

‘TOTAL AND PERMANENT DISABLEMENT (ALL DUTIES)’ means that:

- the life insured has suffered the total and irrecoverable loss of the:
 - sight of both eyes;
 - use of two limbs; or
 - sight of one eye and use of one limb;
 or
- the life insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, immediately prior to the Injury or Sickness causing disablement:

- has been absent from employment **solely** as a result of Injury or Sickness for an uninterrupted period of at least six consecutive months; and
- is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
- at the end of the period of six months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render the life insured unable to perform all of the tasks of his or her occupation or any other occupation.

Under the Superannuation Life Cover Plan, at least two Medical Practitioners will need to certify that the life insured has satisfied this definition.

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

Total and Permanent Disablement (Any Occupation)

‘TOTAL AND PERMANENT DISABLEMENT (ANY OCCUPATION)’ means that:

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

Under the Superannuation Life Cover Plan, at least two Medical Practitioners will need to certify that the life insured has satisfied this definition.

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

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

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

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

Total and Permanent Disablement (Home Duties)

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

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

Under the Superannuation Life Cover Plan, at least two Medical Practitioners will need to certify that the life insured has satisfied this definition.

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

Total and Permanent Disablement (Own Occupation)

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

- (a) the life insured has suffered the total and irrecoverable loss of the:
 - sight of both eyes;
 - use of two limbs; or
 - sight of one eye and use of one limb;
 or
- (b) the life insured:
 - has been absent from their own occupation **solely** as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months; and
 - is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
 - at the end of the period of three months, after consideration of all the medical evidence and such other

evidence as we may require, has become in our opinion incapacitated to such an extent as to render him or her unlikely ever to engage in his or her own occupation;

or

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

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

Total and Permanent Disablement (Universal)

'TOTAL AND PERMANENT DISABLEMENT (UNIVERSAL)' means **solely** as a result of Injury or Sickness, the life insured has suffered Loss of Independence.

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

Total Disablement (Business Expenses)

'TOTAL DISABLEMENT (BUSINESS EXPENSES)' means that, **solely** as a result of Injury or Sickness, the life insured is:

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

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

Total Disablement (Income Protection)

'TOTAL DISABLEMENT (INCOME PROTECTION)' means that, **solely** as a result of Injury or Sickness, the life insured is:

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

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

For Ordinary Plans only

If the life insured has been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection) means that, **solely** as a result of Injury or Sickness, the life insured is:

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

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

Total Disablement (Income Protection Accident Only)

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

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

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

For Ordinary Plans only

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

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

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

Total Disablement (Income Protection Accident Only – Occupation E)

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

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

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

For Ordinary Plans only

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

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

Total Disablement (Income Protection Essentials – Employees)

'TOTAL DISABLEMENT (INCOME PROTECTION ESSENTIALS – EMPLOYEES)' means that, **solely** as a result of Injury or Sickness, the life insured has suffered Income Protection Loss of Independence.

The life insured is 'Totally Disabled (Income Protection Essentials – Employees)' if the life insured satisfies the definition of Total Disablement (Income Protection Essentials – Employees).

Total Disablement (Income Protection Essentials – Home Duties)

'TOTAL DISABLEMENT (INCOME PROTECTION ESSENTIALS – HOME DUTIES)' means that, **solely** as a result of Injury or Sickness, the life insured is:

- unable to perform three out of five of the duties specified in the definition of 'Normal Domestic Duties'; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Income Protection Essentials – Home Duties)' if the life insured satisfies the definition of Total Disablement (Income Protection Essentials – Home Duties).

Total Disablement (Income Protection – Occupation E)

'TOTAL DISABLEMENT (INCOME PROTECTION – OCCUPATION E)' means that, **solely** as a result of Injury or Sickness, the life insured is:

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

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

For Ordinary Plans only

If the life insured has been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection – Occupation E) means that, **solely** as a result of Injury or Sickness, the life insured is:

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

Total Disablement – Multi Definition (Advantage Optional or PLUS Optional benefit)

'TOTAL DISABLEMENT' – Multi Definition (Advantage Optional or PLUS Optional benefit – Ordinary Plans only)

Should the life insured fall into any Occupation Category other than Category E and becomes totally disabled, he/she will be assessed under the following definitions for total disablement;

- If you are employed, or have been unemployed or on maternity or paternity leave for less than 12 consecutive months immediately before your disablement started, we will consider you to be totally disabled if, **solely** as a result of Injury or Sickness you are:

- unable to perform the important income producing duties of your usual occupation for more than 10 hours per week; and
- not working more than 10 hours per week in your usual occupation or any gainful occupation; and
- under the regular care of, and following the advice of, a Medical Practitioner.

