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Priority Protection

Product Disclosure Statement and Policy Document

Date Prepared 10 October 2020

aia.com.au



HEALTHIER, LONGER,
BETTER LIVES

Important

About this PDS

This Product Disclosure Statement and Policy Document (PDS) describes the main features and terms of the Priority Protection and Priority Protection for Platform Investors insurance products, which are issued by AIA Australia Limited (ABN 79 004 837 861, AFSL 230043).

This PDS also describes the features of the AIA Insurance Superannuation Scheme No2 (the Scheme), a risk-only superannuation product issued out of the Aon Master Trust ABN 68 964 712 340 by Equity Trustees Superannuation Limited (ABN 50 055 641 757, AFSL 229757) as trustee of the Scheme. The information in this PDS which relates solely to your rights as a member of the Scheme or a superannuation fund does not form part of the terms of the Priority Protection and Priority Protection for Platform Investors insurance products.

The products described in this PDS are only available to persons in Australia.

This PDS is jointly issued by AIA Australia and the trustee of the Scheme. AIA Australia and the trustee of the Scheme each take full responsibility for the entirety of this PDS. However, AIA Australia is not responsible for the operation of the Scheme, and the trustee of the Scheme is not responsible for the operation, nor is the issuer of, the insurance policies and any associated programs or discounts issued or offered by AIA Australia.

You should read this PDS before making a decision to acquire any of the Priority Protection or Priority Protection for Platform Investors insurance products or applying for membership of the Scheme. The PDS is intended to help you decide whether the Priority Protection and Priority Protection for Platform Investors insurance products and, where applicable, the Scheme, will meet your needs, and to compare the products described in this PDS with other products you may be considering.

The information in this PDS is of a general nature only and has been prepared without taking into account your objectives, financial situation or needs. Before making any decision, you should consider the appropriateness of the information, having regard to your objectives, financial situation and needs.

The information in this PDS is current as at the date of preparation of the PDS. Information contained in this PDS may change from time to time. The PDS may be updated or replaced at any time, and you can obtain a copy of a current PDS free of charge on request, by calling us on 1800 333 613. We or the trustee of the Scheme, as applicable, will advise you of material changes to the PDS or significant events as required by law. If there is a change to information in the PDS that is not materially adverse to you, that information will be updated online at aia.com.au. A paper or electronic copy of any updated information can be obtained free of charge on request, by calling us.

Information about the AIA Vitality program is provided in this PDS but does not form part of this PDS. The AIA Vitality program is a separate health and wellbeing program provided by AIA Australia and available to eligible lives insured under eligible AIA Australia insurance policies. Membership of the AIA Vitality program is not offered under this PDS and must be applied for separately. AIA Vitality membership features are not insurance and are exempt from regulation as financial products under the *Corporations Act 2001* pursuant to the ASIC Corporations (Non-cash Payment Facilities) Instrument 2016/211. While members of the Scheme may

have access to this program and associated discounts, neither the program nor any associated discounts are offered by the trustee of the Scheme.

Information about the Medix service is provided with this PDS but does not form part of this PDS. The Medix service is a separate service made available to eligible lives insured under eligible AIA Australia insurance policies. The Medix service is not offered under this PDS and is not insurance.

Defined terms

Certain terms in this PDS have been capitalised. Unless the context requires otherwise, these terms are defined in Section 12. Certain terms that also have a particular meaning are included in the list below.

Please note that the meaning of some of these terms may differ, depending on whether you choose to structure your insurance within or outside of superannuation and (if applicable) the type of superannuation fund that your insurance cover is held through. Where this applies, both meanings are explained in Section 12.

It is important to read the definitions below and in Section 12 as they will be relied on by us if you need to make a claim on your Policy.

In this PDS, the Policy Schedule and the accompanying application form, any reference to:

- **we, us, our or the insurer** means AIA Australia Limited (AIA Australia)
- **you or your** means the Policy Owner and/or the Life Insured, as the context requires or, in relation to Interim Cover only, a person who has applied to be the Life Insured, and
- **trustee** refers to the trustee of the relevant fund as the context requires.

Priority Protection and Priority Protection for Platform Investors insurance plans

Priority Protection and Priority Protection for Platform Investors insurance allows you to select insurance cover that is available under one or more of the insurance plans (Plans) set out below.

- Life Cover Plan
- Crisis Recovery Stand Alone Plan
- Income Protection Plan
- Business Expenses Plan
- Superannuation Life Cover Plan including Total and Permanent Disablement Stand Alone
- Superannuation Income Protection Plan.

Stand Alone insurance cover

Each of the Plans allow you to select one or more Stand Alone insurance covers, each with a number of Built-in Benefits. Under each Stand Alone insurance cover, you have the option to select a number of Rider Benefits (optional benefits that you can purchase at an additional cost). The eligibility criteria for each of the Stand Alone insurance covers and Rider Benefits that are available under the Plans is set out in full in this PDS.

Ordinary Plans

The benefits you select under the Life Cover Plan, Crisis Recovery Stand Alone Plan, Income Protection Plan and Business Expenses Plan (Ordinary Plans) are provided under an insurance policy issued to you as the Policy Owner.

