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Adviser easy reference guide

AMP Elevate insurance

Adviser use only



Welcome

Welcome to your adviser easy reference guide

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

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

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

You can contact us at:

AMP

PO Box 14330

MELBOURNE VIC 8001

Phone 1800 655 655

portal.amp.com.au or amp.com.au/advisersupport

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

For Underwriting preassessments you can email us at **underwriting_preassessment@amp.com.au**

For information on the AMP Privacy Policy visit **amp.com.au/privacy**

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Section 1 – Underwriting: general

Underwriting philosophy

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

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

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

Underwriting Service Charter

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

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

Our commitment to you

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

Our commitment to your client

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

Contact us

Contact Centre	<p>Our Customer Service Centre is staffed with fully qualified consultants ready to assist you with your query. Please ensure that you have your adviser number ready.</p> <p>Alternatively, for general enquiries you can email us at adviser.requests@amp.com.au. Please note that you should not send client personal information to this address.</p>	1800 655 655
Portal	<p>Go to Portal to view the status of your applications and to submit underwriting and claims enquiries on specific proposal and plan numbers.</p> <p>In the secure section of Portal you can find direct phone contact details for your local underwriters.</p>	portal.amp.com.au
Underwriting	<p>For underwriting queries please contact the underwriter assigned to your client.</p> <p>For pre-lodgement enquiries please telephone our Customer Service Centre. To submit underwriting evidence please fax documentation where possible to expedite the process, or upload via our secure Insurance Submissions facility on Portal.</p>	portal.amp.com.au 1800 674 684 (fax) adviser.requests@amp.com.au
Underwriting forms	<p>Underwriting related forms can be downloaded from our website.</p>	portal.amp.com.au
Field underwriting	<p>Should you need assistance with large and complex cases, a field underwriter can assist you.</p>	Contact Underwriting

Our underwriting process

Step	Task	Method of delivery of service	Contact point	Contact details
1	Application lodged – Completed application delivered to AMP.	Mail, fax or via the secure AMP website submission	Customer Service Centre	Mailing address: PO Box 14330 MELBOURNE VIC 8001 Fax: 1800 674 684 Phone: 1800 655 655
2	Application registered – Plan number allocated, application imaged and registered onto the Work Management System.	N/A	View progress on Portal	
3	Initial assessment – If there are no further requirements go to step 5. Request missing requirements, if unable to obtain through telephone underwriting. Call and explain any further requirements. Medical reports, paramedicals and pathology requested and arranged through Unified Healthcare Group (UHG). Request information from client's accountant (where authorised).	Telephone followed by a fax or email sent to the adviser outlining the requirements that cannot be obtained through telephone underwriting	Customer Service Centre	
4	Requirements received – Completed requirement(s) obtained and delivered to AMP.	Mail, fax, telephone or via the secure AMP website submission	Customer Service Centre	
5	Final assessment made – If standard acceptance go to step 6. Otherwise, all avenues to achieve the best possible decision are pursued, including: <ul style="list-style-type: none"> – presentation to the Alternative Offer Forum – consultation with the Chief Medical Officer or accountant – referral to the reinsurers if required. 	N/A	View progress on Portal Customer Service Centre	

Step	Task	Method of delivery of service	Contact point	Contact details
6	Decision explained – Adviser contacted to discuss final decision.	Telephone, email or fax (if contact by phone not possible)	View progress on Portal	Mailing address: PO Box 14330 MELBOURNE VIC 8001 Fax: 1800 674 684 Phone: 1800 655 655
7	Letter sent to client's doctor explaining reason(s) for decision (if authorised/requested) and we are unable to disclose to client directly.	Mail	Customer Service Centre	
8	Revised terms offer – Revised terms offer sent to adviser.	Email or fax		
9	Revised terms agreed – Revised terms offer signed and returned to AMP.	Mail, fax or via the secure AMP website submission	Customer Service Centre	
10	Plan completed – Plan is completed on system, confirmation is issued to adviser, commission paid and plan document sent to client.	Mail/Fax	View progress on Portal Customer Service Centre	

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

Height and weight guide

Overweight

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

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

For example:

Weight 90kg and Height 180cm

BMI = Weight / Height x Height

BMI = 90 / (1.8 x 1.8) = 28 BMI

BMI is being used as a simple way to indicate when a mandatory medical examination or mini check examination may be required. This should be used as a guide only; our general approach is described below:

BMI – Life cover

BMI range (ages 18–59)	Requirements in addition to personal statement
33–35	Mini check examination ⁽ⁱ⁾
36–38	Mini check examination and MBA20
39+	Paramedical examination and MBA20

(i) If there are no other risk factors, Underwriting may consider waiving this requirement.

Note:

- Ratings are based on ages 18–59. For ages under 18 and over 60 please contact Underwriting for specific requirements.
- If BMI is 45 or more, initially refer to Underwriting as terms are unlikely.

BMI – Trauma/TPD/Income insurance

BMI range (all ages)	Requirements in addition to personal statement
31–33	Mini check examination ⁽ⁱ⁾
34–36	Paramedical examination and MBA20
37–39	Paramedical examination and MBA20
40+	Usual GP medical examination and MBA20

(i) If there are no other risk factors, Underwriting may consider waiving this requirement.

Note:

- If BMI is 45 or more, initially refer to Underwriting as terms are unlikely.

Please note that the underwriter may call for a medical examination at a lesser BMI at their discretion, taking into account all risk factors that may be present. Risk factors include (but are not limited to) smoking, high blood pressure and/or raised cholesterol (whether treated or not), abdominal obesity or a family history of heart disease or diabetes.

Underweight

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

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

Guide to common medical conditions

Legend

Medical evidence	
PS	Personal statement
ECG	Electrocardiogram
PMAR	Private Medical Attendant’s Report
ME	Medical examination
Mini check examination	An abridged version of the medical examination that can be performed by a registered nurse
Q’re	Questionnaire or full details on personal statement if no specific questionnaire available
Q’re/PMAR	Questionnaire first then possibly a PMAR
MBA20	Multiple Biochemical Analysis blood test
Lipid Profile	Cholesterol and triglyceride blood test
Assessments	
Std	Standard rates will usually apply (that is, standard mortality or morbidity)
+50 ⁽ⁱ⁾	50% extra mortality/morbidity
+75 ⁽ⁱ⁾	75% extra mortality/morbidity
+100 ⁽ⁱ⁾	100% extra mortality/morbidity
+150 ⁽ⁱ⁾	150% extra mortality/morbidity ⁽ⁱⁱ⁾
+200 ⁽ⁱ⁾	200% extra mortality ⁽ⁱⁱ⁾
+250 ⁽ⁱ⁾	250% extra mortality ⁽ⁱⁱ⁾
+300 ⁽ⁱ⁾	300% extra mortality ⁽ⁱⁱ⁾
+350 ⁽ⁱ⁾	350% extra mortality ⁽ⁱⁱ⁾
+400 ⁽ⁱ⁾	400% extra mortality ⁽ⁱⁱ⁾
+450 ⁽ⁱ⁾	450% extra mortality ⁽ⁱⁱ⁾
+500 ⁽ⁱ⁾	500% extra mortality ⁽ⁱⁱ⁾
E	Cover may be offered with an exclusion clause
IC	Individual consideration

(i) An extra premium loading will apply.

(ii) In-built convertibility and CPI are not available.

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

Underwriters also take into account what are known as ‘credit’ and ‘debit’ factors in the person’s risk profile. Alternative assessments may be offered (for example limited terms, exclusions, loadings, longer waiting periods and shorter benefit periods) or cover may be declined depending on the presence of these other factors. Limited plan terms may be offered as alternatives on life, TPD or trauma insurance. Limited plan terms are not available for income insurance.

Condition type	Life	Trauma & ADL TPD	TPD	IP (30-day WP)	Medical evidence
Alcohol dependence	IC	IC	IC	IC	PMAR and MBA
Anxiety	Std-IC	Std-IC	IC	IC	Q're/PMAR
Arthritis – osteoarthritis	Std	Std	E-IC	E-IC	PMAR
Arthritis – psoriatic	50-100	50-IC	E-IC	E-IC	PMAR
Arthritis – rheumatoid	50-100	E-IC	E-IC	E-IC	PMAR
Asthma mild	Std	Std	Std	Std-50	Q're
Asthma moderate	50	50	50-100	50-100	PMAR
Asthma severe	100-IC	50-IC	IC	IC	PMAR
Back disorders – disc prolapse	Std	Std	E	E	Q're/PMAR
Back disorders – laminectomy	Std	Std	E	E	Q're/PMAR
Back disorders – Scheuermann's	Std	Std	E	E	Q're/PMAR
Back disorders – severe scoliosis	Std	Std	E	E	Q're/PMAR
Back disorders – spinal fusion	Std	Std	E	E	Q're/PMAR
Back disorders – spinal stenosis	Std	Std	E	E	Q're/PMAR
Back disorders – spondylolisthesis	Std	Std	E	E	Q're/PMAR
Back disorders – spondylosis	Std	Std	E	E	Q're/PMAR
Back disorders – all other back complaints	Std	Std	IC	IC	Q're/PMAR or multiple risk factors
Blindness – unilateral	Std	E	E	E	PS
Blindness – bilateral	Std	E	E-IC	IC	PS/PMAR
Blood pressure – refer to cardiovascular disease					
Bronchitis – acute complete recovery	Std	Std	Std	Std	Q're
Bronchitis – chronic (rating range depends on severity and smoker status)	50-IC	50-IC	50-IC	IC	PMAR
Cancer – all types (after recovery)	IC	IC	IC	IC	PMAR
Cardiovascular disease – angina	50-IC	IC	IC	IC	PMAR, ME, ECG
Cardiovascular disease – heart attack or bypass surgery (depends on type, the degree, duration since episode, age and other risk factors)	IC	IC	IC	IC	PMAR, ECG, ME
Cardiovascular disease – heart valve surgery	50-IC	IC	IC	IC	PMAR, ME
Cardiovascular disease – high blood pressure, well controlled on treatment for >3 months (no other risk factors)	Std	IC	Std	Std	PMAR

Condition type	Life	Trauma & ADL TPD	TPD	IP (30-day WP)	Medical evidence
Cardiovascular disease – high blood pressure, not well controlled, no treatment, or treatment started within 3 months	50-IC	IC	IC	IC	PMAR
Cardiovascular disease – stroke (will depend on severity and duration since stroke, type, age, recovery)	Std-IC	IC	IC	IC	PMAR
Cholesterol on medication with a normal reading (no other risk factors)	Std	IC	Std	Std	PMAR, may require MBA with lipid profile
Cholesterol – abnormal reading	IC	IC	IC	IC	PMAR, may require MBA with lipid profile
Coeliac disease – well controlled with diet or medication, no symptoms or complications	Std-100	Std-100	Std-100	50-IC	PMAR
Coeliac disease – with symptoms, not well controlled	+100-IC	IC	IC	IC	PMAR or ME
Crohn's disease (rating will depend on complications, number of episodes, treatment and time elapsed since last episode)	50-250	50-IC	E-IC	E-IC	PMAR or ME
Deafness – progressive (cause known)	IC	IC	IC	IC	PMAR
Deafness – unilateral (cause known)	Std	E	Std-E	E	PMAR
Deafness – bilateral (cause known)	Std-50	E	E	E	PMAR
Depression	Std-IC	Std-IC	IC	IC	Q're/PMAR
Dermatitis/Eczema (See Skin disorders)					
Diabetes type I (insulin dependent)	50-IC	IC	IC	IC	PMAR or ME, and results of most recent blood tests
Diabetes type II (non-insulin dependent)	50-IC	E-IC	75-IC	IC	PMAR or ME, and results of most recent blood tests
Drug abuse – current	IC	IC	IC	IC	Q're, PMAR
Drug abuse – within 3 years last use	IC	IC	IC	IC	Q're, PMAR
Drug abuse – total abstinence 3–5 years	IC	IC	IC	IC	Q're, PMAR
Drug abuse – total abstinence >5 years	IC	IC	IC	IC	Q're, PMAR
Emphysema – mild	50-100	100-IC	100-IC	IC	PMAR or ME
Emphysema – moderate to severe	100-IC	IC	IC	IC	PMAR or ME

Condition type	Life	Trauma & ADL TPD	TPD	IP (30-day WP)	Medical evidence
Endometriosis – full recovery	Std	Std-E	Std-E	Std-E	Nil
Endometriosis – under treatment	Std-50	Std-50	50-E	50-E	PMAR
Epilepsy – within 1 year of diagnosis	IC	IC	IC	IC	Q're, PMAR
Epilepsy – 1 year since diagnosis, depending on number of attacks	Std-IC	Std-IC	50-IC	50-IC/E	Q're, PMAR
Gall stones – removed, full recovery	Std	Std	Std	Std	PS, may require PMAR if recent
Gall stones – present	50-100	Std-50	E	E	PMAR
Gout – depending on uric acid levels and presence of arthritis	Std-150	Std-100	Std-E	Std-E	Q're, PMAR
Haemochromatosis – under medical supervision	Std-IC	IC	IC	IC	PMAR
Haemorrhoids	Std	Std	Std-E	Std-E	PS/PMAR
Hay fever	Std	Std	Std	Std	Q're/PMAR
Hepatitis A – full recovery >6 months	Std	Std	Std	Std	Q're/PMAR
Hepatitis B – full recovery >6 months	Std	Std-IC	Std-50	Std-IC	PMAR, MBA, Hepatitis serology
Hepatitis B – carrier	50-IC	75-IC	50-IC	50-IC	PMAR, MBA, Hepatitis serology
Hepatitis C	50-IC	50-IC	IC	IC	PMAR, MBA, Hepatitis serology
Hernia – 3 months post operation or no operation planned	Std-50	Std-50	Std-E	Std-E	Q're
Hysterectomy – for benign disease, full recovery	Std	Std	Std	Std	Q're/PMAR
Indigestion	Std-50	Std-50	Std-50	Std-100	Q're/PMAR
Iritis – no underlying disease, full recovery, no residual visual impairment	Std	Std	Std	Std	PS, PMAR
Iritis – present, no underlying disease	Std	E	E-IC	E-IC	PS, PMAR
Irritable bowel syndrome – mild, fully investigated (this rating excludes any additional rating for any underlying cause)	Std	Std	Std	0-50	PS/PMAR
Irritable bowel syndrome – moderate, fully investigated (this rating excludes any additional rating for any underlying cause)	Std	Std	Std	50-100	PMAR
Irritable bowel syndrome, not investigated	IC	IC	IC	IC	PMAR

Condition type	Life	Trauma & ADL TPD	TPD	IP (30-day WP)	Medical evidence
Kidney stones – history of, no kidney damage, blood pressure and urine normal	Std-50	Std-50	Std-50	Std-E	PMAR or ME
Kidney stones – present, recurrent or with symptoms/kidney damage	IC	IC	IC	IC	PMAR or ME
Knee disorders – cartilage, ligament, recurrent pain, unstable joint, reconstruction, or other surgery. No manual work	Std	Std	IC	IC	Q're
Knee disorders – cartilage, ligament, recurrent pain, unstable joint, reconstruction, or other surgery. Manual work	Std	IC	E	E	Q're
Lupus – discoid lupus (SLE excluded)	Std-50	Std-50	IC-E	IC-E	PMAR
Lupus – systemic Lupus Erythematosus (SLE)	IC-100	IC	IC	IC	PMAR
Leukaemia – Acute or chronic (Fully recovered)	IC	IC	IC	IC	PMAR
Malignant melanoma – all types, adequate follow up. Rating will depend on staging of tumour	IC	IC	IC	IC	Q're/PMAR or pathology results
Meniere's disease – tumour and cardiovascular disorder ruled out	Std	IC	E-IC	E-IC	PMAR
Multiple sclerosis – mild to severe	50-IC	IC	IC	IC	PMAR
Paralysis as a result of trauma	IC	IC	IC	IC	PMAR
Parkinson's disease – mild to severe (ages >40 only)	50-IC	IC	IC	IC	PMAR
Pleurisy (Dry pleurisy) – fully recovered	Std	Std	Std	Std	PS/PMAR
Pleurisy (Exudative pleurisy) – fully recovered	Std-50	Std-50	50-IC	IC	PMAR
Pneumonia – history of, full recovery	Std	Std	Std	Std	PS/PMAR
Prostatitis – acute, mild to moderate	Std	Std-50	Std-50	Std-E	PMAR
Prostatitis – chronic	50	50-100	E	E	PMAR
Psoriasis – no arthritis, mild	Std	IC	Std	Std	Q're
Psoriasis – no arthritis, moderate to severe	Std	IC	E	E	Q're/PMAR
Psoriasis – psoriatic arthritis	50-100	50-IC	E-IC	E-IC	Q're, PMAR
Pterygium – present	Std	E	E	E	PS
Pterygium – history of	Std	Std	Std	Std	PS
Ross River Virus – present	IC	IC	IC	IC	PS
Ross River Virus – history of, full recovery, no complications >6 months since last symptoms	Std	Std	IC	IC	PMAR

Condition type	Life	Trauma & ADL TPD	TPD	IP (30-day WP)	Medical evidence
Sleep apnoea – sleep study performed	Std-IC	Std-IC	50-IC	50-IC	PMAR
Skin disorders eczema/dermatitis, see also Psoriasis	Std	IC	Std-E	Std-E	Q're
Tendinitis – present	Std	IC	E	E	Q're
Tendinitis – history of, no time off work, 12 months symptom free, no manual work	Std	Std	Std	Std-E	Q're
Thyroid disorder – hyperthyroid (Graves disease) – present, mild	Std-50	50	IC	IC	PMAR
Thyroid disorder – hyperthyroid (Graves disease) – Moderate – Severe	100-IC	IC	IC	IC	PMAR
Thyroid disorder – hyperthyroid (Graves disease) – history of, well controlled on treatment for >6 months	Std-50	Std-50	Std-50	Std-50	PMAR
Thyroid disorder – hyperthyroid (Graves disease) – history of, surgical treatment >12 months ago	Std	Std	Std	Std	PMAR
Thyroid disorder – hyperthyroid – congenital	50-100	50-100	IC	IC	PMAR
Thyroid disorder – hyperthyroid – acquired, with successful treatment	Std	Std	Std	Std	PMAR
Thyroid disorder – hypothyroid – untreated	IC	IC	IC	IC	PMAR
Thyroid disorder – hypothyroid – successful treatment, no symptoms, no complications	Std	Std	Std	Std	PMAR
Thyroid disorder – hypothyroid – other cases	+100 to IC	IC	IC	IC	PMAR
Tinnitus – present	Std-50	IC	E-IC	E-IC	PS/PMAR
Tinnitus – history of, >6 months symptom free, no underlying cause	Std	Std	Std	Std	PS/PMAR
Ulcer (Peptic) – history of, fully recovered	Std-50	Std-50	Std-50	Std-E	Q're/PMAR
Ulcer (Peptic) – present, mild	Std-50	Std	Std-50	E	Q're, PMAR
Ulcer (Peptic) – present, moderate/severe	Std-50	IC	E	IC	Q're, PMAR
Ulcer (Peptic) – present, chronic	50-100	IC	IC	IC	Q're, PMAR
Ulcerative colitis – medically treated, mild	Std-100	50-100	E	IC	PMAR or ME
Ulcerative colitis – medically treated, moderate	50-150	100-IC	E-IC	IC	PMAR or ME
Ulcerative colitis – medically treated, severe	50-IC	100-IC	IC	IC	PMAR or ME
Ulcerative colitis – surgically treated <6 months	IC	IC	IC	IC	PMAR
Ulcerative colitis – surgically treated >6 months	Std-50	50-100	IC	IC	PMAR or ME

Condition type	Life	Trauma & ADL TPD	TPD	IP (30-day WP)	Medical evidence
Ulcerative colitis – surgically treated >5 years	Std	Std	E	E	PMAR or ME
Varicose veins – legs	Std	Std	Std	Std-E	PMAR
Varicose veins – haemorrhoids	Std	Std	Std	Std-E	PMAR

Paramedical provider – UHG

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

- mobile paramedical exams
- mobile blood tests and ECGs, and
- general practitioner (GP) exams, specialist exams and exercise stress tests.