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

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

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

- (b) We will consider you to be totally disabled if **solely** as a result of Injury or Sickness, you are:

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

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

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

or,

- (c) We will consider you to be totally disabled if **solely** as a result of Injury or Sickness, you are:

- unable to perform one or more duties of your usual occupation, that is important or essential in producing income; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- earning 20% or less of your Pre-disablement Income in your usual occupation.

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

- unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- under the regular care of, and following the advice of, a Medical Practitioner; and

- earning 20% or less of your Pre-disablement Income in any occupation for which you are reasonably suited by education, training or experience.

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

Note: This Total Disablement – Multi Definition will also be applicable to Business Expenses or Incorporated Business Expenses when selected together with the Advantage Optional or the PLUS Optional benefit under the Income Protection benefit.

Viral Encephalitis

‘VIRAL ENCEPHALITIS’ means severe inflammation of the brain resulting in permanent neurological deficit resulting in the life insured either:

- being totally and permanently unable to perform any one of the Activities of Daily Living (see page 89 for definition); or
- suffering at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association. Diagnosis must be confirmed by a consultant neurologist.

Waiting Period

‘WAITING PERIOD’ is stated on the Policy Schedule and means the number of days at the beginning of a period of disablement (applicable to occupational categories AAA, AA and A only) or of total disablement, in respect of which no total or partial disablement benefit is payable.

The Waiting Period begins on the earlier to occur of the date:

- the life insured first consults a Medical Practitioner about the condition that is causing the disablement; and
- the life insured first ceases work due to the condition that is causing the disablement as long as it is not more than seven days before the life insured first consults a Medical Practitioner about the condition and provides reasonable medical evidence about when the disablement began.

If during the Waiting Period the life insured returns to work, as defined in our definition of ‘full-time’ employment for:

- five consecutive days or a shorter period for a Waiting Period of 14 or 30 days, or
- 10 consecutive days or a shorter period for a Waiting Period of 60, 90 days, 1 year or 2 years,

then the Waiting Period will not recommence but will be extended by the number of days worked.

If the life insured returns to work for a longer period, the Waiting Period will restart from the day after the last day worked, provided a Medical Practitioner confirms that the life insured is totally disabled.

Waiting Period (Needlestick)

‘WAITING PERIOD (NEEDESTICK)’ is stated on the Policy Schedule and means the number of days at the beginning of a Needlestick Injury benefit claim (applicable to Occupational Category AA only) in respect of which no Needlestick Injury benefit is payable.

The Waiting Period begins at the Date of Loss (Needlestick).

Occupation Categories

Occupation Category	Characteristics of Occupation Category
AAA	<ul style="list-style-type: none"> Professional white collar workers, other than those in medical and allied occupations, who must have tertiary qualifications, and other successful high income white collar workers, who have long-standing experience in their field of business.
AA	<ul style="list-style-type: none"> Professionals, who must have tertiary qualifications in the medical and allied occupations. e.g. doctors, dentists, optometrists, physiotherapists.
A	<ul style="list-style-type: none"> Other white collar occupations that involve clerical and administrative workers only, who are not working in a warehouse, manufacturing or industrial environment. These workers are generally office bound. The working environment must present minimal Injury or Sickness risk.
B	<ul style="list-style-type: none"> Occupations not classified as white collar, involving some light manual work, including supervisors of manual workers and persons in a totally administrative job within a warehouse, manufacturing or industrial environment. The working environment may present slight Injury or Sickness risk.
C	<ul style="list-style-type: none"> Fully qualified skilled tradespersons of various occupations, who perform a moderate level of manual work. e.g. qualified electricians, chefs and mechanics. The working environment may present a moderate Injury or Sickness risk.
D	<ul style="list-style-type: none"> Semi-skilled workers and unqualified tradespersons, who perform heavy manual work. e.g. cleaners, drivers, fencing contractors. The working environment may present a significant Injury or Sickness risk.
E	<ul style="list-style-type: none"> Unskilled workers, who perform extra heavy manual work. e.g. concreters, earth-moving workers, carpet layers. The working environment may present a significant Injury or Sickness risk.
Home Duties	<ul style="list-style-type: none"> Where the life insured is wholly engaged in full-time unpaid domestic duties in his or her own residence.