Superannuation Plans

The benefits you select under the Superannuation Life Cover Plan and Superannuation Income Protection Plan (Superannuation Plans) are provided:

- under an insurance policy issued to the trustee of a superannuation fund as the Policy Owner,

to provide one or more life insurance benefits for you as a fund member and the Life Insured, and

- if you select any Linked Benefits, attached to a separate insurance policy issued to you as the Policy Owner and Life Insured.

You can only select benefits under the Superannuation Plans if you are a member of one of the following (referred to as 'relevant funds' in this PDS):

- an Approved Superannuation Fund (as determined by AIA Australia)
- a self-managed superannuation fund (SMSF), or
- the Scheme (see 'About the Scheme' below).

Some of the terms and conditions of the benefits under the Superannuation Plans differ from the terms and conditions of the same benefits under the Ordinary Plans. The terms and conditions of all benefits are set out in this PDS. The provision of all Ordinary Plan and Superannuation Plan benefits (other than any interim cover benefits associated with the cover you select or as otherwise expressly disclosed in this PDS) is subject to underwriting and acceptance of your application by AIA Australia.

All premiums and benefit payments due under a Policy will be made to or as directed by the Policy Owner. Where a trustee of a superannuation fund owns the Policy, benefit payments will be paid to the trustee and their release will be subject to restrictions under the relevant fund's trust deed and superannuation law.

You should be aware that how you obtain insurance – under an Ordinary Plan or through a Superannuation Plan – will affect your cooling-off rights and the arrangements for dealing with any complaints you may have about the products you acquire (see Section 10).

Limitations on your policy

You should be aware that limitations, including exclusions and reductions (where we may not pay a claim or where we pay a claim on a reduced basis) may apply to your insurance policy. These limitations are detailed in each insurance cover and Rider Benefit section, and if applicable, in the Superannuation Plans section. Any additional limitations and/or exclusions specific to your insurance policy will be set out in your Policy Schedule.

Generally, if you add a Rider Benefit to Stand Alone insurance cover, a claim payment of the Rider Benefit will reduce the applicable Sum Insured for the Stand Alone insurance cover and other benefits included within, or selected as a Rider Benefit to, the Stand Alone insurance cover.

Similarly, if you acquire a Linked Benefit, a claim payment of the Linked Benefit will reduce the Sum Insured for benefits included under the cover to which the Linked Benefit is linked.

About the Scheme

The Scheme is governed by superannuation law and by a trust deed, available from eqt.com.au. If there is any inconsistency between this PDS and the trust deed, the trust deed will prevail, subject to the requirements under superannuation law.

When you select benefits under the Superannuation Plans to be held through the Scheme, the trustee of the Scheme will issue you with a risk-only superannuation product, with superannuation benefits referable to the benefits available under the Superannuation Life Cover Plan and/or the Superannuation Income Protection Plan as selected by you.

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About AIA Australia

The best in life

AIA Australia (AIAA) is part of the AIA Group, the largest publicly listed life insurance group in the Asia-Pacific region, with a presence in 18 markets.

AIA Australia is a life insurance specialist with over 47 years of experience. We offer a range of products that protect and enhance the lives of more than 3.8 million Australians and we are recognised as a market leader in product innovation and development.

AIA Australia supports the FSC Code of Practice

The Code sets out the life insurance industry's key commitments and obligations to customers on standards of practice, disclosure and principles of conduct for their life insurance services, such as being open, fair and honest. It also sets out timeframes for insurers to respond to claims, complaints and requests for information from customers.

The Code covers many aspects of a customer's relationship with their insurer, from buying insurance to making a claim, to providing options to those experiencing financial hardship or requiring additional support.

If you believe we have not acted within the spirit of the Code or are unhappy with your experience with us, you can access our complaints process by contacting us. You can find more information on the Code at fsc.org.au

Why choose AIA Australia?

We know life can be unpredictable. At AIA Australia, we want to help you to be well, get well and protect your financial future.

With our strong financial foundation and innovative insurance solutions, we'll partner with you to support you through life's ups and downs.

We do this through a wide range of flexible insurance solutions that can be tailored to meet your own financial health and security needs.

Making a billion dollar difference to people's lives

In 2019 we paid \$1.5 billion in claims to our customers.

We stand proudly by our claims philosophy – to help our customers when they need it most.

When you need us, you'll find our claims team standing by, looking for ways to promptly pay valid claims, not avoid them.

AIA Vitality – rewards for your healthy choices

AIA Vitality is a personalised, science-backed health and wellbeing program that supports you every day to make healthier choices.

It helps you to understand the current state of your health, provides tools to improve it and offers great incentives to keep you motivated on your journey. These include lifestyle rewards, savings on your everyday expenses and even discounts on your life insurance premiums.

Call us or talk to your financial adviser to find out more.

Please note that AIA Vitality is not offered under this PDS and must be applied for separately to your insurance cover. Information about AIA Vitality can be obtained online at aiavitality.com.au or by contacting us on 1300 333 613. The online information is subject to change at any time.

About Priority Protection

Priority Protection provides you with a range of benefits that you can structure to meet your insurance needs.