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

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

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

UHG (preferred provider)

Phone 1800 101 984
Email adviser.relations@uhg.com.au
Website unifier.uhg.com.au

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

Residency

Residence in Australia

Generally, only applicants with permanent Australian residency status or New Zealand citizens intending to reside permanently in Australia may be considered for insurance cover. Non-residents who return to their own countries are subject to different insurance legislation and dispute forums.

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

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

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

Terms for income insurance may be considered for some professionals who are temporary residents on business working visas. Conditions apply; please refer to page 55 for further information. Because of the conditions and obligations attached to working visas under immigration law, certain terms apply to this contract. Please contact an immigration specialist at the Department of Immigration and Citizenship (DIAC) for advice.

Australian residents overseas

Cover for Australian residents who are residing overseas will need to be approved by the underwriter, and will be considered on an individual basis. In some instances, cover will not be available until return to Australia, or an extra premium or exclusion may apply to cover any extra risk such as political unrest. If cover is available, sums insured may be restricted and trauma, TPD or income insurance may not be available.

Generally we are guided by the advice of our reinsurers and the travel advice of the Department of Foreign Affairs and Trade (dfat.gov.au) in considering these applications. Where there is a demonstrated need for cover in a low-risk region we will work with you to try to find a cover solution.

Querying underwriting decisions

Please refer all queries regarding underwriting decisions to the underwriter who made the decision. They will be able to explain the assessment to you to assist you in discussions with your client. An underwriter will call the adviser to discuss an underwriting decision on every case.

Business decisions

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

In these instances, we ask that you provide your Business Development Manager (BDM) with a written explanation of why an alternative assessment should be considered. The BDM will forward this to the Product team for consideration.

The following criteria will be used by the Product Manager and Chief Underwriter when assessing a business case:

- the value of your current or future related business
- current value of the client, including business contained within other product lines or AMP companies
- the future potential of the client, and
- any potential profit impact for AMP.

Conversions and transfers

In some instances, policies are able to convert or transfer between products within the AMP product suite. Different rules apply to policies that have commenced within the last 10 years, and those commencing 10 or more years ago.

For details of commission paid on transfers and conversions refer to the AMP Elevate Insurance commission information flyer (25818) on portal.amp.com.au

Go to News > Product news > Product news by category > Insurance news > 28/10/2016 – AMP insurance – Commission on conversion and transfers including extension to transition periods

Conversions and transfers of policies older than 10 years

This section applies to policies where all benefits commenced 10 or more years ago.

Full underwriting applies on insurance transfers into AMP Elevate, where all the benefits are older than 10 years subject to certain requirements. Where the policy is being transferred due to a change of ownership, underwriting may be waived. For full detail of the requirements, please see the **Fact Sheet**.

To fall into this category all of the benefits on the policy must not have had any discretionary increase in risk (eg increase sum insured, extended benefit period, change from 'any occupation' to 'own occupation', guaranteed future insurability) within the last 10 years.

Contractual convertibility

Contractual convertibility exists where the transferring policy includes terms that explicitly allow the policy owner to transfer or upgrade that policy, or to transfer to an on-sale Product, without underwriting.

Refer to the policy document to confirm if contractual convertibility applies to the policy. For a full list please contact AMP.

Note: AMP Elevate does not automatically have contractual convertibility.

Where contractual convertibility exists under the transferring policy but the transfer also includes an increase in risk to AMP, the increased risk will require underwriting.

Conversions and transfers – general

This section applies to all policies, regardless of commencement date. Where a policy commenced 10 or more years ago, transfers are also subject to the rules outlined above.

Conversion of individual insurance cover

AMP Life and NM Super individual life, trauma and TPD may be converted to an equivalent AMP Elevate insurance plan subject to certain requirements (listed below).

Note: Life and TPD insurance can be converted to the Life Insurance Superannuation Plan. The new plan can be held under the Super Directions Fund or the Wealth Personal Superannuation and Pension Fund (if the insured is a member of MyNorth, Summit, Generations or iAccess). The 13-month suicide clause on life cover and the 90-day qualifying period on trauma cover will be waived as long as the converting plan and equivalent benefits have been in force for this period of time.

Plans that can be converted include AMP Life and NM Super individual insurance, fully underwritten insurance held under platform (ie Summit, Generations, iAccess or MyNorth), Personal Super Directions, Flexipol, Provider, Goldline, FSP, RSP and conventional plans (such as Whole of Life and Endowment).

- any loadings, restrictions or exclusions on the existing cover will apply to the new plan
- if the existing plan has been loaded greater than 100%, conversions are not allowed unless the existing plan has in-built convertibility that has not been deleted
- an increase in the term of cover is only allowed for stepped premium structure plans
- the life insured must be the same on both plans
- the commission structure (ie upfront, hybrid or flat) of the replacement plan must be the same as the plan that it is replacing except if the 'Replacement plans' terms are satisfied. Please refer to the Insurance commission tables flyer for further details.
- any increase to the sum insured will require underwriting
- a sum insured of less than \$50,000 is available when an existing AMP Life, NM Super or AC&L plan is being converted
- any plans or options that have their premiums waived due to an ongoing claim cannot be converted
- income insurance and business expenses insurance cannot be converted (except into the Senior Plan if certain criteria are met—refer to page 18)
- the above rules may not apply to insurance cover that commenced prior to November 1993 as this cover may not have inbuilt convertibility, or where a convertibility option was able to be purchased and was not
- age rules and other conditions apply.

All conversions are subject to the following underwriting requirements:

- Application summary of the current application form (except for Platform conversions, which require completion of the Platforms group insurance to AMP Elevate insurance conversion form).
- Signed and dated Declaration & Consent section.
- If converting insurance to a superannuation plan held under the Super Directions Fund ABN 78 421 957 449, Nomination of Dependents, Tax File Number and Superannuation Membership must be completed.

Transferring cover across AMP personal insurance products

For rules relating to transfers between the AMP Superannuation Limited (AMP Super)/AMP Retirement Trust (ART)/AMP Life Limited (AMP Life) and AMP Life/NM Super product sets refer to Part A – Eligibility to transfer guide and Part B – Transferring 'like for like' cover guide on the Planner Forms page on portal.amp.com.au.

Conversions for conventional insurance

$$A + B - C$$

where:

A = basic sum insured

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

C = gross surrender value

- If the conversion is completed, the conventional insurance plan will be cancelled with the plan owner receiving the surrender value.
- If there is supplementary insurance, then this can be added to the new plan provided there is an equivalent insurance product/option available.

- Annual bonuses are only allocated at the plan anniversary each year. If the conversion is completed before the plan anniversary then any unallocated/not declared bonuses will be forfeited from the sum insured that can be carried over.

Conversions into Income Insurance Senior Plan

Conversion of income insurance cover to an Income Insurance Senior Plan may be available subject to the following requirements:

- Existing plans must have the right to convert to Income Insurance Senior Plan or to an equivalent senior plan.
- For existing plans with series date 21 March 2011 and later, the application for conversion is received in the 60 days prior to the existing plan ending.
- For existing plans with series date 16 August 2010 and earlier, the application for conversion is received within 60 days of the existing plan ending.
- The life insured must be classified 'MP', 'AA' or 'A'.
- The maximum monthly benefit is \$30,000.
- For AMP Life plans with the right to convert into SeniorGuard (IP Premier plans issued after September 1996) we will allow a conversion into the Income Insurance Senior Plan subject to a maximum sum insured of up to \$6,000 per month.
- The new Income Insurance Senior Plan will be an indemnity only plan.
- The life insured must be gainfully employed, working for at least 30 hours per week.
- The life insured must have had no claims or be eligible for any claims under the existing plan in the last 12 months.
- The existing plan cannot have any loadings and/or exclusions or have any limited terms applied.
- When applying, you must provide us with the application summary of the current application form, insurance details, smoking status, occupation and income details, signed and dated application and signature section.

Conversions into platform insurance

Conversion into platform group insurance under Summit, Generations or iAccess is no longer available. All conversions into Summit, Generations or iAccess must be into AMP Elevate insurance linked to the platform account. The conversion rules are the same as for 'Conversions of individual insurance cover' detailed on page 16.

Conversions from platform Corporate insurance

Conversion of platform group insurance into AMP Elevate insurance is available through the following methods:

- If there are no changes to the type or amount of cover, use the Platforms group insurance to AMP Elevate insurance conversion form. Cover must have been fully underwritten.
- If there are minor changes to the type of cover, such as converting Death and Disability cover to a TPD plan, use the conversion rules for 'Conversions of individual insurance cover' detailed on page 16.
- If there are significant changes to the type of cover, such as increasing the benefit period for income insurance or applying for 'own' occupation TPD, or if there is an increase in the sum insured, full underwriting will be required.

Transfers between platforms, MyNorth and personal insurance

Transfer of existing individual insurance between platforms, MyNorth and personal insurance can be done via the Platform change form, subject to the following restrictions:

Investor Directed Portfolio Service (IDPS) transfers (including SMSFs):

- For transfers to MyNorth, Summit, Generations or iAccess IDPS plans, the series must be 5 August 2005 or later.
- For transfers to Individual payment from MyNorth, Summit, Generations or iAccess, there are no restrictions on which series can be transferred.

Superannuation transfers (NM Super as trustee):

- For transfers to MyNorth Superannuation plans, the series must be 23 July 2007 or later.
- For transfers to Summit, Generations or iAccess Superannuation plans, the series must be 19 April 2010 or later.
- For transfers to Individual payment from MyNorth, Summit, Generations or iAccess, there are no restrictions on which series can be transferred.
- Earlier series must be converted using the conversion rules for 'Conversions of individual insurance cover' detailed on page 16.
- The rules on 'Changing plan ownership' detailed on page 61 must be met.

Conversions or transfers from business super

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

- Full underwriting will be required if the existing sum insured was not underwritten or for any increase in the sum insured.
- Any loadings, restrictions or exclusions on the existing cover will apply to the new plan.
- If the existing plan has been loaded 100% or greater, a conversion exclusion will be applied to the new plan.
- The maximum age for a transfer of life insurance is 65.
- The maximum age for a transfer of TPD insurance is 50.
- The life insured must be the same on both plans.
- Limitations may apply to reinsured business. Permission will have to be obtained from the relevant reinsurer.
- Temporary but Total Disablement (TTD) cover cannot be converted.
- Age rules and other conditions apply.
- A Continuation option must not have been taken for the original plan.
- For TS or SS, any insurance transferred automatically into the Super Directions Fund will be cancelled on acceptance of the new AMP Elevate insurance plan.

All transfers are subject to the following underwriting requirements:

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

Inbuilt convertibility and CPI

Inbuilt convertibility and CPI are not available for cover exceeding 100% extra mortality/morbidity or when exercising a Trauma Reinstatement or a Buy Back option.

Upgrades

In many cases AMP has upgraded your client's life, trauma and TPD plans, so there may be no need to convert to the on-sale product in order for your clients to have the latest definitions and benefits.

To help you determine what definitions and benefits your client has, AMP has introduced the Insurance Definitions Library (IDL). The IDL can be accessed online at **portal.amp.com.au**.

Each plan or option uploaded to the IDL has a 'List of Definitions' button appearing next to it. This button presents a PDF that lists all the definitions applicable to the policy, including the original definitions, upgrades and any new benefits that have been added to the policy.

If the button is not available, this means the definitions for this plan or option have not yet been uploaded to the IDL.

Continuation options

Continuation option from Corporate insurance to AMP Elevate insurance

A Continuation option may be available when a member leaves an AMP Life group plan such as their employer's group insurance plan, Summit (group insurance) or business superannuation fund. The member may wish to continue their insurance cover through one of the AMP Elevate insurance plans.

Provided a Continuation option is available from the plan and the requirements applicable to the benefits are met, the continuation of cover to one of the AMP Elevate insurance plans will be available without the need for additional medical evidence.¹ Underwriting of the occupation, smoking status, pursuits, residence/travel, insurance and financial information are still required.

All Continuation options are subject to the following underwriting requirements:

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

In addition, if the Continuation option is for Salary Continuance or TPD in the first instance the full completion of the occupation and income sections of the personal statement will be required and is subject to underwriting.

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

¹ The Continuation Option is to convert to a like for like plan.

Please note that if the client exercises a Continuation option from a business superannuation plan for death or death and TPD cover, any cover they have in the Super Directions Rollover Section that was transferred from their original business superannuation plan will cease.

Once the Continuation option form has been issued, any further queries should be addressed to your AMP business development representative on 1800 655 655.

Continuation option from Children's trauma option to the Trauma Insurance Plan

A Continuation option may be available when the nominated child on a Children's trauma option is between the ages of 16 and 21 and wishes to continue their trauma or life insurance cover. This is subject to the following requirements:

- The assessment of the new plan will reflect the assessment on the existing cover.
- The life insured must be the same on both plans.
- Any increase to the sum insured will require underwriting.
- Age rules and other conditions apply.

Provided the requirements for the continuation option are met, your client can purchase a:

- Trauma Insurance Plan
- Life Insurance Plan, Life Insurance Superannuation Plan or Life Insurance SMSF Plan
- Life Insurance Plan with Trauma insurance option, or
- Life Insurance Plan, Life Insurance Superannuation Plan or Life Insurance SMSF Plan with FlexiLink Trauma Insurance Plan

without the need for additional medical evidence.

This Continuation option is subject to the following requirements:

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

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

Takeover terms (from another insurer)

Concessional underwriting for takeover terms may be available for individual risk insurance where the insurance cover being replaced was fully underwritten and was not accepted under modified underwriting or takeover terms previously. Transfers are only available for life, trauma, TPD and income insurance. Transfer terms are not available for business expenses. Acceptance is subject to our discretion and satisfaction of the terms of the current insurance cover that the life insured is transferring from. The 'Takeover criteria' must be met.

Takeover criteria

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

- For term, trauma and TPD insurance, the maximum transfer age for the person to be insured is 60 years next birthday.
- For income insurance, the maximum transfer age for the person to be insured is 55 years next birthday.
- The transferring plan must be in force.
- For term, trauma and TPD insurance, the transferring plan must have been **fully** underwritten within the last five years by the preceding insurer (and not have been accepted under modified or limited underwriting requirements or on takeover terms).
- For income insurance, the transferring plan must have been **fully** underwritten within the last three years by the preceding insurer (and not have been accepted under modified or limited underwriting requirements or on takeover terms).
- The transferring plan must have been accepted at standard premium rates.
- The transferring plan must transfer to a similar type of contract, for example, stand alone trauma may not be automatically transferred to a plan containing life cover.
- The occupation rating of the new AMP Elevate plan will be the rating AMP applies to the client's occupation.
The occupation rating applied will determine the benefit period, waiting period and options available.
- Any existing exclusions on the transferring plan will apply to the new plan.
- For life cover, the maximum sum insured cannot exceed \$3 million.
- For trauma cover, the maximum sum insured cannot exceed \$1 million.
- For TPD cover, the maximum sum insured cannot exceed \$2 million.
- For income insurance, the maximum monthly benefit cannot exceed \$10,000, and
- The 13-month suicide clause on life cover and the 90-day qualifying period on trauma cover will be waived as long as the transferred plan has been in force for at least this period of time. For trauma cover, the 90-day qualifying period will be waived only for those trauma events that had an equivalent event in the transferring policy. This must be verified by the original transferring plan document and schedule, otherwise the 90-day qualifying period on the trauma events will remain.

Takeover requirements

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

- fully completed Takeover form (containing short form personal statement)
- the original plan document (for a platform policy, where this is not available, confirmation of the underwriting assessment is required from the transferring insurer/fund)
- the original plan schedule, and
- the most recent renewal notice.

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

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

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

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

When the above are not able to be verified, full underwriting will apply.

Fully underwritten replacement plans (without takeover terms)

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

Reinstatement process and requirements

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

Plans may also cancel due to:

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

Your client may be able to reinstate the plan as per the table below:

Date paid to	Reinstatements	Evidence
60 days or less since the 'date paid to'	If your client pays full arrears within 60 days of the plan's 'date paid to', the plan will be automatically reinstated.	Nil
61 days – 6 months	Available to: <ul style="list-style-type: none"> – Ordinary (owned outside of superannuation) – Super & SMSF (owned by NM Super, SMSF or trustees of SMSF) Not available to FlexiLink and PremierLink insurance that is linked to Pre-19 May 2014 series Super or SMSF insurance.	Application for reinstatement ⁽ⁱ⁾ , including income details. Any discretionary evidence requested by the underwriter. HIV/MBA20/Hep B&C blood tests (only if over current limits and last test was more than 12 months ago). A premium payment calculated as at date of reinstatement.
Over 6 months since the 'date paid to'	Cannot be reinstated	A new plan is required with full underwriting.

(i) An Application for reinstatement form can be found at portal.amp.com.au.

Reassessment of health or occupation

If the client requests reassessment of a health loading or occupation category rating on an existing plan, we will initially request a Personal Statement. For health exclusion reassessments a Review of Health Exclusion form is initially required. You can download this form at portal.amp.com.au.

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

Reassessment of pursuits

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

Request to alter to non-smoker premium rates

Granting of requests to alter premium rates from smoker to non-smoker are not guaranteed. We may not allow an alteration to non-smoker rates where the client has a smoking related or affected medical condition.

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

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

Bankruptcy

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

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

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

Life and trauma cover

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

Income insurance and total and permanent disability cover

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

Requirements

The circumstances vary significantly from case to case so it is difficult to take a direct approach. However, it is important we obtain the right information to enable the best assessment of the situation. The information required includes:

- reason for and full details of bankruptcy, including amounts of money involved
- if criminal proceedings are pending it is unlikely cover will be offered
- whether the client still has financial commitments to the other parties involved and if so, how much? Will it impact current business or lifestyle?

A Personal Medical Attendant's Report from the usual doctor will usually be requested by the underwriter. Proof of income may be requested by the underwriter.

Handy underwriting tips

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

A brief client background

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

Adviser checklist for correct completion of the Application and Personal Statement

Application summary

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

Residence

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

Other insurance

- If there is other current insurance involved, have you shown the sum insured and indicated whether that cover is to be replaced?
- If applicant has been accepted at other than standard rates, or been declined in the past, have you included details of that assessment including the company involved and the date of the assessment?
- If there are concurrent applications being submitted for this life, have all details been cross-referenced on all application forms?

Health details

- When completing the details of the applicant's current doctor, have you included the date, reason and result of last consultation?
- If applicant has answered 'yes' to having received advice to reduce alcohol or tobacco intake, have you supplied details of the doctor involved and date advice was received?
- If any questions relating to joint disorders, asthma, back or neck disorders, depression, anxiety or nervous conditions, cyst/mole/skin lesions, blood pressure or cholesterol have been answered 'yes', have you completed the appropriate questionnaire?
- If the applicant has answered 'yes' to any of the medical questions, please ensure that full details of dates, the condition, results of all investigations and who was consulted are provided.

Sports and pastimes

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

Questionnaires

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

Occupation and income details

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

Business expenses

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

Authorities and declarations

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

Financial adviser, commission details and notes section

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

Applications completed in full

Before submission of the application, please check that:

- all questions have been answered (refer to section below regarding the personal statement on the medical examination form)
- alterations are signed by your client—signatures to alterations are critical, as the underwriter must make sure the disclosure is legally compliant before finalising the application. The application and all the supporting documentation are the basis of the contract, so the normal legal contractual requirements exist
- your client has provided all information relevant to the type of insurance you are recommending. For example, if applying for income insurance your client should provide as much detail as possible regarding occupation, employment history and prospects, and income.