Complimentary Interim Accidental Death Cover

AIA Australia Limited
(ABN 79 004 837 861 AFSL 230043)

will provide

.....
(name of proposer)

with Interim Accidental Death Cover
in the event of the life to be insured's Accidental Death.*
(The benefit payable is explained overleaf.)

This certificate is valid for 90 days from

.....
(date of application)

or

until the policy is issued or the application is declined or withdrawn,
whichever is the earliest to occur.



.....
Adviser's Signature

*Refer to Definitions section of this PDS

The following information applies to the
Complimentary Interim Accidental Death Cover certificate

AIA Australia Limited provides you with Complimentary Interim Accidental Death Cover at no additional cost to you.

This cover is provided from the date the certificate is issued, until the earliest of the following to occur:

- an assessment decision is made; or
- 90 days after the date the application is signed; or
- the policy is issued; or
- the application is withdrawn by the proposer.

Please note your application must be received within five working days of the issue date of the certificate.

A payment equal to your first yearly, half-yearly or monthly premium needs to accompany your application form or a Direct Debit Request, Credit Card Authority or partial rollover request from your superannuation fund has been completed. Your adviser will provide you with this interim cover certificate once you have completed the application form.

Maximum payment under this cover

The maximum payment under the Complimentary Interim Accidental Death Cover is \$1,000,000.

Risks not covered

The following risks are **NOT** covered.

Death directly or indirectly caused by:

- (a) war (whether declared or not), invasion or civil war;
- (b) intentional self-inflicted injury or suicide; and
- (c) the direct or indirect effects of alcohol and/or drug abuse.

Lump sum benefit payable on accidental death under this cover

Life Cover Plan and Superannuation Life Cover Plan	The lesser of: <ul style="list-style-type: none">• The total of the sums insured proposed under the Life Cover benefit, Term Cover benefits and the Accidental Death benefit; and• \$1,000,000.
Crisis Recovery Stand Alone benefit	The lesser of: <ul style="list-style-type: none">• The Crisis Recovery Stand Alone Sum Insured proposed; and• \$5,000.
Income Protection Plan and Superannuation Income Protection Plan	Three times the Insured Monthly Benefit proposed under the Income Protection benefit and Income Protection Accidental Only benefit up to a maximum payment of \$30,000. Three times the Insured Monthly Benefit proposed under the Income Protection Essentials ^{NS} benefit up to a maximum payment of \$12,000.

NS Not available under the Superannuation Income Protection Plan.

Complimentary Interim Accidental Income Protection Cover

AIA Australia Limited
(ABN 79 004 837 861 AFSL 230043)

will provide

.....
(name of proposer)

with Interim Accidental Income Protection Cover
in the event of the total disablement** of the life to be insured due to an Accidental Injury.*
(The benefit payable is explained overleaf.)

This certificate is valid for 90 days from

.....
(date of application)

or

until the policy is issued or the application is declined or withdrawn,
whichever is the earliest to occur.



.....
Adviser's Signature

*Refer to Definitions section of this PDS

** 'total disablement' means Total Disablement (Income Protection Accident Only) in the Definitions section of this PDS

The following information applies to the
Complimentary Interim Accidental Income Protection Cover certificate

AIA Australia Limited provides you with Complimentary Interim Accidental Income Protection Cover at no additional cost to you.

This cover is provided from the date the certificate is issued, until the earliest of the following to occur:

- an assessment decision is made; or
- 90 days after the date the application is signed; or
- the policy is issued; or
- the application is withdrawn by the proposer.

Please note your application must be received within five working days of the issue date of the certificate.

A payment equal to your first yearly, half-yearly or monthly premium needs to accompany your application form or a Direct Debit Request, Credit Card Authority or partial rollover request from your superannuation fund has been completed. Your adviser will provide you with this interim cover certificate once you have completed the application form.

The benefit will be calculated on a daily basis and will be paid monthly in arrears.

The monthly benefit payable on your total disablement under this cover due to an accidental injury

Income Protection cover under Income Protection Plan and Superannuation Income Protection Plan

The lesser of:

- the Income Protection Insured Monthly Benefit proposed as shown in the application;
- \$10,000; and
- the benefit that would normally be acceptable under our underwriting rules (medical and financial).