Life Cover

Life Cover can provide financial security for your loved ones when you no longer can.

How it works

In the event of your passing away or diagnosis of a Terminal Illness, a lump sum is paid to help ease the burden of settling outstanding debts and meeting other financial obligations.

Total and Permanent Disablement (TPD)

TPD cover protects you financially if you become permanently unable to work because of injury or illness.

How it works

A lump sum is paid to help cover one-off and ongoing expenses, as well as loss of future earnings incurred as a result of your permanent disability.

Crisis Recovery

Crisis Recovery cover protects you financially if you are faced with a traumatic life event such as a Stroke, Heart Attack or Cancer diagnosis.

How it works

A lump sum payment is paid to help ease the financial burden of paying your bills, making loan repayments and meeting unexpected medical costs and out-of-pocket expenses.

Income Protection

Income Protection provides you with financial support if you're unable to work because of illness or injury. It allows you to focus on your health while you recover or adjust to lifestyle changes.

How it works

Income Protection provides you with a monthly payment whilst you are unable to work. You can use this to pay the costs of bills, medical treatment and other ongoing expenses.

Business Expenses

Business Expenses provides you with cover for fixed expenses associated with running your own business such as rent and utilities, if you are unable to work because of illness or injury.

How it works

Your business is reimbursed with a monthly payment whilst you are unable to work, to ensure that essential fixed expenses can be paid while you're out of action.

Insurance through superannuation

With Priority Protection, you can choose to structure your insurance through superannuation. Important information about holding insurance through superannuation is provided in Section 9.

When you choose to structure your Priority Protection insurance through superannuation, you can also choose to link other benefits to your policy that are not otherwise available through superannuation, such as Crisis Recovery. Information about linking benefits is provided in Section 9.

Getting started

To apply for Priority Protection, you should speak with a financial adviser qualified to sell AIA Australia products and complete an application form for the insurance cover required. The application form will include questions about your health and other information.

This section outlines your disclosure obligations when completing your Priority Protection application and how we assess your insurance request based on the information you provide.

If your application for insurance cover is accepted by us, we will provide you with a Policy Schedule confirming cover details and the commencement date of your insurance Policy. While we are considering your application, interim cover is generally provided where applicable for the cover types that you have applied for (see Section 13).

If you decide the insurance cover is not right for you, you can also exercise the cooling-off option. Additional information about applying for Priority Protection insurance is provided in Section 10.

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, which may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you. You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure you for, or
- is common knowledge, or
- we know or should know as an insurer, or
- we waive your duty to tell us about.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

Where you apply to be the Life Insured under a Policy to be owned by a trustee, a failure by you to tell the insurer something that you know (or could reasonably be expected to know) may affect the insurer's decision to insure you and the terms on which it does so, may be treated as a failure by the trustee to comply with the duty of disclosure owed by it to the insurer.

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the contract within three years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within three years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Pre-existing Condition

Your Policy will not provide cover in respect of any Pre-existing Condition that you knew about or should reasonably have known about and have not disclosed in full to us before a benefit commences, is reinstated, or increased (as shown on the Policy Schedule).

For example, if you have been experiencing symptoms that are indicative of a heart condition before applying for a Policy and you do not disclose details of those symptoms in the information you provide to us in your application, your Policy will not cover you if you subsequently suffer a heart attack after the Policy commences.

Cooling-off period

If you are not happy that the Policy meets your needs, you may cancel the Policy within a 28 day cooling-off period and receive a full refund of the premiums (including the policy fee) paid. If you do this, insurance cover under the Policy will cease with effect from the date the Policy commenced.

The cooling-off period starts from the earliest to occur of:

- the day you receive the Policy Schedule, and
- the end of the fifth day after the day on which we sent the Policy Schedule.

You will lose the right to cancel or request cancellation of the Policy within the cooling-off period if you have exercised any right or power under the Policy, other than the right to cancel the Policy within the cooling-off period.

Ordinary Plans

To cancel a Policy under an Ordinary Plan during the cooling-off period, send us your written cancellation request by mail, fax or email or in any other manner permitted by law. Our contact details are provided at the end of this PDS.

Superannuation Plans

To cancel a Policy under a Superannuation Plan during the cooling-off period, you will need to send your written cancellation request to the trustee. If you send your cancellation request to us, and not to the trustee, we may need to confirm your request with the trustee.

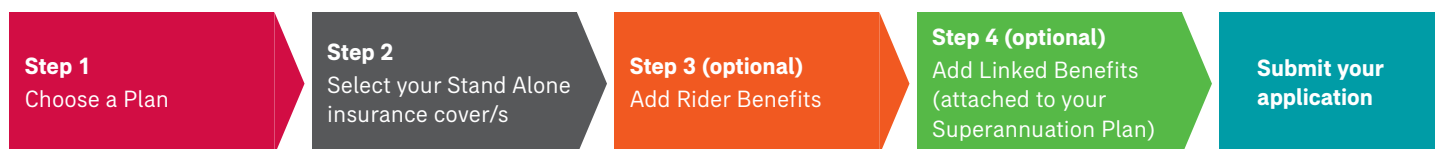
If the Policy is held through the AIA Insurance Superannuation Scheme No2 and cancellation of the Policy means you cease to have any Superannuation Plans through the Scheme, your Scheme membership will also cease.