Medical examination personal statement

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

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

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

Telephone underwriting

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

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

Type of insurance and information required

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

Attaching additional information

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

Please include with the application any relevant additional information, such as copies of medical records, flying or diving logbooks, financial records and tax returns. Remember, if a client can substantiate their disclosure at underwriting stage it minimises calls for additional underwriting requirements and makes the claims process easier. For example, in some instances a copy of the following may be accepted instead of a discretionary PMAR:

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

Questionnaires

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

Further requirements

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

Occupations

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

Proposed exclusion forms

As an adviser you often know, either through experience or by using our underwriting pre-assessment facility, that a specific exclusion or exclusions may apply to your client's application.

With our proposed exclusion forms, your clients will be able to propose selected exclusions at the application stage and speed up the underwriting process. A full assessment of the application will still be made by an underwriter who will confirm the final terms to you.

These new proposed exclusion forms can be found at portal.amp.com.au.

New business administration requirements

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

Application and document submission for new business

Applications

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

- AMP Elevate Online gives you the opportunity to apply, submit and receive a decision online, without fuss.
- AMP Elevate Desktop Premium Quoting Tool (PQT) is also available and allows you to generate a quick quote for your clients on the spot.
- The Tele-interviewing Data Capture Form is an option that allows you to gather all your information from the client and later populate AMP Elevate Online to submit electronically for tele-interviewing.
- Paper applications can still be used and submitted via fax or mail.

Documents

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

- Credit card details
- Change in bank account details

- Health information
- Personal income details
- Proposed exclusion forms.

These documents can be submitted via the secure Insurance Submissions page. This upload facility enables you to send your client's documents to AMP electronically, while ensuring your client's confidential information and privacy are protected. For queries or further information on submission of documents, please contact your AMP business development representative.

Applications for MyNorth, Summit, Generations or iAccess

When using AMP Elevate Online, you can specifically nominate which plans are to be owned or paid for from MyNorth superannuation or Summit, Generations or iAccess superannuation, pension or investment accounts.

When using the paper applications, you can nominate one MyNorth account or one Summit, Generations or iAccess account.

- If you nominate a MyNorth, Summit, Generations or iAccess Superannuation or Pension Plan, all superannuation plans quoted will be owned by N.M. Superannuation Proprietary Limited through the Wealth Personal Superannuation and Pension Fund, and paid for from your Superannuation/Pension account. The person insured must be the member of the nominated account.
- If you do not nominate a MyNorth, Summit, Generations or iAccess Superannuation or Pension Plan then all superannuation plans will be owned by N.M. Superannuation Proprietary Limited through the Super Directions Fund.
- If you nominate a MyNorth, Summit, Generations or iAccess IDPS account, all non-superannuation plans quoted will be paid for from your IDPS account. To nominate an IDPS account, you must be authorised to transact on that account.

Elevate Online

What is Elevate Online?

Elevate Online is an automated underwriting service that utilises tailored questions that are specific to Product, gender and your clients' disclosures.

What are the benefits of using Elevate Online?

- A paperless end-to-end service.
- Consistent underwriting assessments—Elevate Online is also an underwriter.
- All Personal Statements are completed in full—no missing questions.

How can Elevate Online be accessed?

- Elevate Online Tele—this is a telephone Personal Statement service, where a specially trained professional tele-interviewer collects the Information from the client on your behalf.
- Elevate Online—this is an automated online underwriting system. This allows you to perform the interview with your client in your office or over the phone.

What are the benefits of using Elevate Online Tele?

- Confidentiality.
- Voice recording as signature.
- More time to sell.
- Removes compliance pressures as we are responsible for the completion of the Personal Statement.

What are the benefits of using Elevate Online?

- Control relationship with client.
- Immediate decision on completion of Personal Statement.
- e-signature paperless option.

When can Elevate Online be used?

- New plans.
- Takeovers (transfer of insurance from another provider to us).
- Continuation Options (moving from a group scheme to individual plan).

Please note:

- Elevate Online cannot facilitate increases and additions to existing plans, it is purely for new business.
- Elevate Online should not be used for conversions that may otherwise be accepted without underwriting, ie where there is no increase in risk and all eligibility criteria is met.

How can you best prepare your client for an Elevate Online interview?

Preparing your client for the interview is important, even if you are performing an Elevate Online Personal Statement it is best to have your client read and complete the guide 'Completing your insurance application – Preparing for your tele-interview call'. This is available on Portal (Item number 25527 09/15).

The Duty of Disclosure and Privacy Statement are contained in this brochure, which your client will need to have read and understand prior to the interview. This brochure also contains a checklist that provides your client with a guide to the interview, which allows them to have all relevant information available.

Where can you get forms and supporting documents?

- AMP Portal. Go to **Products > Marketing > Insurance > Elevate > Planner tools**

Who can you contact for questions and support regarding the use of Elevate Online?

If you have any enquires regarding Elevate Online please contact your business development representative or a member of the product services team:

Department	Contact person	Contact details
Head of Product Services	Helen Bergin	02 9768 3908
Tele-interview specialist	Karolyn Shaw	02 9768 3422

For queries regarding technical problems please contact adviser support on 1800 655 655.

Alteration requests – underwriting requirements

Alteration requested	Initial requirements	Underwriting required?
Smoker to non-smoker	Smoker to Non Smoker Declaration	Yes
Between stepped, level and blended premiums	Letter from client ⁽ⁱ⁾	No
Review of health loading	Application details and Personal Statement	Yes
Review of pursuits exclusion	Relevant questionnaire	Yes
Review of health exclusion	Review of health exclusion form	Yes
Review of occupation category	Application details and Personal Statement	Yes
Waiting period increase	Letter from client	No
Waiting period decrease	Application details and Personal Statement	Yes
Waiting period decrease from 730 days to 90 days with termination of Group Salary Continuance (GSC) cover	Completion of the 'Reduction of waiting period application form'. Refer to page 55 for full details.	No
Sum insured increase	Application details and Personal Statement	Yes
Sum insured decrease	Letter from client	No
Increase in benefit period	Application details and Personal Statement	Yes
Decrease in benefit period	Letter from client	No
Increasing the expiry age of an existing product (if product rules permit)	Application details and Personal Statement	Yes
Exercising buy back option	Exercising a Trauma reinstatement option and Life buy back option form	No
Exercising Trauma reinstatement option	Exercising a Trauma reinstatement option and Life buy back option form	No
Addition of Children's trauma option	Children's trauma Personal Statement	Yes
From Indemnity option to Agreed value (applies to plans from August 2005 to current series only. It may not be available for superannuation & SMSF plans)	Application details, Occupation and income details section, residence, pursuits, other insurance, relevant financial evidence and declarations	Yes
Exercising the Business solutions option	Application details, relevant financials, details of occupation, residence, other insurance, and pursuits	Yes
Conversion to Senior Plan (where eligible)	Application details, insurance details, smoking status, Occupation and Income sections of the Personal Statement	Yes

Alteration requested	Initial requirements	Underwriting required?
Increase through Future insurability option (inc YN option)—this is not the inbuilt future insurability benefit	Please refer to client's plan document as requirements vary depending on product series	No
Addition of any option (including Superannuation contributions option), FlexiLink plan or PremierLink option	Application details and Personal Statement	Yes
Take up of Benefit booster/Cover booster option (Flexipol)	Application details	No
Cover boost option (Income insurance) or Future cover option (AC&L plans)	Application details, income section of the Personal Statement	Yes
Alter TPD any to TPD own definition	Application details and Personal Statement	Yes
Adding indemnity option	Application details	No
Out of working hours cover to 24-hour cover	Letter from client	No
Change of plan ownership	Refer to page 61	—

- (i) A change in premium structure is only possible where the rates for the new premium structure are available for the plan(s) and all options. Where the new premium structure is level or blended, the initial age for determining those premiums will be the age when the change in premium structure occurs.

Section 2 – Underwriting: life, trauma and total and permanent disability (TPD)

Medical limits – mandatory requirements

Definition of requirements	
Medical examination	The medical examination is to be performed by the usual general practitioner
Mini check examination	An abridged version of the medical examination that can be performed by a registered nurse
Paramedical examination	The medical examination can be performed by a registered nurse
Blood screen	HIV blood test, Fasting MBA20 (including HDL and LDL cholesterol), Hepatitis B & C serology
– HIV	HIV (AIDS) antibody test
– MBA20	Fasting multiple biochemical analysis
– Hep B & C	Hepatitis B surface antigen (HbsAg) and Hepatitis C antibody (anti-HCV) tests
Exercise ECG	Exercise/stress ECG – incorporates a resting ECG
PMAR	Personal Medical Attendant’s Report
PSA	Prostate specific antigen (males only)
FBC	Full Blood Count/analysis/examination
MSU	Microscopic urinalysis
ESR	Erythrocyte sedimentation rate

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

A Personal Statement is required for all applications. In addition, the mandatory requirements on the following pages must be provided at the stated sums insured and relate to total cover with AMP. If your client is required to obtain more than one of the above examinations due to mandatory limits, then the examination noted highest in the list overrides the need for all other examinations.

Hierarchy for mandatory medical examinations

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

Special note for increases

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

The tables below are a guide to minimum requirements only, relate to **total cover with AMP** and are based on the highest sum insured between Life and TPD. The circumstances of each case will determine the need for further tests or reports.

Table A – Medical requirements – life and TPD (refer to Important notes on page 37)

Current age	Blood screen (\$)	Mini-check/ Fast check (\$)	Medical examination by usual general practitioner ⁽ⁱ⁾ (\$)	PMAR ⁽ⁱⁱ⁾ (\$)	MSU ⁽ⁱⁱⁱ⁾ (\$)	FBC and ESR (\$)	Exercise ECG (\$)	PSA (\$) (male only)
Up to 40	2,500,001	2,500,001	3,000,001	3,000,001 (TPD) 5,000,001 (Life)	3,000,001 (TPD) 5,000,001 (Life)	3,000,001 (TPD) 5,000,001 (Life)	N/A	10,000,001
41–45	2,500,001	2,500,001	3,000,001	3,000,001 (TPD) 5,000,001 (Life)	3,000,001 (TPD) 5,000,001 (Life)	3,000,001 (TPD) 5,000,001 (Life)	N/A	10,000,001
46–50	1,500,001	1,500,001	3,000,001	3,000,001 (TPD) 5,000,001 (Life)	3,000,001 (TPD) 5,000,001 (Life)	3,000,001 (TPD) 5,000,001 (Life)	5,000,001	10,000,001
51–55	1,000,001	1,000,001	2,500,001	3,000,001 (TPD) 5,000,001 (Life)	3,000,001 (TPD) 5,000,001 (Life)	3,000,001 (TPD) 5,000,001 (Life)	5,000,001	10,000,001
56–60	500,001	500,001	1,000,001	3,000,001	3,000,001 (TPD) 5,000,001 (Life)	3,000,001 (TPD) 5,000,001 (Life)	5,000,001	10,000,001
61–65	500,001	250,001	500,001	3,000,001	3,000,001 (TPD) 5,000,001 (Life)	3,000,001 (TPD) 5,000,001 (Life)	5,000,001	5,000,001
66 +	500,001	250,001	500,001	3,000,001	3,000,001 (TPD) 5,000,001 (Life)	3,000,001 (TPD) 5,000,001 (Life)	5,000,001	5,000,001

- (i) Where the client does not have a usual general practitioner (GP), an examination by another GP is acceptable. We may obtain a PMAR from a client's usual GP if they choose to be examined by another GP.
- (ii) A PMAR may not be required at these levels if the medical examination was performed by a usual doctor of at least two years, except where the TPD cover requested is greater than \$3,000,000. Both the PMAR and medical examination will be required in this instance. PMARs will be requested and organised by AMP.
- (iii) The medical limits will be based on the highest sum insured out of Life and TPD except for the PMAR, MSU, FBC and ESR requirements where each of the Life and TPD will be considered on the separately nominated sums insured.

Table B – Medical requirements – trauma (refer to Important notes on page 37)

Current age	Blood screen (\$)	Mini-check/ Fast check (\$)	Medical examination by usual general practitioner ⁽ⁱ⁾ (\$)	FBC and ESR (\$)	PSA (\$) (males only)	Mammogram (\$) (females only)	Exercise ECG (\$)	Breast exam (\$) (with doc exam)
Up to 40	1,000,001	1,000,001	1,500,001	1,500,001	N/A	N/A	N/A	1,500,001
41–45	1,000,001	1,000,001	1,500,001	1,500,001	N/A	N/A	N/A	1,500,001
46–50	1,000,001	1,000,001	1,500,001	1,500,001	N/A	N/A	1,500,001	1,500,001
51–55	750,001	N/A	750,001	1,000,001	1,000,001	1,000,001	1,000,001	750,001
56–60	500,001	N/A	500,001	500,001	500,001	500,001	1,000,001	500,001
61–65	250,001	100,001	500,001	250,001	250,001	250,001	1,000,001	500,001

- (i) Where the client does not have a usual general practitioner (GP), an examination by another GP is acceptable. We may obtain a PMAR from a client's usual GP if they choose to be examined by another.

Important notes (medical limits)

Please read the following notes carefully:

1. These medical requirements relate to total stand-alone cover—proposed and existing with AMP (including platforms insurance). Table A is based on the highest sum insured between life and TPD, except with certain requirements where life and TPD will be considered separately—please refer to notes below tables. Table B is based on total trauma insurance.
2. Medical examiners must not be a relative of the proposed insured, the adviser, broker or their families, nor a business associate of the proposed insured.
3. The maximum standard TPD sum insured available from all sources is \$5,000,000.
4. The maximum trauma sum insured available from all sources is \$2,000,000.
5. Half of double TPD sum insured and double trauma sum insured will be taken into consideration and added back to the life cover sum insured, for the purposes of calculating the total sum insured for mandatory requirements.
6. Breast exam medical requirement for trauma cover is for females only.
7. PSA medical requirement for life, TPD and trauma is for males only.
8. A Personal Medical Attendant's Report (PMAR) may be obtained on a discretionary basis where any required medical examination was not performed by the proposed insured's usual general practitioner and more specific information is required.
9. A blood screen plus Hepatitis B Surface Antibody (anti-HBS) test will be required in all cases for doctors, dentists and surgeons applying for:
 - Occupationally Acquired HIV, Hepatitis B and C option under the Income Insurance Plus Plan.
10. For the Business solutions option, medical requirements will be requested up-front based on the original sum insured plus the Business solutions option sum insured amount.
 - This option is only available to medically standard lives.
 - Medical evidence is generally not required when exercising the Business solutions option.Please refer to the relevant product disclosure statement or plan document.

Financial limits – mandatory requirements

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

Sum insured	Financial requirements for life cover and TPD cover (based on highest sum insured)
Up to \$3,000,000 for personal insurance	1. Occupation and income details to be disclosed on the Personal Statement.
\$3,000,001 to \$5,000,000 for any personal insurance	1. Adviser report. 2. Financial questionnaire or Statement of Advice and Fact Find ⁽ⁱ⁾ . 3. For TPD (personal) in excess of \$3,000,000 and up to \$5,000,000 there is an added requirement of income tax returns and notices of assessment for the last two years.
\$5,000,001 and over for personal insurance	1. Adviser report. 2. Financial questionnaire or Statement of Advice and Fact Find ⁽ⁱ⁾ . 3. Individual income tax returns and assessment notices for the last two years. 4. If self-employed or employed by own company, audited detailed Profit and Loss accounts, balance sheets, notes to accounts for the last two years for all business entities and company tax returns.
\$5,000,001 and over for personal loan insurance	1. Adviser report. 2. Financial questionnaire or Statement of Advice and Fact Find ⁽ⁱ⁾ , including an explanation of why this person is responsible for the loan repayment to the extent of the sum insured applied for. 3. Copy of Loan Agreement showing approval and all loan details. 4. If self-employed or employed by own company, audited detailed Profit and Loss accounts, balance sheets and notes to accounts for the last two years for all business entities.
Up to \$2,000,000 for business insurance	1. Occupation and income details to be disclosed on the Personal Statement.
\$2,000,001 to \$3,000,000 for any business insurance	1. Adviser report. 2. Financial questionnaire or Statement of Advice and Fact Find ⁽ⁱ⁾ .

Sum insured	Financial requirements for life cover and TPD cover (based on highest sum insured)
\$3,000,001 and over for key person insurance	<ol style="list-style-type: none"> 1. Adviser report. 2. Financial questionnaire or Statement of Advice and Fact Find⁽ⁱ⁾. 3. Audited detailed Profit and Loss accounts, balance sheets and notes to accounts for the last two years for all business entities. 4. For TPD (business) in excess of \$3,000,000 up to \$5,000,000 there is an added requirement of business tax returns for all business entities for the last two years.
\$3,000,001 and over for business succession insurance	<ol style="list-style-type: none"> 1. Adviser report. 2. Financial questionnaire or Statement of Advice and Fact Find⁽ⁱ⁾. 3. Audited detailed Profit and Loss accounts, balance sheets and notes to accounts for the last two years for all business entities. 4. Copy of buy-sell agreement (if applicable). 5. Independent business valuation. 6. For TPD (business) in excess of \$3,000,000 up to \$5,000,000 there is an added requirement of business tax returns for all business entities for the last two years.
\$3,000,001 and over for business loan insurance	<ol style="list-style-type: none"> 1. Adviser report. 2. Financial questionnaire or Statement of Advice and Fact Find⁽ⁱ⁾. 3. Audited detailed Profit and Loss accounts, balance sheets and notes to accounts for the last two years for all business entities. 4. Copy of loan agreement showing approval and all loan details. 5. For TPD (business) in excess of \$3,000,000 up to \$5,000,000 there is an added requirement of business tax returns for all business entities for the last two years.
(i) Statement of Advice and Fact Find must contain the following:	
<ul style="list-style-type: none"> – financial position (assets, liabilities, income, dependants, etc) – needs analysis – details of the policy/ies recommended – calculations for the sum insured. 	

Financial requirements for trauma cover	
Sum insured	
Up to \$1,000,000	1. Occupation and income details to be disclosed on the Personal Statement.
\$1,000,001 to \$1,500,000 for personal insurance	1. Adviser report. 2. Financial questionnaire or Statement of Advice and Fact Find ⁽ⁱ⁾ .
\$1,500,001 to \$2,000,000 for personal insurance	1. Adviser report. 2. Financial questionnaire or Statement of Advice and Fact Find ⁽ⁱ⁾ . 3. Individual income tax returns and assessment notices for the last two years. 4. If self employed or employed by own company, audited detailed Profit and Loss accounts, balance sheets, notes to the accounts for the last two years for all business entities and company tax returns.
\$1,000,001 to \$1,500,000 for mortgage insurance	1. Adviser report. 2. Financial questionnaire or Statement of Advice and Fact Find ⁽ⁱ⁾ . 3. Copy of loan agreement showing approval and all loan details.
\$1,500,001 to \$2,000,000 for mortgage insurance	1. Adviser report. 2. Financial questionnaire or Statement of Advice and Fact Find ⁽ⁱ⁾ . 3. Copy of loan agreement showing approval and all loan details. 4. Individual income tax returns and assessment notices for the last two years. 5. If self employed or employed by own company, audited detailed Profit and Loss accounts, balance sheets, notes to the accounts and company tax returns for the last two years for all business entities.
\$1,000,001 to \$2,000,000 for business insurance	1. Adviser report. 2. Financial questionnaire or Statement of Advice and Fact Find ⁽ⁱ⁾ . 3. Audited detailed Profit and Loss accounts, balance sheets and notes to the accounts for the last three years for all business entities. Also to include: <ul style="list-style-type: none">– copy of buy-sell agreement (if applicable)– independent business valuation (if applicable)– copy of loan agreement showing approval and all loan details (if applicable)– copy of business plan (if applicable).

(i) Statement of Advice and Fact Find must contain the following:

- financial position (assets, liabilities, income, dependants, etc)
- needs analysis
- details of the policy/ies recommended
- calculations for the sum insured.

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

Financial underwriting considerations – personal and business

By financially underwriting, we aim to identify and accept risks based on the need for the cover being sought.