The Complimentary Interim Accidental Income Protection Cover will be paid for a maximum of six months.

The benefit is payable subject to the following conditions:

- the proposed Waiting Period for the Income Protection or Income Protection Accident Only benefit must be 14, 30 or 60 days;
- you must be totally disabled for longer than the proposed Waiting Period;
- the accidental injury must occur after the policy application date but prior to the acceptance or rejection of the application by us;
- the monthly benefit will commence from the end of the proposed Waiting Period for the remainder of the period of total disablement or for six months, whichever is the lesser.

If during the application process we decide to offer a modified policy, the Interim Accidental Income Protection Cover will also be adjusted to incorporate the modified terms. If we require an additional premium due to your medical history or pastimes, the level of your Interim Accidental Income Protection Cover will be recalculated based on your proposed premium.

If you make a claim under the Interim Accidental Income Protection Cover, when we underwrite your application, we will take into account any change in your state of health.

This cover does not apply:

- to any benefit other than total disablement; or
- where the Waiting Period proposed is 90 days or longer; or
- to total disablement which has been caused by an accidental injury that occurs after this cover ends; or
- to any illness or disease; or
- if an application for a similar type of policy, with any insurer, has been declined, cancelled or withdrawn; or
- if the application is one that we would not normally accept under our standard underwriting guidelines and practices; or
- in respect of any optional benefit added to the Income Protection benefit.

The following risks are NOT covered.

Total Disablement caused by or contributed to by:

- (a) an intentional self-inflicted injury or any such attempt by you or the proposer;
- (b) your participation in any occupation, sport or pastime that we would not normally cover on standard terms;
- (c) an Injury or Sickness that you had before this cover began that you or the proposer didn't tell us about;
- (d) football injuries (all codes);
- (e) normal pregnancy, uncomplicated childbirth or miscarriage;
- (f) the direct or indirect effects of alcohol and/or drug abuse;
- (g) war (whether declared or not) invasion or civil war;
- (h) disease or illness;
- (i) AIDS, AIDS related conditions or HIV.

Complimentary Interim Accidental Crisis Recovery Cover

AIA Australia Limited
(ABN 79 004 837 861 AFSL 230043)

will provide

.....
(name of proposer)

with Interim Accidental Crisis Recovery Cover
in the event that the life to be insured suffers a listed crisis event* due to an Accidental Injury**.
(The benefit payable is explained overleaf.)

This certificate is valid for 90 days from

.....
(date of application)

or

until the policy is issued or the application is declined or withdrawn,
whichever is the earliest to occur.



.....
Adviser's Signature

* List of crisis events found overleaf

** Refer to the Definitions section of this PDS

The following information applies to the
Complimentary Interim Accidental Crisis Recovery Cover certificate

AIA Australia Limited provides you with Complimentary Interim Accidental Crisis Recovery Cover at no additional cost to you.

This cover is provided from the date the certificate is issued, until the earliest of the following to occur:

- an assessment decision is made; or
- 90 days after the date the application is signed; or
- the policy is issued; or
- the application is withdrawn by the proposer.

Please note your application must be received within five working days of the issue date of the certificate.

A payment equal to your first yearly, half-yearly or monthly premium needs to accompany your application form or a Direct Debit Request or Credit Card Authority has been completed. Your adviser will provide you with this interim cover certificate once you have completed the application form.

Lump sum benefit payable on accidental injury under this cover

Crisis Recovery and Crisis Recovery Stand Alone benefit

- The lesser of:
- the total of the sums insured proposed under the Crisis Recovery and Crisis Recovery Stand Alone benefit; and
 - \$1,000,000.

This cover does not apply:

- to a claim resulting directly or indirectly from a Pre-existing Condition; or
- if the life to be insured dies within 14 days of the accidental injury; or
- to an accidental injury that occurs after this cover ends; or
- if an application for a similar type of policy, with any insurer, has been declined, cancelled or withdrawn; or
- if the application is one that we would not normally accept under our standard underwriting guidelines and practices.

Risks not covered

The following risks are **NOT** covered.