Premiums (including the policy fee) paid via a superannuation fund (including the Scheme) will be refunded to the superannuation fund and will be subject to applicable preservation rules (see Section 9), after adjustments for any taxes.

The trustee of the AIA Insurance Superannuation Scheme No2 also provides a cooling-off period in relation to your membership of the Scheme – see Section 9.5 for more information.

1. Structuring your Priority Protection

This section gives an overview of the Priority Protection benefits available through this PDS, inside and outside of superannuation, and shows how you can tailor your insurance cover to meet your needs.



Priority Protection Ordinary Plans

- Life Cover Plan
- Crisis Recovery Stand Alone Plan
- Income Protection Plan
- Business Expenses Plan

These are referred to as Ordinary Plans in this PDS.

They are issued to you (or an individual or entity nominated by you) as the Policy Owner.

If you have a claim, we will pay the benefits directly to the Policy Owner or your nominated beneficiaries.

You can select additional benefits (Rider Benefits) for each Plan with your main Stand Alone insurance covers.

Priority Protection Superannuation Plans

- Superannuation Life Cover Plan
- Superannuation Income Protection Plan

These Plans are available if you are a member of an Approved Superannuation Fund, an SMSF or the AIA Insurance Superannuation Scheme No2.

They are issued to the trustee of the fund as the Policy Owner.

The trustee holds the benefits on your behalf. If a claim is payable, the trustee will distribute benefits according to the rules of the fund and superannuation law.

You can select additional benefits (Rider Benefits) for each Plan.

You can also choose to link non-superannuation benefits (Linked Benefits) to the Policy under which your Superannuation Plan benefits are provided. A Linked Benefit gives you access to insurance benefits generally not available inside superannuation.

Linked Benefits provided are attached to a separate Policy outside of superannuation that we issue to you as the Policy Owner.

The proceeds of any claim on the Linked Benefits will be paid directly to you or your nominated beneficiaries.

Please refer to Section 9 for the important differences between cover held inside and outside of superannuation, including how claims are paid.

1.1 Priority Protection Ordinary Plans

Ordinary Plans are available under a Policy issued to you as the Policy Owner.

Step 1 Choose a Plan	Step 2 Select your Stand Alone insurance cover/s	Step 3 (optional) Add Rider Benefit/s
Life Cover Plan	Life Cover	• TPD – TPD Buy-back – School Fees Protector • Accidental TPD • Universal TPD • Double TPD • Double Universal TPD • Crisis Recovery – Crisis Extension – Crisis Recovery Buy-back – Crisis Reinstatement – Family Protection • Double Crisis Recovery – Family Protection • Forward Underwriting • Business Safeguard Forward Underwriting • Family Protection • School Fees Protector • Needlestick Injury • Waiver of Premium • Repayment Relief
	Accidental Death	• Family Protection
	Term Cover	• Rider Benefits are not available
	TPD Stand Alone	• Life Cover Purchase • Family Protection • School Fees Protector • Forward Underwriting • Business Safeguard Forward Underwriting • Repayment Relief
	Universal TPD Stand Alone	• Forward Underwriting • Business Safeguard Forward Underwriting • Repayment Relief
Crisis Recovery Stand Alone Plan	Accidental TPD Stand Alone	• Family Protection
	Crisis Recovery Stand Alone	• Crisis Extension • Crisis Reinstatement • TPD – Life Cover Purchase • Accidental TPD • Universal TPD • Family Protection • Life Cover Purchase • Forward Underwriting • Business Safeguard Forward Underwriting

Step 1 Choose a Plan	Step 2 Select your Stand Alone insurance cover/s	Step 3 (optional) Add Rider Benefit/s
Income Protection Plan	Income Protection	• Retirement Optimiser • Claim Escalation • Day 1 Accident • Income Protection Lump Sum • Carer's Allowance • Business Expenses – Day 1 Accident • Advantage Optional • PLUS Optional
	Income Protection Accident Only	• Retirement Optimiser • Claim Escalation • Day 1 Accident • Carer's Allowance
Business Expenses Plan	Business Expenses	• Day 1 Accident

1.2 Priority Protection Superannuation Plans

Superannuation Plans are available under a Policy issued to the trustee as Policy Owner.

Step 1 Choose a Plan	Step 2 Select your Stand Alone insurance cover/s	Step 3 (optional) Add Rider Benefits	Step 4 (optional) Add Linked Benefits (attached to your Superannuation Plan)
Superannuation Life Cover Plan	Life Cover	• TPD – TPD Buy-back • Accidental TPD • Universal TPD • Double TPD • Double Universal TPD • Waiver of Premium	• Superannuation PLUS • Maximiser • Repayment Relief
	Accidental Death	Rider Benefits are not available	
	Term Cover	Rider Benefits are not available	
	TPD Stand Alone	Life Cover Purchase	• Superannuation PLUS • Maximiser • Repayment Relief
	Accidental TPD Stand Alone	Rider Benefits are not available	
	Universal TPD Stand Alone	Rider Benefits are not available	
Superannuation Income Protection Plan	Income Protection	• Retirement Optimiser • Claim Escalation • Day 1 Accident	• Super Extras – Advantage Optional – PLUS Optional – Carer's Allowance – Income Protection Lump Sum
	Income Protection Accident Only	• Retirement Optimiser • Claim Escalation • Day 1 Accident	• Super Extras – Carer's Allowance

2. Life Cover

Your insurance cover

Life Cover

Pays a lump sum if you pass away or are diagnosed with a Terminal Illness.