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

The underwriter must establish that:

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

Insurance needs generally fall into the categories of personal insurance (refer to page 42) or business insurance (refer to page 44).

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

Maximum cover amounts

TPD

The maximum cover amount for TPD is currently \$5,000,000 (from all sources combined, for both personal and business cover) for income earning applicants. Non-income earning applicants (other than home makers) are generally restricted to \$750,000 (from all sources). Refer to page 43 for details regarding home makers.

Activities of daily living (ADL) TPD

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

Please note, both types of TPD may be selected. But the total amount of TPD cannot exceed \$5,000,000, regardless of the type of TPD this is made up of.

Trauma

The maximum cover amount for trauma is \$2,000,000 (from all sources) for income earning applicants. Non-income earning applicants (including home makers) are generally restricted to \$750,000 (from all sources).

Financial underwriting for personal insurance

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

Personal insurance generally includes insurance for:

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

1. Personal and/or family protection

Life cover

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

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

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

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

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

Income replacement multiples

Age	Life & TPD ⁽ⁱ⁾	Trauma ⁽ⁱⁱ⁾
Up to age 40	Up to 25x	Up to 15x
41–50	Up to 20x	Up to 10x
51–55	Up to 15x	Up to 8x
56–60	Up to 10x	Up to 5x
≥61	Up to 5x	Up to 2x

- (i) TPD cover is subject to a maximum industry wide limit, including all in force TPD cover held by the insured with all companies.
- (ii) Trauma cover is subject to a maximum industry wide limit, including all in force trauma cover held by the insured with all companies.

Applications for cover in excess of \$3,000,000 must be supported by additional financial evidence as set out in the table on page 38.

Trauma

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

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

The sum insured should not represent a ‘windfall’ gain to the plan owner or beneficiary.

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

The current maximum sum insured for income earning applicants for trauma is \$2,000,000 (from all sources).

TPD

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

The multiple may vary depending on the age of the insured, financial needs, commitments and the total number of dependants and their ages.

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

The current maximum sum insured for income earning applicants for standard TPD is \$5,000,000 (from all sources).

2. Personal loan protection

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

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

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

Applications for cover in excess of \$3,000,000 will need to be supported by additional financial evidence as set out in the table on page 38.

3. Non-personal exertion income earner protection

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

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

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

Maximum sums insured for home makers are set at:

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

Applications for life cover in excess of \$2,000,000 must be supported by additional financial evidence (as set out on page 38).

Financial underwriting for business insurance

Business insurance generally includes insurance for:

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

1. Key person protection

Life and TPD

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

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

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

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

Important considerations for key person protection

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

Calculating the sum insured for key person protection

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

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

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

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

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

For more information concerning key person insurance refer to the AMP Elevate Technical insurance guide.

Applications for cover in excess of \$2,000,000 will need to be supported by additional financial evidence as set out in the table on pages 38 and 39.

Trauma

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

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

2. Business protection – shareholder and partnership protection

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

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

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

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

Important considerations for business protection

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

Calculating the sum insured for business protection

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

For more information concerning business insurance refer to the AMP Elevate Technical insurance guide.

Applications for cover in excess of \$2,000,000 will need to be supported by additional financial evidence as set out in the table on pages 38 and 39.

3. Business loan protection

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

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

Important considerations for business loan protection

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

Calculating the sum insured for business loan protection

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

Applications for cover in excess of \$2,000,000 will need to be supported by additional financial evidence as set out in the table on pages 38 and 39.

Financial underwriting – Business solutions option

The Business solutions option is a benefit that allows clients to apply each year for increases in the sum insured under life, trauma and TPD cover without the need for medical underwriting after the initial assessment. The client will not be required to provide medical evidence unless the client has received, is receiving or is eligible to receive any benefit under a plan held by AMP or another company.

Please refer to the plan documentation for full details.

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

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

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

- Life—the lesser of \$15 million (less the total benefit amounts under all life insurance held with us) or four times the life insurance benefit amount under the plan
- Trauma—the lesser of \$2 million (less the total benefit amounts under all trauma insurance held) or four times the trauma insurance benefit amount under the plan
- TPD—the lesser of \$5 million (less the total benefit amounts under all TPD insurance held) or four times the TPD insurance benefit amount under the plan.

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

During the initial application the client will be fully medically underwritten for the potential final sum insured (refer to page 36 for the medical requirements table). The option is only available to lives who are medically standard rates.

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

Increases – financial requirements for Business solutions option

In addition to the mandatory financial requirements based on the total sum insured (see pages 38 to 40), the minimum financial requirements at the time of each increase are as follows:

Key person insurance

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

Loan protection insurance

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

Business protection insurance

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

Section 3 – Underwriting: Income insurance and business expenses

General information

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

The quick test of whether income is personal exertion income is to ask, 'If the person is unable to work, will this income cease?' See 'Insurable income' on page 52 for a definition of income.

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

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

- 75% of the first \$320,000
- 50% of the next \$240,000
- 20% of the balance.

The maximum amount of cover available is subject to set maximums for certain occupation categories and the business rules at the time of application. For example, the current maximum amount of cover for a professional person is \$60,000 per month.¹

Note—the underwriter may restrict this to a lesser amount after considering all risk factors.

Third party ownership

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

- Where the person insured is the chief executive and principal owner of the company (minimum 25% shareholding).
- The person insured wishes the plan to be owned by their family trust (or family company).
- Where a professional partnership is involved, or
- Where a self-managed superannuation fund (SMSF) is the owner. The SMSF is responsible for any superannuation compliance and taxation requirements.

1 A two-year benefit period applies to any amount over \$30,000.

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

Medical limits – mandatory requirements

Medical limits – income insurance⁽ⁱ⁾ and business expenses (BE)

Current age	Blood Screen (\$)	Mini check exam (\$)	PMAR (\$)
Up to 40	10,001	10,001	20,001
41–45	10,001	10,001	20,001
46–50	10,001	10,001	20,001
51–55	7,501	10,001	15,001
56–60	6,001	10,001	10,001

(i) A two-year benefit period applies to any amount over \$30,000.

Important notes:

- Personal Statement required in all instances.
- Requirements are based on the highest monthly benefit between income insurance and business expenses held with AMP⁽ⁱ⁾.
- PMAR = Personal Medical Attendant’s Report. Where there is no family doctor, a medical examination by any doctor (not a business partner, family member etc) will be required.
- Blood screen = HIV blood test, Fasting MBA20 (including HDL and LDL cholesterol) and Hepatitis B & C Serology.
- If the Occupationally Acquired HIV, Hepatitis B and C option is proposed, a Blood Screen **plus Hepatitis B surface antibody test** will be required.

Medical limits – Income insurance (all ages) monthly benefit greater than \$30,000

The following evidence is required:

- Blood screen (MBA20, HIV, Hep B & C)
- Full Blood Count (FBC) and Erythrocyte Sedimentation Rate (ESR)
- PMAR
- MSU (Microscopic urinalysis)
- Medical examination by usual doctor
- Exercise ECG
- Prostate Specific Antigen (PSA) for males over 50
- Mammogram for females over 50.

Financial limits – mandatory requirements

Financial and maximum monthly benefit limits – income insurance⁽ⁱ⁾ and BE

Occupational groups/plan	Financial Evidence Required (Agreed Value only) (\$)	Maximum Monthly Benefit (Industry wide) (\$)
MP	12,001	60,000 ⁽ⁱ⁾
AA	12,001	60,000 ⁽ⁱ⁾
A	10,001	60,000 ⁽ⁱ⁾
B	6,001	30,000
C	5,001	30,000
D	4,001	30,000
F	N/A	3,500
Mining industry	See occupational group above	6,500 ⁽ⁱⁱ⁾
Senior Plan	N/A	30,000 ⁽ⁱⁱⁱ⁾
Business expenses (BE)	See following table	40,000

(i) A two year benefit period applies to any amount over \$30,000.

(ii) Certain skilled trades people and professionals are entitled to higher amounts. Please refer to page 68.

(iii) \$6,000 per month for plans with the right to convert into SeniorGuard (IP Premier plans issued after September 1996).

Refer to page 54 for Acceptable financial evidence for Agreed Value Income Protection.

Financial requirements – Income insurance (all ages) for monthly benefit greater than \$30,000. Agreed value and indemnity (Occupation groups MP, AA, A)

Employee

- PAYG payment summaries for the last two financial years, or
- Three consecutive pay slips (as long as year to date earnings are displayed) for pay periods within the last six months, or
- A letter from the company accountant on company letterhead confirming the full remuneration package, including a breakdown of all packaged items for the last two financial years, or
- Individual tax returns and assessment notices for the last two financial years¹

AND

- Financial questionnaire (sections 1, 2 and 4).

Self-employed

- Verified detailed profit and loss accounts and balance sheets for all of the business entities (including any service companies and family trusts) over the last two financial years. These accounts are to include notes to the accounts, and
- Company tax returns and assessment notices for all entities for the last two financial years, and

1 The individual tax returns and assessment notices must be submitted for any IP cases over \$30,000. The individual tax returns and assessment notice are already required for cases under \$30,000 but are one of four different requirements that the client may choose to submit.

- Individual tax returns and assessment notices for the last two financial years, and
- Letter from accountant with details of any income-splitting arrangements (if applicable). We will also require the spouse’s tax returns and assessment notices for the last two financial years.

AND

- Financial questionnaire (sections 1, 2 and 4), and
- Copy of Partnership Agreement (where applicable).

Sole trader

- Individual tax returns and assessment notices including details of all business expenses with profit and loss statement to be attached, for the last two financial years.

AND

- Financial questionnaire (sections 1, 2 and 4).

Financial requirements – BE

Less than or equal to \$10,000 per month	More than \$10,000 per month
Business expenses questionnaire	Business expenses questionnaire
	Profit and Loss accounts for the last two years

The Business expenses questionnaire can be found in the Personal Statement.

Insurable income explained

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

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

Insurable income does not include investment or interest income, living away from home allowance, site allowance or travel allowance.

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

Care should be taken when drawings are used in the calculation of insurable earnings. We will need confirmation that drawings represent entitlement to the current year’s net business profits and are not a withdrawal of capital from the business or drawings from profits earned in previous years.

For the purposes of calculating an individual’s personal exertion income, the amount of depreciation allowable for adding back is limited to a maximum of 10% of the gross turnover or the amount of depreciation (whichever is the lesser). However, the depreciation amount should not be greater than 20% of insurable income.

Insurable income does not include investment or interest income.

Ongoing Business Income—For employed or self-employed persons who are likely to continue to receive income from their employer or business while disabled certain policy modifications may be necessary. In the event the ongoing income is likely to be for a short duration, then the most appropriate modification may be a longer waiting period, to minimise the likelihood of both benefit payment and income being received at the same time. The intention is to minimise the likelihood of the life insured receiving more than 100% of their pre-disability income while disabled.

If income is likely to continue for up to 6 months then an offset clause is generally not required.

If income is likely to continue for longer than 6 months we will offer a policy with an 'Ongoing business income offset clause'.

If income is guaranteed to continue ie partnership/employment agreement is in place to guarantee the income, then this can be managed by aligning the waiting period with the agreement. Otherwise an 'Ongoing business income offset clause' may be required.

Example: If client states income is \$100k and estimates ongoing income of \$50k for greater than six months then we can either allow \$6,250pm with the offset clause **or** \$3,125pm with no offset.

Superannuation contributions

You may include any superannuation contributions in your insurable income, which will be subject to the replacement of income ratios on page 49. Alternatively, you may insure 100% of your superannuation contributions and not have your superannuation contributions included in the replacement of income ratios.

We allow you to select a superannuation contribution rate ranging from the legislated Superannuation Guarantee Rate to 15%. If you select this option, we will pay a proportion of the benefit to a complying superannuation fund in the event of a claim.

Indemnity insurance

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

The benefit amount proposed should be based on the income earned in the two years prior to application. The underwriter aims to ensure that the client is not over-insured. At claims stage, financial evidence will be obtained to establish pre-disability income.¹

Yearly renewable occupations classes (BY, CY and DY) are only eligible for indemnity insurance.

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

Agreed value financial underwriting up-front

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

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

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

1. Income Insurance Senior Plan, Income Insurance Superannuation Plan and Income Insurance SMSF Plan are only eligible for indemnity insurance.

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

Employees (no ownership in the employer’s company)

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

Self-employed applicants (including working directors, partners)

- Verified detailed profit and loss accounts and balance sheets for all of the business entities (including any service companies and family trusts) over the last two financial years. These accounts are to include notes to the accounts, and
- Company tax returns and assessment notices for all entities for the last two financial years, and
- Individual tax returns and assessment notices for the last two financial years, and
- Letter from accountant with details of any income splitting arrangements (if applicable). We will also require the spouse’s tax returns and assessment notices for the last two financial years.

Sole traders

- Individual tax returns and assessment notices, including details of all business expenses with profit and loss statement to be attached, for the last two financial years.

Unacceptable financial evidence for income insurance

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

Unearned income

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

It is important to consider unearned income at application stage in order to avoid over-insurance. It is essential to ensure that there will be sufficient financial incentive to return to work after a period on claim.

Substantial net assets can generate unearned income. While current income from net assets may be relatively low, if the insured person’s assets include real estate, shares etc, in the event of prolonged inability to work, the insured could rearrange their portfolio to generate significant unearned income.

The amount of unearned income attributable to a person with substantial net assets is determined by applying a notional earning rate of 5%. Where there is a mix of investment income and income from net assets, the greater of the investment income or 5% of the net assets will be used to determine the unearned income. Please note, when the underwriter is determining the insured's net asset position, the family home is excluded. Composition of the asset, degree of liquidity and the ability to realise book value will be considered when deciding whether to reduce benefits. The approach taken by the underwriter will depend on the individual circumstances.

Income splitting

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

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

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

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

Medical and dental graduates

Where an Agreed Value Income Insurance product is purchased by a medical or dental graduate, AMP will allow a maximum of \$6,250 monthly benefit (including Superannuation contributions) at entry regardless of the client's current income. For this amount of monthly benefit, the client does not have to financially justify their income to lodge a claim for total disablement. When a partial disability claim is lodged, proof of pre-disability income must be provided.

To qualify for this graduate offer, the client must:

- have graduated within the last two years
- be employed full-time in a medical or dental position (not self-employed), and
- be registered with the relevant medical or dental board.

The graduate rating selected should match the rating provided for the equivalent non-graduate medical occupation.

Income insurance for temporary visa holders

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

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

Application for reduction in waiting period with termination of GSC cover

- Clients must have AMP Life or NM Super individual income insurance with a two-year waiting period and a type of GSC (group salary continuance) cover. This offer is only available if the client's existing individual income insurance cover has a series date 25 July 2005 or later.

- The application to reduce the waiting period must be received within 60 days of ceasing employment with the previous employer.
- The waiting period can be reduced to a minimum of 90 days.
- The maximum amount of cover that can be reduced will be the amount of GSC cover previously held. Any individual cover in excess of this maximum will remain with a two-year waiting period.
- The reduced waiting period cover is subject to the cancellation of the GSC cover.
- This offer is not available to clients who have exercised or are able to exercise their GSC cover's continuation option.
- This offer is not available to clients who have a restricted waiting period for their individual income insurance.
- To apply for the reduction in waiting period, complete the Reduction of waiting period application form with evidence of new employment and the level and type of GSC cover previously held.
- An income offset endorsement will apply to the new waiting period reduced plan.

Business expenses insurance

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

Determining the need

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

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

Types of business expenses covered

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

- salaries, fringe benefits tax (FBT) and employer costs (eg superannuation) in relation to the salaries of non-income generating employees
- office rent or the regular interest payment on a business loan or mortgage
- leasing of equipment and motor vehicles for business use
- laundry, cleaning, electricity, gas, water, telephone, ongoing bank charges and fees
- accounting fees and dues to professional bodies
- net cost of a medical locum (where fees incurred for the locum exceed the income generated by the locum)
- property rates and taxes (eg land tax), and
- general insurance premiums.

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

Types of business expenses not covered

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

Section 4 – General product information

AMP Elevate discounts

Large case discounts

Sum insured band (\$)	Life (%)	Trauma Plan (%)	Trauma Option (%)	TPD Plan (%)	TPD Option (%)
0–249,999	0	0	0	0	0
250,000–499,999	6	10	18	4	3
500,000–749,999	25	16	20	18	12
750,000–999,999	28	17	25	20	15
1,000,000–1,999,999	36	17	25	26	17
2,000,000 or more	36	17	25	27	25

Monthly benefit band (\$)	IP/BEP (%)
1–2,999	0
3,000–3,999	3
4,000–4,999	10
5,000–7,499	12
7,500–9,999	13
10,000 or more	15

Monthly benefit band (\$)	Senior (%)
1–4,999	0
5,000–30,000	5

Multi plan discount

A multi plan discount is available to customers who combine life, TPD and/or trauma insurance plans/options with an income insurance (IP) or Business Expenses (BE) plan.

The multi plan discount offers a 5% discount on the life, TPD and/or trauma insurance, for the life of their policy, provided the customer remains eligible.

To be eligible for a multi plan discount:

- customers must hold a current life, TPD and trauma insurance plans/options with an IP or BE plan/option for same life insured; and

- the commencement date for at least one of the plans/options must be on or after 23 November 2015, subject to the following sum insured minimums:
 - IP/BE \$2,000pm
 - Life insurance \$350,000
 - TPD insurance \$200,000
 - Trauma insurance \$100,000

A multi plan discount is not available:

- to customers already receiving a discount (RACV, Workplace Rewards or Business Rewards),
- under the Children's trauma option, or
- to an existing customer who holds a life, TPD and/or trauma insurance plan/option with an IP or BE plan, where those plans started prior to 23 November 2015 (unless a new benefit is added).

Workplace Rewards and Family programme

This programme is no longer available to new 'workplace' groups. However, advisers can place eligible persons into existing 'workplace' groups to get the discount.

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

A 'family' relationship includes lives insured who are:

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

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

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

The discount is not available where the insured is already receiving a discount (RACV or Business Rewards).

Lives insured under the Children's trauma option are excluded.

Business rewards

A business rewards discount of 5% is offered on life, TPD and trauma insurance plans/options when two or more clients who are in a business relationship take up insurance with AMP. Customers will need to provide a valid ABN that relates to the business relationship to get this discount.

Business rewards is only applicable to new policies and not conversions of existing policies.

Some of the common business relationships include:

- Employer/Key person
- Business partner
- Trustee.

Policies that are eligible for this discount are also eligible for a policy fee waiver.

Note: Clients who are already receiving a discount (RACV or Workplace Rewards) are not eligible for this discount.

Changing plan ownership

		New plan owner		
		Individual/ Company ⁽ⁱ⁾	SMSF ⁽ⁱ⁾	NM Superannuation Proprietary Limited ⁽ⁱⁱ⁾
Current plan owner	Individual/ Company ⁽ⁱ⁾	MOT	Cancel/Replace ⁽ⁱⁱⁱ⁾	Cancel/Replace ⁽ⁱⁱⁱ⁾
	SMSF (Ordinary Plan) ⁽ⁱ⁾	MOT	MOT	Cancel/Replace ⁽ⁱⁱⁱ⁾
	SMSF (Super Plan)	Cancel/Replace ⁽ⁱⁱⁱ⁾	MOT	MOT
	SMSF (SMSF Plan)	Cancel/Replace ⁽ⁱⁱⁱ⁾	MOT	Cancel/Replace ⁽ⁱⁱⁱ⁾
	NM Superannuation Proprietary Limited ⁽ⁱⁱ⁾	Cancel/Replace ⁽ⁱⁱⁱ⁾	Cancel/Replace ⁽ⁱⁱⁱ⁾	Platform change form ⁽ⁱⁱⁱ⁾

(i) Also includes Summit/Generations/iAccess Ordinary policies via AMP Elevate insurance.