Accidental injury directly or indirectly caused by:

- (a) war (whether declared or not), invasion or civil war; or
- (b) an intentional self-inflicted injury or any such attempt by the life to be insured or the proposer; or
- (c) suicide; or
- (d) participation in any occupation, sport or pastime that we would not normally cover on standard terms; or
- (e) an injury or sickness that was not disclosed to us with the application; or
- (f) football injuries (all codes); or
- (g) the direct or indirect effects of alcohol and/or drug abuse.

** Refer to the Definitions section of this PDS

List of crisis events covered**:

- Major Head Trauma
- Blindness
- Coma
- Diplegia, Hemiplegia, Paraplegia and Quadriplegia
- Loss of Use of Limbs and/or Sight
- Major Burns
- Loss of Speech
- Loss of Hearing

Direct Debit Request Service Agreement

This is your Direct Debit Request Service Agreement with AIA Australia Limited (ABN 79 004 837 861 AFSL 230043). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Definitions

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between you and us.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between us and you.

us or we means AIA Australia Limited (ABN 79 004 837 861) (Direct Debit User ID 000142), (the Debit User) you have authorised by requesting a Direct Debit Request.

you means the customer who has signed or authorised by other means the Direct Debit Request.

your financial institution means the financial institution nominated by you on the DDR at which the account is maintained.

1. Debiting your account

1.1 By signing a *Direct Debit Request* or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account as authorised in the *Direct Debit Request*.

or

We will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the *Direct Debit Request*, a billing advice which specifies the amount payable by you to us and when it is due.

1.3 If the *debit day* falls on a day that is not a *banking day*, we may direct your financial institution to debit your account on the following *banking day*. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Amendments by us

2.1 We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving you at least fourteen (14) days written notice.

3. Amendments by you

3.1 You may change*, stop or defer a *debit payment*, or terminate this *agreement* by providing us with at least fourteen (14) days notification by writing to: Policy Services Department, AIA Australia, PO Box 6111, St Kilda Road Central, VIC 8008 **or** by telephoning us on 1800 333 613 during business hours; **or** arranging it through your own financial institution, which is required to act promptly on your instructions.

*Note: in relation to the above reference to 'change', your financial institution may 'change' your debit payment only to the extent of advising us of your new account details.

4. Your obligations

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.

4.2 If there are insufficient clear funds in your account to meet a *debit payment*:

- you may be charged a fee and/or interest by your financial institution;
- you may also incur fees or charges imposed or incurred by us; and
- you must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the *debit payment*.

4.3 You should check your account statement to verify that the amounts debited from your account are correct.

5. Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on 1800 333 613 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up directly with your financial institution.

5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

6. Accounts

You should check:

- (a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
- (b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
- (c) with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

7. Confidentiality

- 7.1 *We* will keep any information (including *your account* details) in *your Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of our employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 *We* will only disclose information that *we* have about *you*:
 - (a) to the extent permitted or specifically required by law; or
 - (b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8. Notice

- 8.1 If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to Policy Services Department, AIA Australia, PO Box 6111, St Kilda Road Central, VIC 8008.
- 8.2 *We* will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.
- 8.3 Any notice will be deemed to have been received on the third *banking day* after posting.

Contact information

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

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

Policy Services Department

AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008
Phone: 1800 333 613
Fax: 1800 832 266 or 03 9009 4824

Claims Department

AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008
Phone: 1800 333 613
Fax: 03 9009 4127

Privacy Concerns

Compliance Manager

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

The Privacy Commissioner

Office of the Australian Information Commissioner
GPO Box 5218
SYDNEY NSW 2001
Phone: 1300 363 992

Complaints

Complaints Coordinator

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

Financial Ombudsman Service (FOS)

GPO Box 3
MELBOURNE VIC 3001
Phone: 1300 78 08 08
Fax: (03) 9613 6399
Email: info@fos.org.au

Superannuation Complaints Tribunal

Locked Bag 3060
MELBOURNE VIC 3001
Telephone: 1300 884 114
Fax: (03) 8635 5588

AIA Superannuation Fund

CCSL Limited (Trustee)

ABN: 51 104 967 964
AFSL: No. 287084
GPO Box 3001
MELBOURNE VIC 3001
Phone: 03 9616 8600

Fund Administrator

Phone: 1800 333 613

SMERF Administrator (Funds nominated ERF)

FuturePlus
PO Box N835
GROSVENOR PLACE NSW 1220
Phone: 1800 114 380
Fax: 1800 118 307

AIA Vitality Program Overview



aiavitality.com.au

AIA Vitality

AIA Vitality Program

AIA Vitality is the science-backed wellness program that works with you to make real change to your health. The program helps you to get healthier by giving you the knowledge, tools and motivation to improve your health. Apart from the fact that a healthy life is generally more rewarding, it's been clinically proven that Vitality members in South Africa have lower healthcare costs than non-Vitality members.