Accidental Death

Pays a lump sum on your Accidental Death.

Term Cover

Pays a lump sum if you pass away or are diagnosed with a Terminal Illness. Cover is limited to a five or 10-year period.

Availability

- All Occupation Categories are eligible for Life Cover, Accidental Death and Term Cover.
- To be eligible to apply for Accidental Death cover, you must be a permanent resident of Australia.
- Rider Benefits are not available with Term Cover.

Cover type	Outside super	Inside super
Life Cover	◆ Ordinary Plan	● Superannuation Plan
Accidental Death	◆ Ordinary Plan	● Superannuation Plan
Term Cover	◆ Ordinary Plan	● Superannuation Plan

Worldwide cover

Provides insurance cover anywhere in the world, 24 hours a day.

In this section

- 2.1 Life Cover
- 2.2 Accidental Death
- 2.3 Term Cover

Other important information

As well as the information about insurance cover provided in this section, this PDS contains important information about acquiring and holding insurance.

You should read this PDS in full before making a decision about purchasing the insurance cover described in this section.

2.1 Life Cover

Your insurance cover

Pays a lump sum if you pass away or if you are diagnosed with a Terminal Illness.

2.1.1 Benefit overview

Table 1 shows the benefits available under Life Cover. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

In this section

- 2.1.1 Benefit overview
- 2.1.2 Built-in Benefits
- 2.1.3 General terms and conditions
- 2.1.4 Limitations and exclusions
- 2.1.5 When cover begins and ends

Table 1

Benefit availability  Ordinary Plan  Linked Benefit  Superannuation Plan

Insurance cover		Premium options	
Life Cover		• Stepped • Level • Term Level • Optimum	
Built-in Benefits		Benefit availability	Section
Death benefit Pays a lump sum equal to your Sum Insured if you pass away.		 	2.1.2
Terminal Illness Pays the Sum Insured in advance if you are diagnosed with a Terminal Illness.		 	2.1.2
Final Expenses Advances 10% of the Sum Insured up to a maximum of \$25,000 to assist in dealing with immediate financial expenses whilst we assess a death claim.			2.1.2
Complimentary Family Final Expenses Pays the lower of \$20,000 or 10% of the Sum Insured if your Child passes away or is diagnosed with a Terminal Illness between the ages of 2 and 17.			2.1.2
Conversion option Allows you to transfer your Superannuation Life Cover Plan to an Ordinary Plan prior to age 75.			9.1
Guaranteed Future Insurability Allows you to increase your Sum Insured for significant Personal or Business Events before age 55, without providing further evidence of your health or insurability.		 	7.3
Benefit Indexation Automatically increases your Sum Insured at the Policy Anniversary each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of indexation on your application form or before any Policy Anniversary.		 	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Stepped premiums.		 	7.1

Built-in Benefits	Benefit availability	Section
Financial Planning Reimbursement		
Pays up to \$3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies.	◆	7.4
Complimentary Interim Accidental Death Cover		
Pays a lump sum in the event of your Accidental Death occurring whilst we are assessing your application. This cover applies for up to 90 days from the date of your signed application.	◆●	13.1
Rider Benefits – optional benefits at an additional cost		
Total and Permanent Disablement	◆◆◆●	3.1
Accidental Total and Permanent Disablement	◆◆◆●	3.1
Universal Total and Permanent Disablement	◆◆◆●	3.2
Crisis Recovery	◆◆	4
Crisis Extension	◆◆	8.6
Crisis Recovery Buy-back	◆◆	8.7
Crisis Reinstatement	◆◆	8.8
Double Crisis Recovery	◆◆	8.9
Total and Permanent Disablement Buy-back	◆◆◆●	8.1
Double Total and Permanent Disablement	◆◆◆●	8.2
Double Universal Total and Permanent Disablement	◆◆◆●	8.3
Waiver of Premium	◆◆◆●	8.4
Family Protection	◆◆	8.10
Needlestick Injury	◆◆	8.11
Repayment Relief	◆◆	8.20
School Fees Protector	◆	8.12
Forward Underwriting	◆	8.13
Business Safeguard Forward Underwriting	◆	8.14

2.1.2 Built-in Benefits

The following information relates to the Built-in Benefits that are available under Life Cover as indicated in Table 1. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 2.1.3–5 and Section 10.2.

The rest of the benefits listed in the table are not specific to Life Cover and can apply to other insurance cover described in this PDS. For information about those benefits, please refer to the sections indicated in the table.

Death benefit

If you pass away, we will pay a lump sum equal to the Life Cover Sum Insured.

Terminal Illness

If you are diagnosed with a Terminal Illness we will pay a lump sum equal to the Life Cover Sum Insured.