(ii) Also includes Summit/Generations/iAccess/MyNorth Super policies via AMP Elevate insurance.

(iii) Where a Cancel/Replace is deemed 'like for like' no underwriting is required. The applicable rules around 'Like for like' can be found on page 63.

There are various ownership structures for insurance. Each current ownership structure will have restrictions (legislative or otherwise) on how any change in plan ownership can be processed:

1. Individual/Company

- The plan documents are written to allow an individual or a company to own the policy.
- Transfers to other individuals or companies can be effected with a Memorandum of Transfer (MOT).
- Transfers to an SMSF or N.M. Superannuation Proprietary Limited must be a Cancel/Replace as *Superannuation (Industry) Supervision Act 1993* (SIS) legislation prevents a superannuation fund from acquiring a life insurance plan from members.

2. SMSF (ordinary plan) – on Portal, the Class of Business is 'Ordinary' and the policy series is before 18 May 2014.

- The plan documents are written to allow an individual or a company (including trustees of an SMSF) to own the policy.
- Transfers to other individuals or companies, or to other SMSFs can be effected with an MOT.
- Transfers to N.M. Superannuation Proprietary Limited must be a Cancel/Replace because the policy documents do not allow the policy to be owned by N.M. Superannuation Proprietary Limited.

3. SMSF (super plan) – on Portal the Class of Business is 'Super'.

- The plan documents are written to allow N.M. Superannuation Proprietary Limited or the trustees of superannuation funds (including SMSFs) to own the policy. Some versions of the Living Security Program – Life Superannuation Plan are an example of this type of plan.
- Transfers to Individual/Company must be a Cancel/Replace.
- Transfers to other SMSFs or to N.M. Superannuation Proprietary Limited can be effected with an MOT.

4. SMSF (SMSF plan) – on Portal the Class of Business is ‘Ordinary’ and the policy series is on or after 19 May 2014.

- The plan documents are written to allow the trustees of an SMSF to own the policy.
- Transfers to Individual/Company must be a Cancel/Replace because the policy documents do not allow the policy to be owned by an individual/a company.
- Transfers to other SMSFs can be effected with an MOT.
- Transfers to N.M. Superannuation Proprietary Limited must be a Cancel/Replace because the policy documents do not allow the policy to be owned by N.M. Superannuation Proprietary Limited.

5. N.M. Superannuation Proprietary Limited

- The plan documents are written to allow only N.M. Superannuation Proprietary Limited to own the policy. An example of this type of plan is the current AMP Elevate Life Insurance Superannuation Plan.
- Any change of ownership for such plans must be a Cancel/Replace.
- Transfers to or between platforms where N.M. Superannuation Proprietary Limited is still the owner can be effected with a Platform change form.

Memorandum of Transfer (MOT)

This involves submitting a signed standard Memorandum of Transfer form. This form can be obtained from AMP's administration team. AMP will change the policy owner and the new policy owner will have all the rights and obligations that the previous owner enjoyed under the plan.

Under a MOT, the plan terms and conditions and premium rates remain unchanged.

Cancel/Replace

This involves cancelling the existing AMP Life or NM Super plan and replacing it with an equivalent on-sale AMP Elevate insurance plan, which may have different terms and conditions and premium rates. A full personal statement may also be required.

Some reasons for cancellation and replacement include:

- There are fundamental differences between the relationships that exist where insurance is purchased by an individual and where insurance is purchased by an individual through a superannuation trustee.
- The plan document received by the original policy owner contains specific wording depending on who owns the plan:
 - Where the plan owner is an individual, the plan document may have included a Funeral benefit, Accommodation benefit and/or Financial plan benefit. These are not allowed under a superannuation arrangement.
 - Where the plan owner is an individual, the plan document would have usually included an age greater than age 75 for when the plan ends. This is not currently allowed under a superannuation arrangement.
 - Where the plan owner is an individual, the plan document would have specified that any benefit paid will be in accordance with the plan owner's request. This is not allowed under a superannuation arrangement. Any benefit payment would be paid to the Trustee and then paid at their discretion (provided release conditions have been met).
- Superannuation legislation prevents a superannuation fund acquiring a life insurance plan from members.

Like for like

Cover type	Is it 'Like for like'?	
Life	Yes	Must be the same or lower sum insured and/or risk that AMP is covering.
TPD ⁽ⁱ⁾	Must be the same TPD occupation type. ie 'own' or 'any'	
IP (including Business Expenses)	No ⁽ⁱⁱ⁾	
Trauma	No ⁽ⁱⁱⁱ⁾	

- (i) PremierLink TPD and FlexiLink TPD can be considered 'like for like'.
- (ii) There are limited instances where IP conversions are allowed for IP plans commencing post August 2005.
- (iii) Where the Life and TPD are being transferred due to a change of ownership (non-super to super), any linked trauma can be transferred to FlexiLink trauma without underwriting as per the change of ownership rules, provided the Trauma cover is like for like.

If classified as like for like, the following criteria must be met:

- All plans must have been fully underwritten.
- Clients with none, or loadings less than 100%.
- Cannot have any plans or options which have their premiums waived due to an ongoing claim.
- Cover that commenced in or after 1993.

If the policy does not meet the above criteria conditions, the following rules will apply:

- If the policy has been held for 10 years, per the rules on page 16, full underwriting will apply and full commission will be payable.
- For changes of ownership on policies with benefits less than 10 years old, please refer to the rules from page 16. This includes PremierLink and FlexiLink.

Cancel/Replace – administration requirements

Application form⁽ⁱ⁾

		Which parts of the application form need to be completed								
Current plan owner	Proposed plan owner	Application summary	Products and options	Payment authorities	Nomination of beneficiaries	Non-super/SMSF insurance application and signatures	Nomination of dependants	Tax file number	Super insurance application and signatures	Financial adviser and commission details
Individual/ Company	NM Super	✓	✓	✓ ⁽ⁱⁱ⁾			✓ ⁽ⁱⁱ⁾	✓ ⁽ⁱⁱ⁾	✓	✓
SMSF	NM Super									
Individual/ Company	SMSF									
SMSF	SMSF	✓	✓	✓ ⁽ⁱⁱ⁾		✓				✓
NM Super	SMSF									

		Which parts of the application form need to be completed								
Current plan owner	Proposed plan owner	Application summary	Products and options	Payment authorities	Nomination of beneficiaries	Non-super/SMSF insurance application and signatures	Nomination of dependants	Tax file number	Super insurance application and signatures	Financial adviser and commission details
Individual/ Company	Individual/ Company									
SMSF	Individual/ Company	✓	✓	✓ (ii)	✓	✓				✓
NM Super	Individual/ Company									

- (i) Full underwriting is required for all income insurance plans and any life, trauma and TPD plans that do not meet the Conversion guidelines.
- (ii) Not required when transferring into Summit, Generations, iAccess or MyNorth via AMP Elevate insurance.

Changing plan ownership – premium quoting

The standard premium rates for the new AMP Elevate insurance plan will apply. The new premium can be calculated using AMP Elevate Online or the Premium Quoting Tool (PQT).

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

In both instances, a copy of the insurance quote from AMP Elevate Online or the PQT must be submitted with the application. A copy of the business development representative email with the composite level premium age should also be provided as confirmation.

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

Commission

Adviser commission

Please refer to the AMP Elevate ‘Insurance commission information’ flyer (Item number 25818 10/16) available on Portal, for further details.

Section 5 – Occupations: general

This section of the guide covers a wide variety of occupations. The tables provide suggested occupation ratings for trauma, TPD, ADL TPD and income insurance.

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

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

Income insurance and TPD considerations

Hours worked per week

For **income insurance**, the person insured must work in a permanent full-time capacity, and be in regular employment. The minimum number of hours worked per week is 30. Casual workers are not eligible for income insurance.

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

The Income Insurance Premier Plan or PremierLink IP will not be available to part-time applicants.

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

If the applicant has a second occupation the principal occupation has to meet the minimum working hour requirement for cover to be considered. If the combined hours are excessive, the underwriters may limit the benefit period (eg to two years or five years), the benefit amount, or decline cover altogether.

For **TPD**, cover is only available if the person insured is involved in regular permanent work for at least 20 hours per week and not exceed 60 hours per week. To be eligible for TPD, a home maker will be required to provide a statement regarding their duties running the family home and their active involvement in the **full-time** care of dependants (including children, parents, partners or siblings).

Seasonal employment

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

Dual occupations

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

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

- The occupation rating that will be used will in most instances be based on the highest risk occupation.
- From a financial perspective, if the two occupations are not related and the client applies for an agreed value income insurance plan we will in most cases only consider the income earned from the principal occupation.
- If the two occupations are related, we may be able to consider covering both sources of income under an indemnity only plan, if at least one meets the minimum number of hours required for the benefit.
- We will only consider covering the income from both occupations if the applicant has been working in the second occupation for at least 24 months.
- If the applicant has a second occupation the principal occupation has to meet the minimum working hour requirement for cover to be considered. If the combined hours are excessive, the underwriters may limit the benefit period (eg to two years or five years), the benefit amount, or decline cover altogether.

Newly self-employed

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

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

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

- a. people contracting back to their previous employer in the same occupation (see next section – Contractors (sub-contractors)), and
- b. people who have purchased an existing franchise or business in an industry in which they have prior experience and there is an assurance of continuity of income from the Franchise of at least 6 months.

We require the following if the applicant fits into category (b) above:

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

Terms and conditions that may apply:

- a minimum waiting period of 30 days
- a maximum benefit period of five years
- maximum monthly benefit \$5,000
- indemnity cover only
- benefits based on the applicant's earnings in the last two years and the earning history of the business purchased

- an endorsement limiting benefits to a proportion of the average income of the new business in the first two years
- the insured must not work from home.

Cover will not be considered if there is a history of bankruptcy or the insured has an unstable occupation history.

Contractors (sub-contractors)

Contract workers require special consideration when underwriting.

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

If terms are available we will offer indemnity only cover with benefit periods limited to two or five years.

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

Working from home

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

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

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

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

Other applications may be considered for 90-day waiting periods only, with a maximum benefit period of either two or five years.

Income insurance information for ‘C’ rated mining industry occupations

The table below summaries the benefit periods and the maximum monthly benefit amounts available for ‘C’ rated mining industry occupations.

‘C’ rated mining industry occupations	Benefit period	Industry experience	Maximum benefit amount allowable ⁽ⁱ⁾
Boilermaker/welder	Age 60,	<5yrs	Indemnity:
Carpenter	Age 65		– Up to \$30,000 maximum monthly benefit
Electrician			Agreed value:
Electronic technician			– Limited to \$6,250 held on an agreed value basis with the remainder, up to a maximum of \$30,000, held on an indemnity basis.
Engineer (field work)			
Fitter/turner			
Foreman			
Geologist (field work)			Indemnity:
Instrument technician			– Up to \$30,000 maximum monthly benefit
Longwall co-ordinator (field work)			Agreed value:
Mechanic		≥5yrs	– Limited to \$7,500 held on an agreed value basis with the remainder, up to a maximum of \$30,000, held on an indemnity basis.
Metallurgist (field work)			
Mill superintendent			
Mine deputy (field work)	2 years,		Indemnity:
Mine manager (field work)	5 years		– Up to \$30,000 maximum monthly benefit
OH&S manager (field work)			Agreed value:
Plumber			– For sums insured less than or equal to \$10,000 – full agreed value cover can be purchased.
Safety officer			– For sums insured greater than \$10,000 – agreed value cover is limited to a maximum monthly benefit of \$6,250 with the remainder, up to a maximum of \$30,000, held on an indemnity basis.
Supervisor (field work)			
Surveyor (field work)			
		≥5yrs	Indemnity:
			– Up to \$30,000 maximum monthly benefit
			Agreed value:
			– For sums insured less than or equal to \$10,000 – full agreed value cover can be purchased.
			– For sums insured greater than \$10,000 – agreed value cover is limited to a maximum monthly benefit of \$7,500 with the remainder, up to a maximum of \$30,000, held on an indemnity basis.

Note: Allowances are not to be included when calculating income for these occupations.

'C' rated mining industry occupations	Benefit period	Industry experience	Maximum benefit amount allowable⁽ⁱ⁾
Carpenter (apprentice)	2 years,	N/A	\$10,000 (agreed value or indemnity cover)
Dragline operator	5 years		
Driver/operator – bogger			
Driver/operator – crane			
Driver/operator – dump truck			
Driver/operator – excavator			
Driver/operator – jumbo			
Driver/operator – mill			
Driver operator – truck			
Electrician (apprentice)			
Explosives handler – hard rock			
Explosives handler – soft rock			
open cut			
Fitter/turner (apprentice)			
Maintenance worker			
Mechanic (apprentice)			
Miner/Driller			
Pit technician			
Plant operator			
Plumber (apprentice)			
Sandblaster			
Shotfirer – hard rock			
Shotfirer – soft rock open cut			
(explosives exclusion to apply)			
Soft rock underground –			
foreman			
Soft rock underground			
– longwall co-ordinator			
(field work)			
Soft rock underground –			
mill superintendent			
Soft rock underground –			
mine deputy (field work)			
Soft rock underground –			
supervisor (field work)			
Train driver			

- (i) The agreed value/indemnity splits described on pages 68 and 69 are not available for the Income Insurance Superannuation Plan and Income Insurance SMSF Plan. When the Income Insurance Superannuation Plan or Income Insurance SMSF Plan is selected, the maximum monthly benefit can still be applied for, but the entire amount will be indemnity.

Occupation rating guide

Occupation rate categories

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

Income insurance	
MP	Selected medical professionals, for example, general practitioners, dental professionals and psychiatrists.
AA	<p>Includes what has been traditionally referred to as ‘the professions’. In every case, training and registration by a professional or government body is a feature. The acceptable professions are limited to those that are perceived to be the lowest risk, for example, engineers who are limited to consulting/office duties only. Includes selected medical specialists (not psychiatrists, dental professionals, or general practitioners). This would also include individuals who are in an office-based management role only and are earning in excess of \$130,000 and are:</p> <ul style="list-style-type: none">– degree qualified, or– individuals who are not degree qualified but have been in their current role for at least two years.
A	Includes white collar workers whose duties are primarily mental and who work in an office where the work is of a sedentary nature, for example, clerks.
B	Includes white collar occupations that are not primarily sedentary, for example, commercial travellers, stock and station agents. Technicians, crafts people and some retail shopkeepers (light goods) fall within this group.
C	Includes occupations involving some manual duties and use of light machinery. Many qualified tradespersons come within this group, as do many retail shopkeepers.
D	Includes occupations requiring heavy manual work or where there are significant accident or environmental hazards, for example, earthmoving workers.
F	Farmers who own and work full-time on their own properties or full-time share farmers. They must have been well established in this manner for at least three years.
BY, CY, DY	These occupations are only eligible for insurance that can be cancelled after the insurance has been in force for three years and there has been a claim.
NA	The risk is not acceptable—Non-insurable, for example, police officer, army officer.
IC	Individual consideration required.

Important notes:

1. Some applications may require different terms than those indicated above due to individual circumstances and factors other than the current occupation title.
2. Hazardous occupations (if insurable), including occupations at heights and handling dangerous goods and/or explosives, may be rated with an extra premium dollar amount per thousand of sum insured (eg \$2.00 per thousand). Please contact your underwriter for confirmation.

For a more comprehensive list, please refer to the Premium Quoting Tool.

TPD and trauma	
B, C, D, E	A multiple of the basic or standard premium will be charged (see Special notes below).
IC	Individual consideration of the particular case is needed. Full details should be submitted with the proposal. The rating will depend on the particular circumstances of the case involved.
NA	Cover is not available to persons in that occupation.
EXC	A special plan condition applies that will automatically exclude certain activities or trauma events.
Special notes	
Life	Certain occupations may be subject to an extra premium or exclusion, or alternatively indicate an uninsurable occupation. Please refer to underwriting for further information.
Trauma	Some of the quoted ratings suggest a special plan condition (EXC) or an extra premium as an alternative. Trauma benefit ratings are expressed alphabetically, with A representing the standard rate and ratings of B and C representing multiples of the standard rate, and which are currently 1.5 and 2.0 respectively. These multiples are not the same as those that apply for TPD.
TPD and ADL TPD	Disablement insurance ratings are expressed alphabetically with A representing the standard rate and ratings of B, C, D and E representing multiples of the standard rate, which are currently 1.20, 1.65, 2.00 and 2.50 respectively. These multiples are not the same as those that apply to Trauma.

'Own' occupation TPD

These occupations are required to be 100% sedentary (ie no manual work), individuals must be **fully qualified** in their field of expertise and hold appropriate registration where applicable. Own Occupation TPD is not available for SMSF or Super applications.

Own Occupation TPD cover will only be acceptable up to either:

- a maximum loading of +100%; or
- two exclusions (either medical or non medical); or
- a combination of one exclusion and +50%.

Own Occupation TPD that is acceptable with substandard rates will have an upper maximum benefit of \$2,000,000.

Some of the valid occupations are as follows:

Accounts clerk	Airport management—others (office based only)	Auditor
Accountant—degree		Bank clerk
Actuary	Ambulance personnel (administration only)	Banking administration
Administration/Clerical	Anaesthetist	Banking—senior management
Advertising executive	Archaeologist—consultant	Barrister
Aeronautical engineer	Architect	Biochemist
Agricultural scientist (less than 10% field work)	Architectural draftsman	Bookkeeper
Aircraft engineer (non flying— not office based)	Astronomer	Botanist
Aircraft engineer (office only)	Auctioneer—real estate (min 3 years experience)	Brewery/Distillery—admin, clerical, management
	Audiologist	Brewery/Distillery—chemist

Business executive	Insurance clerk/administrator	Psychiatrist
Cardiologist	Insurance manager/executive	Psychologist
Cartographer (no aviation work)	Interior decorator (design only)	Public relations officer (tertiary qualified)
Chemical engineer (no hazardous materials)	Interpreter	Publisher
Civil engineer	Judge	Quantity surveyor
Coroner	Lawyer/solicitor	Radiologist
Dental hygienist	Mathematician	Real estate administration/ Clerical
Dental nurse	Merchant banker	Real estate agent
Dental prosthetist	Metallurgist (office/ laboratory only)	Real estate auctioneer (3 years experience)
Dental surgeon	Meteorologist	Receptionist
Dental technician	Neurologist	Schools – principal
Dentist	Nurse primarily engaged in administration (eg Director of Nursing/Matron)	Secretary/stenographer
Dermatologist	Nurse – dental	Senior executive/Manager
Dietician	Obstetrician	Shipping/Maritime industry Shore personnel (administration only)
Doctor	Occupational therapist	Sonographer
Draftsperson	Office worker (clerical, typist, receptionist, secretary)	Speech therapist
Economist	Oil, petroleum & natural gas industries (onshore) management/clerical	Statistician
Editor – newspaper industry	Ophthalmic surgeon	Surgeon
Electronic engineer	Ophthalmologist	Surveyor – consulting
Endocrinologist	Optician	Tax consultant
Engineer (office based)	Optometrist	Theatre/cinema Industry (management administration and full time only)
Executive	Orthodontist	Town planner
Exporter/Importer (office only)	Orthopaedist	Toxicologist
Gastroenterologist	Osteopath	Trades/Technical – lecturer
General practitioner	Paediatrician	University – lecturer/ professor/dean
Geneticist	Pathologist	University – office administration staff
Geologist (office duties)	Pathology analyst	Urologist
Graphic artist/designer (not working from home)	Personnel consultant	Valuer
Gynaecologist	Pharmacist	Veterinarian – domestic pets
Haematologist	Physician	Zoologist (lab only)
Hardware/Building supplies – admin/clerical/management only	Physicist	
Hospital registrar/manager	Plastic surgeon	
Human resources/ Personnel manager	Podiatrist/Chiropodist	
Importer/Exporter (office only)	Principal (school)	
Industrial chemist (non hazardous materials)	Proof reader (printing and publishing)	

Section 6 – Occupations: list

Occupation	Income Prot	Trauma & ADL TPD	TPD
Abalone diver ⁽ⁱ⁾	NA	EXC or B	NA
Abattoir worker			
– Not slaughterer	DY	A	NA
– Slaughterer	NA	A	NA
Accountant			
– CA/CPA qualified	AA	A	A
– Other	A	A	A
Actor (see radio/television/ film industry or theatre/ cinema industry)			
Actuarial analyst	A	A	A
Actuary			
– FIAA qualified or overseas equivalent	AA	A	A
– Other	A	A	A
Acupuncturist			
– Qualified and registered	MP	A	A
– Qualified not registered	NA	A	A
– Not qualified	NA	A	NA
Aerial photographer (see Photographer)			
Agent			
– Advertising (100% office work)	A	A	A
– Customs and shipping			
– Airport/mail centre	C	A	B
– Docked ships	C	A	B
– Clerical	A	A	A
– Employment	A	A	A
– Machinery	B	A	B
– Mercantile/repossession/ private detective	NA	A	A
– Real estate			
– 100% office work	A	A	A
– Light manual work	B	A	B
– Stock/station	B	B	B
Agriculture (see farmer)			
Agronomist			
– Office based consultant	AA	A	A
– Analytical/lab (degree qualified)	B	A	B
– Field work	C	A	C
Air conditioning			
– Office duties/consulting	A	A	A
– Installer/repairs/servicing	C	A	C
– Supervisor/inspector	B	A	A

Occupation	Income Prot	Trauma & ADL TPD	TPD
Airforce personnel ⁽ⁱ⁾	NA	A	NA
Airline (see aviation industry)			
Ambulance			
– Driver/officer/paramedic	D	A	E
– Personnel (administration only)	A	A	A
Airport management (office based only)	A	A	A
Amusement parlour/ centre proprietor			
– No. of employees >10	B	A	A
– No. of employees <10	C	A	B
– Employee	CY	A	C
Anaesthetist	AA	A	A
Analyst/programmer (see computer industry)			
Antenna erector			
– Commercial/industrial	NA	A	NA
– Domestic only	CY	A	D
Antique dealer	B	A	B
Apprentice			
– 1st, 2nd, 3rd year	NA	A	NA
– 4th year	DY	A	D
Architect	AA	A	A
Architectural draftsman	A	A	A
Army personnel ⁽ⁱ⁾	NA	A	NA
Artist			
– Commercial (full time, not working at home)	A	A	A
– Graphic	A	A	A
– Sculptor	NA	A	NA
– Other	NA	A	NA
Asphalt layer	NA	C	NA
Auctioneer			
– Livestock (3 years experience)	C	A	C
– Real estate (3 years experience)	A	A	A
– Other	IC	A	IC
Audiologist (registered)	MP	A	A
Auditor			
– Degree qualified	AA	A	A
– Not degree qualified	A	A	A

(i) Refer to Underwriting as an additional loading or exclusion may apply.