We keep you motivated by rewarding you for every healthy choice you make, however small. So, you can live a healthy life that's bursting with vitality!

The AIA Vitality program is available to eligible individuals who are lives insured under an eligible AIA Australia Priority Protection Policy.



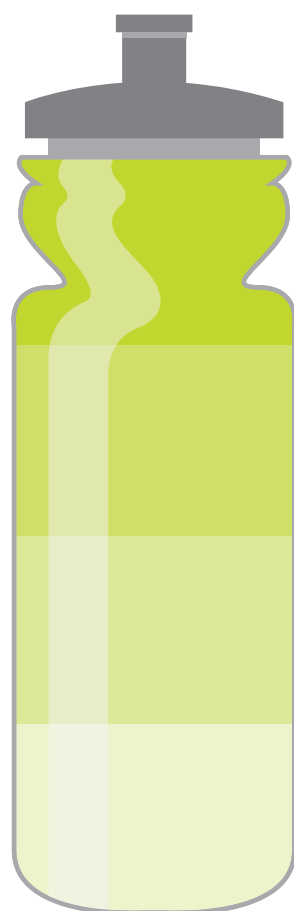
AIA Vitality Status

As a new AIA Vitality member, you start your journey on Bronze Status. As you progress through the program through knowing your health and improving your health you upgrade your status.

You can move from Bronze to Silver, followed by Gold and finally to the highest, Platinum Status. All you have to do is earn points by taking part in healthy activities.

The diagram on the right shows how many AIA Vitality Points you need to reach each status.

To find out more about the healthy activities that can help you achieve Platinum Status, visit aiavitality.com.au



Platinum
30,000 Points

Gold
20,000 Points

Silver
10,000 Points

Bronze
0 Points

Know Your Health

To get healthier, it is important to first understand your health status and what your health risk factors are. AIA Vitality offers a range of health assessments to help you learn about your health.

Log on to
aiavitality.com.au
to complete your
online health
assessments



Complete your **AIA Vitality Health Review** to find out your key health risk factors. You'll learn about your health and earn 1,000 points.



The **Mental Wellbeing Assessment** gives you information on your mental and emotional wellbeing. Earn 800 points a year for this assessment.



AIA Vitality will recommend health goals to give you a personal pathway to getting healthier. As you achieve your **personal health goals** you will earn points.

Do an AIA Vitality
Health Check
at a Chemmart®
Pharmacy to find
out how healthy
you are



Blood Pressure
300 points boosted to 1,500*



Weight vs Height Ratio
300 points boosted to 1,500*



Random Blood Glucose
300 points boosted to 1,500*



Total Cholesterol
300 points boosted to 1,500*

*Your points are boosted if your results are in the recommended healthy range.

Do Advanced
Health Checks
at your GP
or specialist



Pap Smear
For females aged 18+
You'll earn 1,000 points once every 2 years



Mammogram
For females aged 50+
You'll earn 1,000 points once every 2 years



Colon Cancer screen (FOB Test)
For adults aged 50+
You'll earn 1,000 points once every 2 years

Vaccinations and
Dental Assessments



Flu
500 points



HPV
1,000 points once off
(Only females aged 18 to 26 years)



Dental Check up
500 points for an annual checkup

Do the
AIA Vitality
Nutrition and
Fitness
Assessments



Learn more about your fitness level at one of our fitness partners and earn up to 3,000 points per year.



Learn about your eating habits and nutritional needs with selected dietitians who are members of the Dietitians Association of Australia and earn up to 1,500 points.

Improve Your Health

As you embark on the journey to get and stay healthy, we make it easier and more cost effective for you to keep going, with discounts at our wellness partners.

Save up to 30% on HealthyFood™

Members enjoy a 15% discount straight away and can earn up to 400 points each month when they buy fresh fruit and vegetables.

Maximum discounted spend \$160 per month.



Save 30% on Weight Watchers Programs

Members can enjoy the savings on Weight Watchers Online or Weight Watchers Unlimited programs. Members can also earn points for attending Weight Watchers meetings and logging their food intake.