Terminal Illness means the diagnosis of an illness which, in the opinion of an appropriate specialist Medical Practitioner, is likely to result in you passing away within 24 months of the diagnosis regardless of any treatment that may be undertaken.

If your cover is held within a Superannuation Plan, two Medical Practitioners, one of whom must be a specialist Medical Practitioner in your condition, must certify that the condition is likely to result in you passing away within 24 months of the date of the certificate (certification period) and for each of the certificates, the certification period must not have ended.

Final Expenses

If you pass away, we will make an initial advance payment of 10% of the Life Cover Sum Insured up to a maximum of \$25,000. \$25,000 is the maximum amount we will pay under this policy in respect of all Final Expenses benefits combined.

The Final Expenses payment will be deducted from the Life Cover Sum Insured, and the balance remaining will be payable on settlement of the claim. The Final Expenses benefit is not a payment in addition to the Life Cover Sum Insured.

A death certificate and proof of policy ownership must be provided to us before payment can be made.

Complimentary Family Final Expenses

The Complimentary Family Final Expenses benefit provides automatic cover for your Child (your natural, step or legally adopted children) in the event of their passing away or diagnosis of Terminal Illness.

To be eligible, your Child must be aged from two to 17 years old at the date of their passing away, or the positive diagnosis of a Terminal Illness that we have confirmed. You do not need to advise us of the names of your Children unless you are making a claim under this benefit.

This benefit covers all Children of the Life Insured, and a claim on one Child will not negate this benefit for any other eligible Children.

The benefit paid at the time of the Child’s death or Terminal Illness is the lower of:

- \$20,000, and
- 10% of the highest Sum Insured for:
 - Life Cover
 - Term Cover, and
 - Accidental Death.

Benefit Indexation does not apply to this benefit.

Any payment made under this benefit will not reduce the Life Cover Sum Insured.

The Complimentary Family Final Expenses benefit will end when the Life Cover ends.

Limitations – Complimentary Family Final Expenses

We will only make one payment per Child under both this benefit and the Crisis Recovery Complimentary Family Protection benefit (if applicable). If we make a payment under Complimentary Family Final Expenses, we will not make a payment under Crisis Recovery Complimentary Family Protection, and vice versa.

We will however, make one payment of up to \$20,000 under Complimentary Family Final Expenses in addition to any payment under Family Protection, where the Family Protection benefit was purchased as a Rider Benefit at an additional cost.

The maximum we will pay under this benefit for all Children is \$200,000.

Exclusions – Complimentary Family Final Expenses

No Complimentary Family Final Expenses benefit will be payable in relation to:

- death or Terminal Illness which is diagnosed within 90 days of the benefit commencing
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by the Child
- you or your Child passes away from suicide in the first 13 months from the commencement, re-instatement or increase of the benefit (but only in relation to the increased amount) as shown on your Policy Schedule*
- an intentional act of the Child’s parent, guardian, relative or someone who lives with or supervises the Child, or
- your intentional act.

Where an event is caused by a congenital condition, no benefit will be payable where the event occurs prior to the Child’s 10th birthday.

*This exclusion will be waived in respect of any Life Cover under the Policy provided the Policy is replacing life cover from us or a previous insurer and the full suicide exclusion period under the in force policy to be replaced has elapsed. The waiver only applies to the amount of life cover that has been replaced by the Policy.

2.1.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Category	Maximum limit
Life Cover	All occupations except Home Duties	No limit
	Home Duties	\$2 million

Entry age

Benefit	Premium type	Minimum entry age		Maximum entry age	
		Ordinary Plan	Super-annuation Plan	Ordinary Plan	Super-annuation Plan
Life Cover	Stepped	10 years	15 years	74 years	73 years
	Level	10 years	15 years	63 years	63 years
	Optimum	34 years	34 years	63 years	63 years
	5 Year Term Level	34 years	34 years	64 years	64 years
	10 Year Term Level	34 years	34 years	59 years	59 years
	15 Year Term Level	34 years	34 years	54 years	54 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Ordinary Plan	Approved Superannuation Fund or SMSF	AIA Insurance Superannuation Scheme No2
Life Cover	100th birthday	100th birthday	75th birthday

2.1.4 Limitations and exclusions

Limitations and exclusions that apply to Life Cover are set out below. If you hold cover through a Superannuation Plan, the conditions of release of the relevant fund will also need to be satisfied before a claim payment can be released to you (see Section 9).

Benefit reductions – Life Cover

The Life Cover Sum Insured will be reduced by the amount of any claim paid on the following Built-in or Rider Benefits (including any Linked Benefits attached to the Superannuation Life Cover Plan):

- Death or Terminal Illness
- Final Expenses
- TPD*
- Accidental TPD*
- Universal TPD*
- Partial and Permanent Disablement* (Built-in Benefit to TPD)
- Accidental Partial and Permanent Disablement* (Built-in Benefit to Accidental TPD)
- Loss of Independence* (Built-in Benefit to TPD and Crisis Recovery)
- Day 1 TPD* (Built-in Benefit to TPD)
- Crisis Events* (Built-in Benefit to Crisis Recovery)
- Partial Payments* (Built-in Benefit to Crisis Recovery)
- Crisis Extension Events* (Built-in Benefit to Crisis Extension), and
- Chronic Diagnosis Advancement* (Built-in Benefit to Crisis Recovery).