Occupation	Income Prot	Trauma & ADL TPD	TPD
Author/writer	NA	A	NA
Auto space electrician	C	A	C
Automobile (see motor vehicle industry)			
Aviation industry			
– Flying personnel ⁽ⁱ⁾			
– Instructor	NA	A	NA
– Aircrew/attendants/pilot	NA	A	NA
– Non-flying personnel			
– Air traffic controller	NA	A	NA
– Mechanic/maintenance staff	C	A	C
– Baggage handler	DY	A	D
– Clerical	A	A	A
– Other manual	DY	A	D
Backhoe operator	D	A	D
Baker/pastry cook			
– (Qualified)	C	A	C
– Other (2 year min)	D	A	D
Banana farmer/manager	C	A	C
Bank/building societies administrative/clerical/management	A	A	A
Banker – merchant	AA	A	A
Barber			
– Not working at home	CY	A	C
– Working at home	NA	A	NA
Bartender	CY	A	C
Barrister	AA	A	A
Beach inspector	NA	A	NA
Beautician			
– Not working at home	C	A	C
– Working at home	NA	A	NA
Beekeeper/apiarist	C	A	C
Billiard saloon			
– Proprietor			
– No. of employees >10	B	A	A
– No. of employees <10	C	A	B
– Employee	CY	A	C
Blacksmith/farrier ⁽ⁱ⁾	DY	A	E
Blaster (explosives) ⁽ⁱ⁾	DY	EXC or C	NA
Blind/awning/screen			
– Manufacturer	C	A	C
– Installer	C	A	C
Boarding house proprietor/owner	NA	A	NA
Boat builder (Tradeperson qualified)	C	A	C
Boat/watercraft operator (full details required)	NA	A	NA
Bobcat operator	D	A	D
Boiler			
– Inspector (no manual work)	C	A	C
– Maker	D	A	D

Occupation	Income Prot	Trauma & ADL TPD	TPD
Bookbinder	B	A	B
Bookkeeper	A	A	A
Bookmaker/betting	NA	A	NA
Bottle dealer	CY	A	C
Bouncer/crowd control	NA	B	NA
Bread vendor	C	A	C
Brewery/distillery			
– Admin/clerical/management	A	A	A
– Supervisor	B	A	B
– Chemist	A	A	A
– Worker (non-skilled)	CY	A	C
Bricklayer	DY	A	E
Brickworks employee (Non-skilled)	DY	A	C
Broker			
– Finance/insurance/share/stock	A	A	A
Builder (licensed)	C	A	C
Builder (without qualification)	DY	A	E
Builder's labourer	DY	A	E
Builder's supply merchant	C	A	C
Building inspector	B	A	B
Bulldozer driver/operator	D	A	D
Bus driver			
– Local	D	A	C
– Long distance	DY	A	D
Business executive	A	A	A
Butcher			
– Retail	C	A	C
Buyer			
– Clerical	A	A	A
– Other	IC	A	IC
Cabinet maker			
– Qualified	C	A	C
– Unqualified/labourer	D	A	E
– 4th year apprentice	DY	A	D
Cafe proprietor	B	A	B
Camera operator (see radio/television/film/industry)			
Cane farmer/manager	C	A	C
Car salesperson	A	A	A
Caravan park/proprietor/Employee	DY	A	NA
Caretaker	D	A	NA
Carpenter			
– Qualified	C	A	C
– Unqualified/labourer	D	A	E
– 4th year apprentice	DY	A	D
Carpet cleaner	C	A	C

(i) Refer to Underwriting as an additional loading or exclusion may apply.

Occupation	Income Prot	Trauma & ADL TPD	TPD
Carpet layer	DY	A	NA
Cartage contractor/carrier			
– Local/metropolitan	D	A	C
– Long distance	DY	A	NA
Cashier – financial institutions	A	A	A
Casino			
– Croupier (minimum 2 years experience)	B	A	B
– Poker/gaming machine staff security (see security guard)	C	A	B
Caterer			
– Cooking	C	A	C
– No cooking	B	A	B
Ceiling fixer	NA	A	D
Cement renderer	NA	A	NA
Cemetery/crematorium worker	CY	A	C
Chainman (surveying)	DY	A	D
Chauffeur	B	A	B
Chef			
– Qualified	C	A	C
– Unqualified (minimum 2 years experience)	D	A	D
Chemical industry			
Not handling acids, explosives, radioactive materials:			
– Analytical or lab with degree	B	A	B
– Industrial chemist (Non-hazardous)	AA	A	A
– Research	AA	A	A
– Technician/lab assistant	B	A	B
– Process/production worker	CY	A	C
– Industrial chemist ⁽ⁱ⁾ (hazardous) handling acids, explosives, radioactive materials	IC	IC	IC
Chemist/pharmacist (qualified)	AA	A	A
Childcare worker qualified and registered			
– Working from home	NA	A	NA
– Not working from home	B	A	B
– Not govt. Registered	NA	A	NA
Chiropodist/podiatrist			
– Registered with podiatrist's registration board	A	A	A
Chiropractor			
– Registered with chiropractor's registration board	B	A	A
Cinema (see theatre/cinema industry)			
Circus performer/worker ⁽ⁱ⁾	NA	B	NA

Occupation	Income Prot	Trauma & ADL TPD	TPD
Cleaner (full time only)			
– Brick	DY	A	E
– Carpet	C	A	C
– Household	CY	A	C
– Office/factory/school	CY	A	C
– Street	CY	A	C
– Window			
– Up to 10 metres high	CY	A	C
– Above 10 metres high ⁽ⁱ⁾	DY	A	NA
Clerical worker/clerk	A	A	A
Club			
– Entertainment	NA	A	NA
– Night/disco	NA	A	NA
– Private/exclusive			
– Management/admin. only	A	A	A
– Others	IC	A	IC
Coach driver			
– Local	D	A	C
– Long distance	DY	A	D
Commercial artist (Not working from home)	A	A	A
Commercial traveller	B	A	B
Compositor			
– Keyboard work only	B	A	B
– Other	C	A	B
Computer industry			
– Consultant (professional, degree qualified)	AA	A	A
– Consultant (other)	A	A	A
– Engineer (degree qualified)	AA	A	A
– Technician	B	A	B
– Maintenance engineer	B	A	B
– Keyboard operator	B	A	B
– Programmer/systems analyst	A	A	A
– Sales representative	A	A	A
Concrete contractor/paver	NA	A	NA
Cook	C	A	C
Courier (see driver)			
Craneperson/driver (Other than dock worker)			
– Tower crane	DY	A	NA
– Other	D	A	C
Dairy			
– Proprietor	C	A	C
– Delivery person	C	A	C
– Employee	CY	A	C
Debt collector			
– Repossessing	DY	A	NA
– No repossessing (office based only, no field work)	A	A	A
– Other	C	A	C

(i) Refer to Underwriting as an additional loading or exclusion may apply.

Occupation	Income Prot	Trauma & ADL TPD	TPD
Decorator/designer			
– Design only, no manual work	A	A	A
– Interior/exterior with manual work			
– To 10 metres high	B	A	B
– Over 10 metres high ⁽ⁱ⁾	DY	A	NA
Delicatessen proprietor	B	A	B
Demolisher (building)			
– Foreperson	CY	A	C
– Other ⁽ⁱ⁾	NA	A	NA
Dental mechanic/technician	B	A	B
Dental nurse	B	A	B
Dentist/dental surgeon/orthodontist	MP	A	A
Diemaker/caster	C	A	C
Diesel Mechanic (qualified)	C	A	C
Dietitian			
– Qualified and registered	A	A	A
– Unqualified	B	A	B
Director (Administrative duties only)	A	A	A
Diver (professional) ⁽ⁱ⁾	NA	B	NA
Docker/waterside worker	NA	A	NA
Doctor (medical or dental)	MP	A	A
Dog Groomer (mobile)	D	A	D
> 2 years experience, employed or self employed (business operating successfully ie established clientele, stable income)			
Dog Groomer (Shop front business) > 2 years experience, employed or self employed (business operating successfully ie established clientele, stable income)	B	A	B
Draftsperson	A	A	A
Drainer/drainage contractor	DY	A	D
Dressmaker (not from home)	C	A	C
Drillers ⁽ⁱ⁾			
– Offshore (Australian waters only) and/or explosives use	NA	A	NA
– Other (no explosives use)	DY	A	D

Occupation	Income Prot	Trauma & ADL TPD	TPD
Driver			
– Ambulance	D	A	E
– Bulldozer	D	A	D
– Bus/coach			
– Local	D	A	C
– Long distance	DY	A	D
– Chauffeur – (not hire car)	B	A	B
– Courier			
– Bicycle	CY	A	NA
– Motorcycle	CY	A	C
– Cars and small vans	C	A	C
– Trucks (see trucks below)			
– Crane (other than dock worker and tower cranes)	D	A	C
– Dairy delivery person	C	A	C
– Earthmoving and construction equipment	D	A	D
– Explosives ⁽ⁱ⁾	DY	EXC or C	E
– Fork lift	C	A	C
– Garbage collector	DY	A	D
– Instructor			
– Car	B	A	B
– Truck	C	A	C
– Log hauler	DY	A	C
– Taxi	CY	A	C
– Tow truck	D	A	C
– Trucks			
– Local/metropolitan	D	A	C
– Long distance (operating more than 200 Km of base)	DY	A	D
Driver/musterer	NA	A	NA
Dry cleaner proprietor/manager	C	A	C
– Other	D	A	D
Earthmoving worker	D	A	D
Electrical lines installer or repairer/power lines ⁽ⁱ⁾	DY	A	NA
Electrician			
– Domestic or light commercial	C	A	C
– Industrial high voltage ⁽ⁱ⁾ (with trade qualification)	NA	C	NA
– Other	IC	A	IC
Electroplater/enameller	C	A	C

(i) Refer to Underwriting as an additional loading or exclusion may apply.

Occupation	Income Prot	Trauma & ADL TPD	TPD
Engineer (degree qualified, no manual work)			
– Aircraft ⁽ⁱ⁾ (Flying endorsement will apply)	AA	A	A
– Chemical (non-hazardous materials)	AA	A	A
– Consulting/office duties only	AA	A	A
– Supervising – not involved with bridges or heights, underground work or explosives	B	A	B
– Manual work – not involved with bridges or heights, underground work or explosives	C	A	C
– Maritime – not seagoing	AA	A	A
– Mining – no underground work and office duties only (refer to mine worker – professionals)	AA	A	A
– Other	IC	IC	IC
Engraver/etcher	B	A	B
Entertainer	NA	A	NA
Executive (100% Office work)	A	A	A
Explosives worker ⁽ⁱ⁾	NA	EXC or C	NA
Exporter/importer			
– Office only	A	A	A
– Some light manual work	B	A	B
– Other	IC	IC	IC
Factory worker	CY	A	C
Farmer/owner (Min 3 years)	C/F	A	C
Farm hand/labourer/worker	DY	A	D
Farm manager (duties required)	C	A	C
Farrier	DY	A	E
Fashion designer	A	A	A
Fast food/takeaway proprietor	C	A	C
Fencing contractor			
– Proprietor	D	A	C
– Employee	DY	A	C
Fibreglass worker	DY	A	D
Film industry (see radio/television/film industry)			
Financial planner/consultant	A	A	A
Firefighter ⁽ⁱ⁾			
– Airport	DY	A	D
– City	DY	A	D
– Explosives	NA	EXC or C	NA
– Mines	NA	EXC or C	NA
– Oil and natural gas well	NA	EXC or C	NA
– Rural	NA	C	NA
Fishing			
– Deep sea or seasonal	NA	A	NA
– Other	IC	A	IC

Occupation	Income Prot	Trauma & ADL TPD	TPD
Fishmonger	C	A	C
Fitter and turner	C	A	C
Floor coverer/layer (linoleum/plastic, not carpet)	D	A	D
Floor surfer/tiler/sander	D	A	D
Foreperson (no demolition/wrecking)	C	A	C
Foundry			
– Patternmaker	D	A	D
– Worker	DY	A	E
French polisher	C	A	C
Funeral parlour			
– Funeral director/undertaker (No manual work)	A	A	A
– Driver/embalmer/pall bearer/other	C	A	C
Furniture removalist			
– Local	DY	A	C
– Long distance	NA	A	D
Garbage collector	DY	A	D
Gardener			
– Domestic landscape (2 years experience)	C	A	C
– Other	CY	A	C
Gas fitter	D	A	C
Geologist			
– Office only (no field work)	A	A	A
– Field work	C	A	C
Glass blower/cutter	CY	A	C
Glazier	C	A	C
Goldsmith/silversmith	B	A	B
Golf club professional			
– Shop, tuition only	C	A	NA
– Touring	NA	A	NA
Government employees	A	A	A
Office duties only			
Graduates (Within last two years)			
– Medical doctor (registered)	MP	A	A
– Medical doctor (registered)	AA	A	A
– Dental professional (registered)	MP	A	A
Graphic artist/designer (Not from home)	A	A	A
Greenkeeper/grounds person			
– Supervisor (detail training/occupational history)	C	A	C
– Other	D	A	D
Gym instructor			
– Qualified, min 3 years experience, working in practice/sports club only	CY	A	C
– Other	NA	A	NA

(i) Refer to Underwriting as an additional loading or exclusion may apply.

Occupation	Income Prot	Trauma & ADL TPD	TPD
Hairdresser/barber	CY	A	C
– Not working at home	NA	A	NA
Handyperson (2 Years minimum experience)	DY	A	E
Harbour pilot	DY	B	NA
Hardware/building supplies admin, clerical, management only	A	A	A
Home duties/Homemaker	NA	A	A
Horse riding instructor	CY	A	NA
Horse strapper	DY	A	D
Horse trainer/breeder (No horse breaking)	CY	A	C
Horticulturist (Qualified – Minimal manual)	B	A	B
Hospital			
– Aides	CY	A	C
– Domestic	CY	A	C
– Orderly/wardperson	CY	A	C
– Registrar/manager	A	A	A
Hotel industry (including motels)			
– Manager/proprietor			
– 10 or more full-time Employees	B	A	A
– Under 10 full-time Employees	C	A	B
– Staff			
– Bar	CY	A	C
– Bottle shop attendant	C	A	C
– Bouncer	NA	B	NA
– Chef	C	A	C
– Cleaner	CY	A	C
– Driveway attendant	C	A	C
– Office/admin only	A	A	A
– Waiter	B	A	B
– Other	IC	A	IC
Houseperson	NA	A	A
Human resources/personnel manager	A	A	A
Importer/exporter			
– Office only	A	A	A
– Some light manual work	B	A	B
– Other	IC	IC	IC
Industrial chemist (non-hazardous materials)	AA	A	A
Inspector			
– Electrical	C	A	C
– Meat	B	A	B
Instrument maker	B	A	B
Insulation installer	D	A	C

Occupation	Income Prot	Trauma & ADL TPD	TPD
Insurance			
– Adjuster/assessor (not private investigator)	B	A	B
– Adviser/salesperson	A	A	A
– Broker	A	A	A
– Inspector	B	A	B
Interior decorator/designer (see decorator/designer)			
Investigator/Inquiry agent	NA	A	NA
Investment advisor (licensed)	A	A	A
Jackaroo/jillaroo/stockhand/stationhand	DY	A	NA
Janitor	CY	A	C
Jeweller			
– Repairs/retail sales	B	A	B
– Others (including cutter/polisher/setter/engraver)	B	A	B
Jockey ⁽ⁱ⁾	NA	EXC or B	NA
Journalist			
– Freelance, no overseas assignments	NA	A	NA
– Salaried, no overseas assignments	A	A	A
– Salaried, overseas ⁽ⁱ⁾ assignments	NA	NA	NA
Kennel proprietor	C	A	C
Key punch operator	B	A	B
Kitchen hand			
– 2 Years experience	D	A	D
– <2 Years experience	DY	A	D
Knitter (in mill)	CY	A	C
Laboratory technician			
– Not handling radioactive or toxic substances or chemicals	B	A	B
– Other	IC	IC	IC
Labourer (not under specified industry)	DY	A	E
Land broker	A	A	A
Landscape gardener			
– Not qualified (2 years experience)	C	A	C
– Qualified (horticultural degree/diploma and minimum of manual labour)	C	A	B
– Other	CY	A	C
Lawnmower sales and service	C	A	B
Lawnmowing contractor			
– 3 Years experience	C	A	C
– Other	CY	A	C
Lawyer	AA	A	A
Librarian	A	A	A
Lift mechanic	C	A	C

(i) Refer to Underwriting as an additional loading or exclusion may apply.