Save up to 35% on fitness devices

It's easy to track your progress with great savings across these state-of-the-art devices. Earn up to 100 AIA Vitality Points a day when you use these fitness devices.



Save up to 40% with our fitness partners

Get active with our fitness partners and save on membership fees.



Save 30% on a consultation with a dietitian

Members get 30% off the initial consultation cost when they do the AIA Vitality Nutrition Assessment and can earn up to 1,500 points.



Get 30% off Allen Carr's Smoking Cessation Course

Make a healthier lifestyle choice and stop smoking. Members can earn 1,000 points on signing the online non-smoker's declaration once they've been smoke free for three months.



Enjoy the Rewards

As you get healthier, earn AIA Vitality Points and build up your AIA Vitality Status, you experience a range of premium lifestyle rewards!

Up to 35% off Qantas operated flights

Qantas is Australia's largest domestic and international airline and is recognised as one of the world's leading long-distance carriers. It is renowned for its excellence in safety, customer service, operational efficiency and technical innovation.

Members can save up to 35% on Qantas operated flights (on a Qantas aircraft), originating from and returning to Australia.



\$50 Myer Gift Card

Shop at Australia's largest department store group.

Members can get a \$50 Myer Gift Card when they earn their initial 5,000 AIA Vitality Points to spend on anything from fashion to fragrance, electrical to homewares.

The Myer benefit described in this guide may have changed. Details of the current Myer benefit are available to AIA Vitality members at aiavitality.com.au or by speaking with your adviser.



Save on movie tickets

Seeing movies is a truly rewarding experience with discounted movie tickets at HOYTS Cinema.

Members can purchase up to five e-cine vouchers each week, ranging from \$5.00 to \$12.50.



Up to 35% off spa treatments

Soak up the sublime at Australia's favourite day spa with up to 35% off spa treatment vouchers.

Members can buy two discounted spa treatment vouchers online, each year.



For queries regarding AIA Vitality contact AIA Vitality on:
Telephone 1800 VITALITY | Email queries@aiavitality.com.au

Customer Journey

Make AIA Vitality benefits and rewards a part of your daily life.

Sarah is a 35 year old professional and mum. She joins AIA Vitality and on completing her AIA Vitality Health Review, learns that her AIA Vitality Age is 38. This is higher than her actual age of 35, so she decides to embark on a health and wellness journey to change this. Plus, she enjoys AIA Vitality's many benefits and rewards along the way.



*Savings based on AIA Vitality Gold Status. Every AIA Vitality journey is unique so your experience may differ from the above example. See 'Enjoy the Rewards' page for Important Information.
 *After earning her first 5,000 AIA Vitality Points. The Myer benefit described in this guide may have changed. Details of the current Myer benefit are available to AIA Vitality members at aia vitality.com.au or by speaking with your adviser.

Important Information

The amounts shown on the 'Customer Journey' page are indicative only, are not guaranteed and may change depending on the actual AIA Vitality Status achieved and other factors including but not limited to the utilisation of partners, benefits and rewards. Premiums may also change over time pursuant to the terms of the applicable Priority Protection insurance policy. Information displayed in this guide is only a summary of the AIA Vitality benefits and rewards and is subject to change. AIA Australia takes no responsibility for any incorrect information (by omission or otherwise) contained in this guide. Partners, benefits and rewards (including any discounts) set out in this guide may not be immediately available and may be varied or withdrawn at any time. Details of the most up to date partners, discounts and benefits are available to AIA Vitality members at aiavitality.com.au or by speaking with your adviser. Rules relating to premium discounts and cashbacks where the Life Insured is an AIA Vitality Member are available as mentioned in the PDS to which this guide is attached (as may be amended from time to time). Your participation in the AIA Vitality program is subject to the AIA Vitality Terms and Conditions which can be located at aiavitality.com.au. Partner terms and conditions may also apply. Health and wellness information contained in this guide is for general information only, and does not constitute medical or other advice, for which you should seek appropriate professional advice; AIA Australia accepts no liability in this regard. Information you provide or obtain as part of the AIA Vitality program may be used and disclosed in accordance with the AIA Australia Privacy Policy which can be located at aiavitality.com.au, and is not provided to AIA Australia to meet your statutory duty of disclosure for insurance purposes. You must separately disclose this information to AIA Australia if it may be relevant for any insurance application or claim.

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