Following the payment of any benefits listed above, the premium for Life Cover will be adjusted to reflect the reduction in the Sum Insured.

*The Life Cover Sum Insured will not be reduced by a claim on these benefits where the TPD, Universal TPD, Accidental TPD or Crisis Recovery cover (as applicable) is held as a Stand Alone benefit or, in the case of Crisis Extension cover, is held as a rider benefit to Crisis Recovery Stand Alone.

Exclusions – Life Cover

A benefit is not payable for Life Cover in the event of death from suicide within 13 months after this benefit commences, is reinstated, or increased (but only in relation to the increased amount) as shown on your Policy Schedule.

This exclusion will be waived in respect of any Life Cover under the Policy if the Policy is replacing life cover from us or a previous insurer and the full suicide exclusion period under the policy being replaced has elapsed. The waiver only applies to the amount of life cover that has been replaced by the Policy.

2.1.5 When cover begins and ends

Life Cover will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- payment of the full Sum Insured
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away, or
- the Expiry Date of the benefit.

2.2 Accidental Death

Your insurance cover

Pays a lump sum on your Accidental Death. To be eligible to apply for Accidental Death cover, you must be a permanent resident of Australia.

Accidental Death will not cover you for death that results from a Sickness.

In this section

- 2.2.1 Benefit overview
- 2.2.2 Built-in Benefits
- 2.2.3 General terms and conditions
- 2.2.4 Limitations and exclusions
- 2.2.5 When cover begins and ends

2.2.1 Benefit overview

Table 2 shows the benefits available under Accidental Death. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 2

Benefit availability  Ordinary Plan  Linked Benefit  Superannuation Plan

Insurance cover		Premium options
Accidental Death		• Level
Built-in Benefits		Benefit availability Section
Accidental Death benefit Pays a lump sum equal to the Sum Insured on your Accidental Death.		  2.2.2
Final Expenses Advances 10% of the Sum Insured up to a maximum of \$25,000 to assist in dealing with immediate financial expenses whilst we assess an Accidental Death claim.		 2.2.2
Complimentary Family Final Expenses Pays the lower of \$20,000 or 10% of the Sum Insured if your Child passes away or is diagnosed with a Terminal Illness between the ages of two and 17.		 2.2.2
Benefit Indexation Automatically increases your Sum Insured at the Policy Anniversary each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of indexation on your application form or before any Policy Anniversary.		  7.2
Financial Planning Reimbursement Pays up to \$3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies.		 7.4
Complimentary Interim Accidental Death Cover Pays a lump sum outside superannuation in the event of your Accidental Death occurring whilst we are assessing your application. This cover applies for up to 90 days from the date of your signed application.		  13.1
Rider Benefit – optional benefit at an additional cost		
Family Protection		 8.10

2.2.2 Built-in Benefits

The following information relates to the Built-in Benefits that are only available under Accidental Death cover as indicated in Table 2. Each benefit is subject to the general terms and conditions, limitations, and terms around when cover begins and ends set out in Sections 2.2.3–5 and Section 10.2.

The rest of the benefits listed in the table are not specific to Accidental Death cover and can apply to other insurance cover described in this PDS. For information about those benefits, please refer to the sections indicated in the table.

Accidental Death cover

If in the event of Accidental Death, you pass away within six months of the relevant accident, we will pay a lump sum equal to the Accidental Death Sum Insured.

Accidental Death means that death is a result of a physical injury which is caused **solely** and directly by violent, external and unexpected means that is not traceable, even indirectly, to your state of mental or physical health before the event. Death resulting from a Sickness does not constitute 'Accidental Death'.

Final Expenses

If you pass away, we will make an initial advance payment of 10% of the Accidental Death Sum Insured up to a maximum of \$25,000. \$25,000 is the maximum amount we will pay under this policy in respect of all Final Expenses benefits combined.

The Final Expenses payment will be deducted from the Accidental Death Sum Insured, and the balance remaining will be payable on settlement of the claim. The Final Expenses benefit is not a payment in addition to the Accidental Death Sum Insured.

A death certificate and proof of policy ownership must be provided to us before payment can be made.

Complimentary Family Final Expenses

The Complimentary Family Final Expenses benefit provides automatic cover for your Child in the event of their passing away or diagnosis of a Terminal Illness.

To be eligible, your Child must be aged from two to 17 years old at the date of their passing or the positive diagnosis of a Terminal Illness that we have confirmed. You do not need to advise us of the names of your Children unless you are making a claim under this benefit.

This benefit covers all Children of the Life Insured, and a claim on one Child will not negate this benefit for any other Children.

The benefit paid at the time of the Child's passing away or diagnosis of a Terminal Illness is the lower of:

- \$20,000, and
- 10% of the highest Sum Insured for:
 - Life Cover
 - Term Cover, and
 - Accidental Death.

Benefit Indexation does not apply to this benefit.