Occupation	Income Prot	Trauma & ADL TPD	TPD
Lines installer or lines repairer (see electrical or telecommunications)			
Linotype operator	C	A	C
Livestock buyer/dealer	B	A	B
Locksmith	B	A	B
Logging (see timber)			
Loss adjuster (not private investigator/repossession)	B	A	B
Machinery equipment hire or service	C	A	B
Machinist			
– Clothing			
– In shop or factory away from home	C	A	C
– At home	NA	A	NA
– Metal/wood	DY	A	D
Mail contractor			
– Van	C	A	C
– Motorcycle	CY	A	C
Management consultant (degree qualified, 100% office)	AA	A	A
Manager			
Director (office duties only)	A	A	A
Manicurist			
– Not working at home	C	A	C
– Working at home	NA	A	NA
Manufacturer			
– Office duties only	A	A	A
– Other (not handling toxic/hazardous substances)	CY	A	C
Market gardener	C	A	C
Maritime (see shipping/maritime industry)			
Mason	D	A	D
Masseur/masseuse			
– Working from home	NA	A	NA
– Qualified, minimum 3 years experience, working in practice not from home	CY	A	C
Mathematician	AA	A	A
Meat packer	DY	A	D
Mechanic (qualified)	C	A	C
Medical practitioner	MP	A	A
Merchant banker	AA	A	A
Merchant seaman ⁽ⁱ⁾	NA	A	NA

Occupation	Income Prot	Trauma & ADL TPD	TPD
Metal industry			
– Fitter and turner (qualified)	C	A	C
– Metal supply/stocks	DY	A	D
– Sheet metal worker	D	A	D
– Skilled supervisor	C	A	C
– Skilled worker	C	A	C
– Other workers	DY	A	E
Metallurgist			
– Office/laboratory only	A	A	A
– Field work	C	A	C
Meter reader	D	A	D
Milk bar			
– Proprietor	B	A	B
– Employee	B	A	B
Milk vendor	C	A	C
Mining industry ⁽ⁱⁱ⁾			
– Assayer	B	A	B
– Boilermaker/welder	C	A	C
– Carpenter	C	A	C
– Carpenter (apprentice)	C	A	C
– Chemical engineer (office only)	AA	A	A
– Chemical engineer/industrial chemist (hazardous materials)	IC	IC	IC
– Chemical engineer/industrial chemist (non-hazardous materials)	AA	A	A
– Clerical	A	A	A
– Dragline operator	C	A	C
– Driver/operator – bogger	C	A	C
– Driver/operator – crane	C	A	C
– Driver/operator – dump truck	C	A	C
– Driver/operator – excavator	C	A	C
– Driver/operator – jumbo	C	A	C
– Driver/operator – mill	C	A	C
– Driver/operator – truck	C	A	C
– Electrician	C	A	C
– Electrician (apprentice)	C	A	C
– Electronic technician	C	A	C
– Engineer (field work)	C	A	C
– Engineer (office only)	AA	A	A
– Explosives handler – hard rock	C	A	C
– Explosives handler ⁽ⁱ⁾ – soft rock open cut (explosives exclusion to apply to all benefits)	C	A	C
– Fitter/turner	C	A	C
– Fitter/turner (apprentice)	C	A	C
– Foreman	C	A	C
– Geologist (field work)	C	A	C
– Geologist (office only)	A	A	A
– Instrument technician	C	A	C

(i) Refer to Underwriting as an additional loading or exclusion may apply.

(ii) Refer to pages 68 and 69 for the max sum insured and agreed value/indemnity splits for mining occupations.

Occupation	Income Prot	Trauma & ADL TPD	TPD
Mining industry (continued)			
– Longwall co-ordinator (field work)	C	A	C
– Maintenance supervisor (no manual work)	B	A	B
– Maintenance worker	C	A	C
– Mechanic	C	A	C
– Mechanic (apprentice)	C	A	C
– Metallurgist (field work)	C	A	C
– Mill superintendent	C	A	C
– Mine deputy (field work)	C	A	C
– Mine deputy (office only)	A	A	A
– Mine manager (field work)	C	A	C
– Mine manager (office only)	A	A	A
– Miner/driller	C	A	C
– OH&S manager (degree qualified, office only)	AA	A	A
– OH&S manager (field work)	C	A	C
– OH&S manager (not degree qualified, office only)	A	A	A
– Pit technician	C	A	C
– Plant operator	C	A	C
– Plumber	C	A	C
– Plumber (apprentice)	C	A	C
– Rescue/recovery team (fire)	NA	C	NA
– Safety officer	C	A	C
– Sandblaster	C	A	C
– Shotfirer – hard rock	C	A	C
– Shotfirer ⁽ⁱ⁾ – soft rock open cut (explosives exclusion to apply to all benefits)	C	A	C
– Soft rock underground – driver/operator – dump truck	DY	A	C
– Soft rock underground – carpenter	DY	A	C
– Soft rock underground – dragline operator	DY	A	C
– Soft rock underground – driver/operator – bogger	DY	A	C
– Soft rock underground – driver/operator – crane	DY	A	C
– Soft rock underground – driver/operator – excavator	DY	A	C
– Soft rock underground – driver/operator – jumbo	DY	A	C

Occupation	Income Prot	Trauma & ADL TPD	TPD
Mining industry (continued)			
– Soft rock underground – driver/operator – mill	DY	A	C
– Soft rock underground – driver/operator – truck	DY	A	C
– Soft rock underground – electrician	DY	A	C
– Soft rock underground – explosives handler (explosives exclusion to apply to allowable benefits)	NA	A	C
– Soft rock underground – fitter/turner	DY	A	C
– Soft rock underground – foreman	C	A	C
– Soft rock underground – longwall co-ordinator (field work)	C	A	C
– Soft rock underground – maintenance worker	DY	A	C
– Soft rock underground – mechanic	DY	A	C
– Soft rock underground – mill superintendent	C	A	C
– Soft rock underground – mine deputy (field work)	C	A	C
– Soft rock underground – miner/driller	DY	A	C
– Soft rock underground – pit technician	DY	A	C
– Soft rock underground – plant operator	DY	A	C
– Soft rock underground – plumber	DY	A	C
– Soft rock underground – sandblaster	DY	A	C
– Soft rock underground – shotfirer ⁽ⁱ⁾ (explosives exclusion to apply to allowable benefits)	NA	A	C
– Soft rock underground – supervisor (field work)	C	A	C
– Soft rock underground – train driver	DY	A	C
– Supervisor (field work)	C	A	C
– Supervisor (office only)	A	A	A
– Surveyor (field work)	C	A	C
– Surveyor (office only)	A	A	A
– Train driver	C	A	C
Minister of religion	A	A	A
Priest/clergy (Sole occupation)			
Model	NA	A	NA
Motel (see hotel industry)			

(i) Refer to Underwriting as an additional loading or exclusion may apply.

Occupation	Income Prot	Trauma & ADL TPD	TPD
Motor vehicle industry			
– Assembly/production line worker	CY	A	C
– Dealer	A	A	A
– Detailer	C	A	C
– Mechanic	C	A	C
– Sales	A	A	A
– Wrecker	DY	A	E
Musician			
– Orchestral (full time)	NA	A	NA
– Teacher (full time) not working at home	B	A	B
– Other	NA	A	NA
Mustering (excluding aerial)	DY	A	NA
Naturopath			
– Govt. Registered, not working at home	A	A	A
– Other	NA	A	NA
Navy personnel ⁽ⁱ⁾	NA	A	NA
Newsagent (sales only)	B	A	B
Nurse			
– Aide	CY	A	C
– Dental	B	A	B
– General			
– Enrolled	C	A	C
– Registered	C	A	C
– Geriatric	C	A	D
– Personal care attendant			
– Hospital and aged care facility based only	DY	A	D
– In-home based	NA	A	D
– Midwife	C	A	B
– Psychiatric	C	A	D
– Primarily engaged in administration (eg nurse educator, director of nursing)	B	A	A
– Veterinary	C	A	C
Nursery (plants)	C	A	C
Occupational therapist (Degree qualified)	A	A	A
Oil & gas industry – offshore ⁽ⁱ⁾	NA	EXC or C	NA
– Hazardous duties eg explosives, diving	NA	A	NA
– Professional	NA	A	NA
– Rig personnel, drillers (non-hazardous duties)			

Occupation	Income Prot	Trauma & ADL TPD	TPD
Oil & gas industry – onshore			
– Administration/clerical	A	A	A
– Distributor (no delivery work involved)	B	A	C
– Driller (no explosives)	DY	A	D
– Engineer (degree qualified, office only)	AA	A	A
– Geologist (degree qualified, office only)	A	A	A
– Management	A	A	A
– Other ⁽ⁱ⁾ (working with explosives, drilling, rigs, underground work or diving)	NA	EXC or C	NA
– Pipeline worker (skilled, trade qualified, surface work only)	CY	A	D
– Pipeline worker (unskilled, surface work only)	DY	A	E
– Professional (degree qualified, office only)	AA	A	A
– Refinery worker (skilled, trade qualified, no rigging involved)	C	A	B
– Refinery worker (unskilled, no rigging involved)	DY	A	C
– Rig personnel	NA	A	NA
– Tanker driver (local)	D	A	C
– Tanker driver (long distance)	DY	A	D
Ophthalmologist (qualified)	AA	A	A
Optician	A	A	A
Optometrist	MP	A	A
Orchardist	C	A	C
Orthodontist	MP	A	A
Osteopath			
– Registered with osteopath/Chiropractor's board	B	A	A
Owner/driver (see driver for particular category)			
Oyster farmer	C	A	C
Painter (qualified)			
– Up to 10 metres high	C	A	C
– Over 10 metres high ⁽ⁱ⁾	DY	A	NA
Painter (without qualification)			
– Up to 10 metres high	DY	A	E
– Over 10 metres high ⁽ⁱ⁾	NA	A	NA
Panel beater (qualified)	D	A	C
Parking station attendant	BY	A	B
Pastry cook	C	A	C
Pathologist	MP	A	A
Pathology analyst	A	A	A
Patio erector/installer (trade qualified/licensed)	C	A	C
Patternmaker (Foundry moulds etc)	D	A	D
Paver	NA	A	NA

(i) Refer to Underwriting as an additional loading or exclusion may apply.

Occupation	Income Prot	Trauma & ADL TPD	TPD
Payroll guard (see security guard)			
Personal trainer (qualified, minimum 3 years experience, working in practice/sports club only)	CY	A	C
Personal trainer (other)	NA	A	NA
Pest controller/exterminator	DY	C	NA
Pharmacist	AA	A	A
Photoengraver	C	A	C
Photographer (local)			
– Mainly studio	B	A	B
– Aerial	NA	A	NA
– Other	NA	A	NA
Physicist	AA	A	A
Physiotherapist	B	A	A
Piano tuner	B	A	B
Picture framer	C	A	C
Pilot ⁽ⁱ⁾	NA	A	NA
Plasterer	NA	A	D
Plumber/gas fitter			
– Trade qualified/ domestic only	C	A	C
– 4th year apprentice	DY	A	C
Plumber (roof)	DY	A	E
Podiatrist/chiroprapist			
– Registered with podiatrist's registration board	A	A	A
Police			
– Motorcyclist	NA	C	NA
– Non-motorcyclist/ General duties	NA	A	NA
– Superintendent/ Senior officer	NA	A	A
Post office			
– Australia post shop employee	B	A	B
– Post office agent (Sole business)	B	A	B
– Delivery van	C	A	C
– Mail sorter	C	A	C
– Motorcycle	CY	A	C
– Supervisor/clerk	A	A	A
Priest	A	A	A
Printer/publisher			
– No manual work	A	A	A
– Skilled manual work (eg engraver/linotype operator)	B	A	B
– Other worker	IC	A	IC
Prison officer	NA	A	NA
Private detective/investigator	NA	A	NA
Process/Production worker	CY	A	C
Produce merchant	C	A	C

Occupation	Income Prot	Trauma & ADL TPD	TPD
Professional sports person ⁽ⁱ⁾	NA	A	NA
Programmer (see computer industry)			
Property			
– Consultant	A	A	A
– Investor	NA	A	NA
– Developer	NA	A	A
Psychiatrist	MP	A	A
Psychologist	MP	A	A
Public relations officer (tertiary qualified)	A	A	A
Public servants – clerical	A	A	A
Publisher (see printer)			
Purchasing officer			
– Clerical	A	A	A
– Other	IC	A	B
Quantity surveyor	A	A	A
Quarry worker	DY	EXCor C	NA
Radio/television/film industry			
– Actor	NA	A	NA
– Administration	A	A	A
– Announcer	BY	A	NA
– Camera operator			
– Studio only	B	A	B
– On location	C	A	C
(no overseas work)			
– Director/producer	A	A	A
– Editor	A	A	A
– Engineer	B	A	B
– Projectionist	B	A	B
– Reporter (salaried, no overseas work)	A	A	A
– TV/radio technician/repairer	B	A	B
Radiographer	A	A	A
Radiologist	AA	A	A
Railway worker			
– Customer service	B	A	B
– Driver	DY	A	C
– Fireperson	DY	EXC or C	NA
– Guard (not security)	CY	A	B
– Inspector (ticket only)	B	A	B
– Labourer	DY	A	E
– Maintenance	DY	A	E
– Porter	DY	A	D
– Shunter	DY	A	NA
– Signal person	BY	A	B
– Station master	BY	A	B
– Station assistant	CY	A	B
– Ticket collector	B	A	B
– Track laying	DY	A	NA
Real estate agent	A	A	A
Real estate auctioneer (3 Yrs exp)	A	A	A
Receptionist (office duties only)	A	A	A

(i) Refer to Underwriting as an additional loading or exclusion may apply.

Occupation	Income Prot	Trauma & ADL TPD	TPD
Refrigeration mechanic/repairer	C	A	C
Repairer/service technician			
– Light manual (eg office machines)	B	A	B
– Heavy manual	C	A	C
Reporter (see journalism)			
Restaurant			
– Chef/cook	C	A	C
– Proprietor/manager			
– 5 or more employees	B	A	A
– Less than 5 employees	C	A	B
– Waiter	B	A	B
– Other full-time employees	IC	A	IC
Retired	NA	A	NA
Rigger ⁽ⁱ⁾	NA	A	NA
Roofer/roof tiler	DY	A	E
Rubbish removalist	DY	A	D
Sales representative (see also agent, car salesperson, shop proprietor/assistant)			
– Not listed elsewhere (no delivery/assembly/repair)	A	A	A
– Other	IC	A	C
Sand blaster	DY	A	NA
Scaffolder ⁽ⁱ⁾	DY	A	NA
Scrap metal dealer	DY	A	D
Seaman ⁽ⁱ⁾	NA	A	NA
Search/rescue worker (Not volunteer) ⁽ⁱ⁾	NA	A	NA
Seasonal workers	NA	A	NA
Second hand dealer	B	A	B
Secretary	A	A	A
Security guard			
– Armed	DY	C	NA
– Unarmed (no unusual hazards)	D	A	NA
Services (armed forces) ⁽ⁱ⁾	NA	A	NA
Service station/garage			
– Attendant/worker	CY	A	C
– Console operator (no driveway work)	BY	A	B
– Mechanic (qualified)	C	A	C
– Proprietor (no mechanical work)	B	A	B
Shearer/shearing contractor	DY	A	NA
Sheet metal worker	D	A	D

Occupation	Income Prot	Trauma & ADL TPD	TPD
Shipping/Maritime industry			
Seagoing personnel ⁽ⁱ⁾ (Australian waters only)			
– Crew	NA	A	NA
– Officer	NA	A	B
– Engineer	NA	A	C
– Shore personnel			
– Administration only	A	A	A
– Dock worker	NA	A	NA
– Shipyard worker	DY	A	NA
Shipwright	C	A	C
Shoemaker/repairer	C	A	C
Shopfitter	C	A	C
Shop proprietor/assistant			
– Antiques (sales)	B	A	B
– Antiques (restoration)	C	A	C
– Bicycles	B	A	B
– Booksellers, stationery, cards	B	A	B
– Bread/cakes (no baking)	B	A	B
– Butcher (retail – no slaughtering)	C	A	C
– Café	B	A	B
– China/glassware	B	A	B
– Clothing	B	A	B
– Curtain (sales only)	B	A	B
– Delicatessen	B	A	B
– Disposals	B	A	B
– Dry cleaner			
– Proprietor/manager	C	A	C
– Other	D	A	D
– Electrical, radio, television (sales only)	B	A	B
– Fast food	C	A	C
– Fishmonger	C	A	C
– Florist			
– Administration/sales	B	A	B
– Deliveries	C	A	C
– Fruiterer and greengrocer	C	A	C
– Furniture (new retail)	B	A	B
– Furrier	B	A	B
– General store	B	A	B
– Gift	B	A	B
– Glass (plate glass etc)	B	A	B
– Gunsmith	B	A	B
– Haberdasher, draper	C	A	C
– Hardware (light lifting)	C	A	C
– Health foods	B	A	B
– Jeweller (retail only)	B	A	B
– Lawnmowing (sales and service)	C	A	B
– Licensed grocer/liquor store	B	A	B
– Lingerie	B	A	B
– Locksmith	B	A	B

(i) Refer to Underwriting as an additional loading or exclusion may apply.

Occupation	Income Prot	Trauma & ADL TPD	TPD
Shop proprietor/assistant (continued)			
– Milk bar	B	A	B
– Milliner (retail only)	B	A	B
– Mobile (eg ice cream, donuts)	CY	A	C
– Motor spares	B	A	B
– Music/musical instruments	B	A	B
– Newsagent (sales only)	B	A	B
– Photographic (Mainly studio)	B	A	B
– Secondhand	B	A	B
– Shoe store (sales only)	B	A	B
– Skin/hide/leather	B	A	B
– Sporting goods (sales only)	B	A	B
– Supermarket proprietor			
– Manager large store	B	A	B
– Other	C	A	C
– Tobacconist	B	A	B
(no hairdressing)			
– Video shop	B	A	B
– Not otherwise rated			
– Light goods only (eg clothes)	B	A	B
– Heavy goods (eg machinery)	C	A	B
– Mainly take-away food	C	A	C
Sign erector	DY	A	NA
Sign writer	C	A	B
Slaughterer	NA	A	NA
Social worker	B	A	B
Soft drink manufacturer	C	A	C
Solicitor	AA	A	A
Sonographer (registered)	AA	A	A
Specialist physician	AA	A	A
Speech therapist (qualified)	A	A	A
Sporting/fitness club			
– Management/admin. only	A	A	A
– Coach	NA	A	NA
– Others	IC	A	IC
– Gym instructor (qualified, minimum 3 years experience, working in practice/sports club only)	CY	A	C
– Personal trainer (qualified, minimum 3 years experience, working in practice/sports club only)			
Spray painter (qualified)	C	A	C
Squash court proprietor (full time only, non-professional playing)	B	A	B
Statistician	AA	A	A
Steel erector/fixer	DY	A	NA
Stevedore	NA	A	NA
Stockman/station hand (see jackaroo)			
Stonemason	D	A	D

Occupation	Income Prot	Trauma & ADL TPD	TPD
Storekeeper (See shops)			
Storeperson (Light manual)	C	A	C
Storeperson and packer	D	A	C
Student	NA	A	A
Stuntperson ⁽ⁱ⁾	NA	NA	NA
Surgeon (not dental)	AA	A	A
Surveyor			
– Consulting	A	A	A
– Explosives ⁽ⁱ⁾	DY	EXC or C	NA
– Other	B	A	B
Swimming pool			
– Builder	C	A	C
– Proprietor/manager	B	A	B
– Swimming instructor (full time only, not seasonal)	CY	A	C
– Attendant	NA	A	NA
Systems analyst (see computer industry)			
Tab (totalisator) agent (full time only)	B	A	B
Take-away food shop proprietor (3 years experience)	C	A	C
Tailor (not working from home)	C	A	C
Tanner	D	A	NA
Tattooist (minimum 5 years experience, shop only)	DY	A	D
Tax consultant	A	A	A
Taxi driver	CY	A	C
Teacher			
– Music (full time)	B	A	B
– Physical (eg physical education, dancing)	C	A	NA
– Pre-school	B	A	B
– Trade (eg agriculture, technical college)	C	A	C
– Other	A	A	A
Telecommunications/telephone/TV			
– Engineer – degree, office duties only	AA	A	A
– Engineer (not qualified)	B	A	B
– Lines installer or line repairer ⁽ⁱ⁾			
– Tower	DY	A	NA
– Others	DY	A	NA
Telephonist/switchboard operator	A	A	A
Television (see radio/television/film industry)			
Tennis coach (3 years experience, full time only, not touring or professional player)	C	A	NA

(i) Refer to Underwriting as an additional loading or exclusion may apply.

Occupation	Income Prot	Trauma & ADL TPD	TPD
Textile workers	CY	A	C
Theatre/cinema industry (Full-time only)			
– Actor	NA	A	NA
– Director/producer	B	A	B
– Management (administration only)	A	A	A
– Make-up	C	A	C
– Projectionist	B	A	B
– Ticket seller/usher	BY	A	B
– Wardrobe	C	A	C
– Other	IC	A	IC
Tiler/slater			
– Floor/wall	D	A	D
– Roof	DY	A	E
Timber			
– Cutter/getter/feller/logger ⁽ⁱ⁾	DY	A	NA
– Using explosives ⁽ⁱ⁾	NA	EXC or C	NA
– Sawmill			
– Milling/log work	DY	A	D
– Stacking and similar duties	DY	A	D
Timber merchant			
– No manual work	C	A	C
– Manual work	DY	A	D
Toolmaker (qualified)	C	A	C
Tramway workers			
– Tram conductor	BY	A	B
– Tram driver	DY	A	C
Transit guard			
– Armed	NA	C	NA
– Unarmed	D	B	NA
Travel agent/consultant	A	A	A
Tree surgeon/lopper/remover	DY	A	NA
Trench digger	D	A	D
Trotting driver	NA	EXC or B	NA
Truck driver			
– Local/metropolitan	D	A	C
– Long distance (operating more than 200 km of base)	DY	A	D
Tugboat crew (No deep sea)	DY	A	NA
Tunneller/shaft worker ⁽ⁱ⁾	NA	A	NA
Typist/stenographer	B	A	B
Undertaker (see funeral parlour)			
Unemployed	NA	A	NA
University and college staff professor/dean/lecturer	AA	A	A
University – office administration staff	A	A	A
University – tutor (with degree)	AA	A	A
Upholsterer	C	A	C
Valuer – licenced (Not salesperson)	A	A	A

Occupation	Income Prot	Trauma & ADL TPD	TPD
Vending machine technician	B	A	B
Qualified tradesperson/repairer			
Veterinary surgeon			
– Domestic pets	MP	A	A
– Other	B	A	B
Vigneron (minimal manual work)	C	A	B
Waiter	B	A	B
Watchmaker	B	A	B
Welder (qualified)	D	A	C
Wharf/waterside worker	NA	A	NA
Window cleaner			
– Up to 10 metres high	CY	A	C
– Above 10 metres high ⁽ⁱ⁾	DY	A	NA
Window dresser (full time only)	B	A	B
Window framers/fitters	C	A	C
Windscreen fitter	C	A	C
Winemaker (minimal manual work)	C	A	B
Wine/spirit merchant	B	A	B
Wool buyer/classer	B	A	B
Wrecker (building)			
– Supervisor, manager, overseer, foreperson	CY	A	C
– Other	NA	A	NA
X-ray technician	B	A	B
Zoo/wildlife keeper/attendant	D	B	NA
Zoologist			
– Qualified lab only	A	A	A
– Qualified fieldwork	C	B	C
– Other	IC	IC	IC

(i) Refer to Underwriting as an additional loading or exclusion may apply.

Section 7 – Pursuits and pastimes

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

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

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

If there is a history of accidents and/or injuries due to the pastimes or pursuits the underwriter may exclude the activity or not offer any cover.

Activities pursued on a professional or semi professional level will be underwritten on an individual consideration basis and cover may not be available.

Legend

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

Pursuit/Pastime	Life	Trauma	TPD	IP/BE
Aviation (agriculture)	IC	E	IC	IC
Aviation (commercial licence)				
– up to 250 hours per annum	Std	Std	IC	IC
– over 250 hours per annum	IC	Std	IC	IC
Aviation (hazardous)				
– for example, aerobatics	IC	IC	IC	IC

Pursuit/Pastime	Life	Trauma	TPD	IP/BE
Aviation (private licence) – not ultralight, not hazardous				
– up to 100 hours per annum	Std IC	Std IC	Std IC	Std E
– over 100 hour per annum				
Aviation (ultralight)	IC	E	E	E
Boxing (amateur)	Std	E	IC	IC
Boxing (professional)	Min \$2.00	IC	IC	IC
Diving – qualified (recreational) no caving, potholing or wreck diving <45 metres	Std	Std	Std	Std
Diving – qualified (recreational) no caving, potholing or wreck diving >45 metres	E	E	E	E
Football (amateur – touch)	Std	Std	Std	Std
Football (amateur – all other codes) – occupations MP, AA, A and B	Std	Std	Std	30-day WP for football related claims
Football (amateur – all other codes) – occupations C, D and F	Std	Std	Std	90-day WP for football related claims
Golf (amateur)	Std	Std	Std	Std
Hockey	Std	Std	Std	Std
Horseriding (amateur only) polo, show jumping or rodeo	Std	E	E	E
Horseriding (amateur only) trail riding only	Std	Std	Std	Std
Martial arts (non-competitive, traditional)	Std	Std	Std	Std-E
Motorcycle racing (amateur only)	IC	IC	E	E
Motor car racing (amateur)	IC	IC	IC	IC
Motorcycle riding (road use only) under age 25	Std	Std	E	E
Motorcycle riding (road use only) occupations MP, AA, A and B age 25 and above	Std	Std	Std	30-day WP for motor-cycle riding
Motorcycle riding (road use only) occupations C, D and F age 25 and above	Std	Std	Std	90-day WP for motor-cycle riding
Motorcycle riding (farmer and farm use only)	Std	Std	Std	Std
Motorcycle riding (trail bike) – recreational off road	Std	Std	Std	90-day WP for trail bike riding
– competitive	IC	E	E	E

Pursuit/Pastime	Life	Trauma	TPD	IP/BE
Motorcycle riding (quad bike) – recreational off road	Std	Std	Std	90-day WP for quad bike riding
– competitive	IC	E	E	E
Mountaineering (including outdoor rock climbing)	IC	E	E	E
Sailing – Australian coastal water (recreational)	Std	Std	Std	Std
Sailing – otherwise	IC	E	E	E
Snow skiing – recreational	Std	Std	Std	Std
Snow skiing – competitive	Std	Std	E	E
Snow skiing – professional	Std	Std	IC	IC
Water skiing – recreational	Std	Std	Std	Std
Water skiing – competitive	Std	Std	E	E
Wrestling – amateur	Std	Std	E	E
Wrestling – professional	Std	Std	IC	IC

Section 8 – Claims requirements

Claims philosophy

We will be there for your clients to help them realise their best life possible.

To help your clients realise the best life they can, AMP want to provide more than just financial support. Payments assist with your clients’ immediate financial needs however AMP wants to do more to help them in the long-term.

In 2015 we began our journey to improve your and your clients’ claim experience. We improved the way we manage income protection, temporary incapacity and salary continuance claims. In November 2016, we rolled out our new claims approach to our trauma, total and permanent disablement and terminal illness claims. Our next step in the journey will be our life insurance claims in 2017 and beyond.

We recognise that your clients are unique. We will work with you and your clients transparently, fairly and with respect and empathy.

At a time when your clients are already stressed with life’s events, we’ll listen and understand where your clients are at, what has happened and what they think they need.

We’ll take the time to explain what’s going to happen next and keep you and your clients updated on the progress of their claim.

Once we have obtained all the necessary information we will promptly assess the claim and advise you and your client the outcome as soon as possible. Please note that due to our privacy obligations we may be limited to the amount of information we can provide.

Claims service commitment and contact information

Our commitment to you	
Service and communication	<div>We will keep you and your client informed of the progress of the claim and any key decisions or requirements.</div> <div><div>– Adviser phone calls tailored to the level of information you require.</div><div>– Customer phone calls tailored to their situation.</div><div>– Written communication to confirm key matters relating to a claim.</div></div>

Our commitment to your client

Service and communication	We are sensitive to the circumstances in which your clients find themselves and will communicate to you and your client in confidence with compassion and empathy.
Determination	We will comprehensively and proactively review every claim, advising your client of progress, further requirements and any particular issues of significance. We utilise best practice claims management techniques to ensure assessments are fair, timely and evidence based.
Medical and financial information	Once provided with the necessary authority we will contact and obtain the necessary medical and financial information from the relevant bodies to expedite our decision.
Rehabilitation	<p>AMP is committed to providing more than just financial support. We want to help assure your clients' future quality of life and that may mean helping remove the barriers that often prevent people from resuming an active, productive life after illness or injury.</p> <p>Customers have comfort in knowing they have a personal case manager, who works closely with our in-house recovery specialists. They'll identify if clients can benefit from a recovery and return to work solution and will support them to get back to activity as soon as possible in a way that is right for your client.</p>
Complaint management process	Where complaint escalation is required, we offer an established dispute resolution process to provide prompt responses to you and your client.

Our team

Our teams work closely with you and with each other to provide the best service to you and your clients.

Access AMP	Access AMP is the first point of contact for you or your clients when lodging a claim. The team provides a superior experience from the very first conversation. We've done away with lengthy claim lodgment forms and instead gather information through meaningful conversations, to help build lasting relationship and better support for you and your client.
Claims administrators	Our administrative teams operate out of Melbourne and Sydney through a dedicated work management system to ensure your clients receive their payments in a timely manner.
Case managers	Our case managers do much more than assess claims – they help connect your client with community services, arrange short-term support, suggest rehabilitation possibilities and work with doctors and employers on return to work options for your client.
Team managers	Our team managers oversee the claims teams and ensure your clients claim is assessed in a timely manner. They also offer an escalation point for issues requiring further consideration.
Specialist support	<p>We have a number of specialist support services to assist our case managers in helping your clients including specialist medical consultants, accountants, rehabilitation and recovery specialists.</p> <p>We also have teams dedicated to coaching and continuous improvement, ensuring we provide a quality customer experience.</p>

Contact us

Access AMP

Our consultants are there to assist you with any query you or your clients have about their claim.

1300 366 214

Compliance

During a claim we may make a number of requests and enquiries. Your client may need to attend independent medical examinations to obtain objective specialist opinions regarding the claimed disability. They may also need to attend rehabilitation assessments to determine their capacity and assist with supporting them in their return to activity and work.

We may request medical reports from treating doctors regarding the condition, and obtain past medical histories to verify statements made on their application and to ascertain previous medical conditions and treatments.

As part of our claims process, we diligently follow up requests and make every attempt to expedite the assessment. If delays are experienced we will contact you and the client and advise you accordingly.

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

We may also request financial information to verify a client's income, depending on the nature of the claim. We may require financial documentation when a client is claiming partial benefits. This will enable us to calculate the correct entitlement.

Hypothetical enquiries

It is difficult to respond to a hypothetical query, given the potential variables in an actual situation.

Where possible we will try to answer the query. However, as the assessment of claims involves evaluation of actual circumstances and the terms and conditions of the relevant contract, reliance placed on the answers given to hypothetical queries would be of a general nature and not specific to a given situation or claim.

It may be worth contacting your business development representative to initially discuss the query.

Notification of claims

Customers should notify us as soon as possible after something happens to them that may lead to a claim.

They can simply call us on 1300 366 214 Monday to Friday 8.30am – 5.00pm AEST.

Death claims

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

- Plan number(s)
- Full name of claimant/life insured
- Date of death
- Cause of death (if known), and
- Name and address for correspondence.

Terminal illness

Please call or write to us as soon as possible after the person insured is diagnosed with a terminal condition. We will advise you or your client what information is required to assess your client's claim.

Income Insurance

The sooner you or your clients call, the sooner we can help. This may even be before the injury or illness has caused them to stop work.

We have made life easier for your clients by no longer asking them to fill in a form – a phone call is all we need to start the claim process. A conversation also helps us understand their situation and gives us the chance to suggest support services available in the community. When they call, it will be helpful if they have their policy number handy.

To understand their situation we'll ask about:

- their injury/illness
- work situation
- doctors and specialists, and
- financial adviser details.

We'll take the time to explain what's going to happen next and a dedicated case manager will be the central point of contact for you and your client from this point forward.

Requirement for interim cover claims

For interim cover claims for income insurance, life plans (accident death) and TPD, the requirements are identical to those set out above.

Assessment of claims

Death claims

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

Minimum requirements are:

- Original certified copy of the final death certificate¹
- Proof of age that is an original certified copy of birth certificate
- Will/Probate/Letters of Administration may be required in some circumstances, and
- Coroner's or, if available, a police report will be required where the cause of death is not specified or is undetermined.

For ordinary life and SMSF plans we will also require:

- the original plan document or a signed lost plan document form
- application for payment form signed by the appropriate parties
- Notice of Death Claim.

For superannuation life plans held by N.M. Superannuation Proprietary Limited (NM Super) we also require:

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

1 In Tasmania the Death Certificate does not record the cause of death. Therefore when we assess a claim for death benefits from Tasmania we require a copy of the Medical Cause of Death Certificate or a Coroner's report.

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

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

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

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

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

Terminal illness claims

Once we have been notified of a terminal illness, we request the client's treating doctor and specialist to complete the Doctor's opinion form and forward to us. Only registered medical practitioners, not allied health workers, may complete this form.

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

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

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

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

TPD

Once we are notified of a TPD claim, we ask your client to provide us with written authorities as well as an initial doctor's opinion form.

Should the authorities not be completed and provided promptly, delays may occur until these are provided. The authorities provide AMP with the ability to investigate your client's medical and claims history as required.

We will check to ensure that premiums have been paid and the plan was in force at the time of claim.

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

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

Trauma claims

Once we are notified of a trauma claim, we ask your client to provide us with written authorities.

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

We will check to ensure that premiums have been paid and the plan was in force at the time of claim.

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

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

We will pay for any medical evidence we request.

The submission of supporting medical evidence such as X-rays, pathology reports and ECGs may expedite the assessment of the claim.

Interim cover claims

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

Income Insurance

Assessment of a claim begins as soon a case manager contacts your client.

Together they'll discuss:

- their needs and goals to give them the best possible outcome
- who should be involved (eg employer, doctor, adviser etc)
- their situation and history (eg medical and financial records required).

Together they'll reach out to your clients family, doctor, employer or anyone else who can support their recovery. This helps us offer the right support to get them back to their best life sooner.

The case manager will also work closely with our in-house recovery specialists to develop a recovery and return to work solution that works for your client. It may even mean we talk to their employer to ensure they support your client at work.

To support their recovery we expect clients to:

- commit to their agreed goals to reach the best outcome possible
- focus on what they can do to further assist their own recovery
- tell their case manager if they have any concerns or experience difficulties
- reach out for support (eg their case manager, family, friends or community services).

Your input as adviser is important

We need your help in supporting customers to return to an active and healthy life. So we can partner with you in their recovery, we will ask your client if we can contact you about their claim. Your role as adviser continues to be important throughout their recovery: by answering the client's questions; reconfirming the process; and discussing support options they may need from AMP, to reach their goals.

Useful terminology and information

Incurred date – The incurred date is determined from the date the client ceases all work duties and AMP agrees the client is totally disabled, in accordance with the terms and conditions of their plan. This is the day the waiting period commences, if applicable.

Qualifying/waiting period – Most plan benefits have a waiting period. The waiting period starts from the incurred date and is the amount of time that must elapse before any benefit accrues and becomes payable. It is important to note that benefits are not calculated retrospectively from the incurred date.

Financial requirements for agreed value contracts

At the beginning of the agreed value contract, we rely on the client's statement of income on the proposal to set the benefit entitlement (subject to underwriting guidelines—please see page 51). Unless full, accurate and complete financial evidence was provided at underwriting it is necessary in many cases for us to request this information at claim stage. Financial evidence to support the income at the time of application will be required. We would encourage financial underwriting at application stage when the evidence may be more readily available and easy to locate.

Where an agreed value income insurance product has been purchased by a medical or dental graduate with a maximum monthly benefit of \$6,250 (including SCO), the usual requirement of financial evidence to justify a claim for total disability will not be required.

Financial requirements for indemnity contracts

Financial information will be requested where the plan states that we pay the lesser of the monthly benefit or 75% of pre disability earnings.

Pre disability earnings are the net earnings (gross income less gross expenses but before tax) the insured earned prior to disability.

Financial requirements during the course of the claim

During the course of the claims process, financial information may be requested from your client. We may request personal and business (such as company, partnership and trust) tax returns, associated profit & loss statements and individual tax assessment notices. In some instances we may also request Business Activity Statements.

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

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

Partial disability: In the event that a client returns to work part time, it is necessary to establish their pre-disability earnings to enable the calculation of a partial benefit payment.

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

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

Offsets: If the client is receiving income from another insurer, workers' compensation or another source, we may offset this income. In some cases we may need to establish the client's pre-disability earnings in order to apply the relevant offset.

Benefit reconciliation: The client may be asked to provide their financial accounts to verify that they have accurately disclosed income from sources other than our benefits, while on claim.

Business expenses claims

Due to nature of the claims, a business expenses claims form is required. It asks the client to list all of their expenses for the period nominated on the claim form. We may request the expenses listed on the claim form be supported by monthly profit and loss statements and request full financial information for the 12 months prior to the claim and post disability.

Payment of claims

Death claim payments

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

Please note:

- For superannuation life plans held by NM Super, NM Super is required to independently assess and make the decision on the claim.
- Should a coroner's findings be required, assessment of the claim can take some months thereby delaying any possible payment.

Before payment can be made under superannuation life plans held by NM Super, NM Super must approve the benefit payment and determine the beneficiaries of the payment.

Terminal illness payments

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

Before payment can be made under superannuation life plans held by NM Super, NM Super must approve the benefit payment. Payment is made to the client as directed by NM Super based on legislative guidelines.

TPD payments

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

- an application for payment
- an original certified copy of the full birth certificate, and
- the plan document or a lost plan document application.
- for superannuation life plans held by NM Super (excluding Group Insurance), we will require:
 - a dependency form, and
 - a tax file number declaration – Australian Tax Office form.

These details are not requested until the claim has been assessed and liability accepted.

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

Before payment can be made under superannuation plans held by NM Super, NM Super must approve the benefit payment. Payment is made to the client as directed by NM Super based on legislative guidelines.

Trauma payments

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

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

These details are not requested earlier in the notification process and are only required when a liability is accepted for a claim.

We will make payment as soon as possible after we receive and assess all requirements for the claim.

Interim cover payments

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

Following the claim

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

Income insurance payments

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

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

At the end of each financial year AMP will issue a PAYG summary for benefits paid under superannuation income insurance plans held by NM Super. This summary will form part of the client's individual taxation return.

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

Claim payments

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

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

- All information requested is supplied promptly and authorities are signed.
- Full details about other claim payments from other insurers are provided (pay slips and the letter accepting liability help to confirm this).
- For indemnity plans, the client has provided their financial statements outlining their highest average monthly income for any consecutive 12 months over the three years before the claim.
- For agreed value plans, the client has ready access to their financial information in case we need it, and
- For partial disability payments and where offsets may be applicable, the client has provided evidence of their pre-disability income.

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What you need to know

Any advice in this document is general in nature and is provided by AMP Life Limited (AMP Life). The advice does not take into account your clients' personal objectives, financial situation or needs. Therefore, before acting on the advice, your clients should consider the AMP Elevate insurance product disclosure statement available from AMP at [amp.com.au](https://www.amp.com.au) or 131 267. The issuer of AMP Elevate insurance is AMP Life. AMP Life is part of the AMP group and can be contacted on 131 267. If your clients decide to purchase or vary a financial product, AMP Life and/or other companies within the AMP group will receive fees and other benefits, which will be a dollar amount or a percentage of either the premium they pay or the value of their investments. Your clients can ask you or AMP for more details.

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