Any payment made under this benefit will not reduce the Accidental Death Sum Insured.

The Complimentary Family Final Expenses benefit will end when the Accidental Death benefit ends.

Limitations – Complimentary Family Final Expenses

We will only make one payment per Child under both this benefit and the Crisis Recovery Complimentary Family Protection benefit (if applicable). If we make a payment under Complimentary Family Final Expenses, we will not make a payment under Crisis Recovery Complimentary Family Protection, and vice versa.

We will however, make one payment of up to \$20,000 under Complimentary Family Final Expenses in addition to any payment under Family Protection, where the Family Protection benefit was purchased as a Rider Benefit at an additional cost.

The maximum we will pay under this benefit for all Children is \$200,000.

Exclusions – Complimentary Family Final Expenses

No Complimentary Family Final Expenses benefit will be payable in relation to:

- death or Terminal Illness which is diagnosed within 90 days of the benefit commencing
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by the Child
- you or your Child passes away from suicide in the first 13 months from the commencement, re-instatement or increase of the benefit (but only in relation to the increased amount) as shown on your Policy Schedule*
- an intentional act of the Child's parent, guardian, relative or someone who lives with or supervises the Child, or
- your intentional act.

Where an event is caused by a congenital condition, no benefit will be payable where the event occurs prior to the Child's 10th birthday.

*This exclusion will be waived in respect of any Life Cover under the Policy provided the Policy is replacing life cover from us or a previous insurer and the full suicide exclusion period under the in force policy to be replaced has elapsed. The waiver only applies to the amount of life cover that has been replaced by the Policy.

2.2.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Category	Maximum limit	Conditions
Accidental Death	All occupations	\$1 million	Maximum limit applies to the total sums insured for Accidental Death cover and other similar benefits under other policies with us and other insurers.

Entry age

Benefit	Premium type	Minimum entry age		Maximum entry age	
		Ordinary Plan	Super-annuation Plan	Ordinary Plan	Super-annuation Plan
Accidental Death	Level	15 years	15 years	74 years	73 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Ordinary Plan	Approved Superannuation Fund or SMSF	AIA Insurance Superannuation Scheme No2
Accidental Death	100th birthday	75th birthday	75th birthday

2.2.4 Limitations and exclusions

Limitations and exclusions that apply to Accidental Death cover are set out below. If you hold cover through a Superannuation Plan, the conditions of release of the relevant fund will also need to be satisfied before a claim payment can be released to you (see Section 9).

Exclusions – Accidental Death

A benefit is not payable for Accidental Death in the following circumstances:

- death occurring more than six months after the accident
- death arising as a result of:
 - suicide
 - an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you
 - the direct or indirect effects of alcohol and/or drug abuse
 - war (whether formally declared or not), hostilities, civil commotion or insurrection
 - any form of aviation activity other than as a fare-paying passenger on a scheduled airline
 - participation in or training for professional sports or speed contests, or
 - engaging in any unlawful acts.

2.2.5 When cover begins and ends

Accidental Death cover will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- payment of the full Sum Insured
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away, or
- the Expiry Date of the benefit.

2.3 Term Cover

Your insurance cover

Pays a lump sum if you pass away or are diagnosed with a Terminal Illness. Cover is limited to a five or ten year period.

2.3.1 Benefit overview

Table 3 shows the benefits available under Term Cover. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

In this section

- 2.3.1 Benefit overview
- 2.3.2 Built-in Benefits
- 2.3.3 General terms and conditions
- 2.3.4 Limitations and exclusions
- 2.3.5 When cover begins and ends

Table 3

Benefit availability  Ordinary Plan  Linked Benefit  Superannuation Plan

Insurance cover		Premium options	
Term Cover		• Stepped • Level	
Built-in Benefits		Benefit availability	Section
Death benefit		 	2.1.2
Pays a lump sum equal to your Sum Insured if you pass away.			
Terminal Illness		 	2.1.2
Pays the Sum Insured in advance if you are diagnosed with a Terminal Illness.			
Final Expenses			2.1.2
Advances 10% of the Sum Insured up to a maximum of \$25,000 to assist in dealing with immediate financial expenses whilst we assess a death claim.			
Complimentary Family Final Expenses			2.1.2
Pays the lower of \$20,000 or 10% of the Sum Insured if your Child passes away or is diagnosed with a Terminal Illness between the ages of two and 17.			
Benefit Indexation		 	7.2
Automatically increases your Sum Insured at the Policy Anniversary each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of indexation on your application form or before any Policy Anniversary.			
Financial Planning Reimbursement			7.4
Pays up to \$3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies.			
Complimentary Interim Accidental Death Cover		 	13.1
Pays a lump sum outside superannuation in the event of your Accidental Death occurring whilst we are assessing your application. This cover applies for up to 90 days from the date of your signed application.			

2.3.2 Built-in Benefits

The following information relates to the Built-in Benefits that are only available under Term Cover as indicated in Table 3. Each benefit is subject to the general terms and conditions, limitations, and terms around when cover begins and ends set out in Sections 2.3.3–5 and Section 10.2.

Term Cover is limited to a period of five or 10 years depending on which cover period you select. If you pass away before the end of your selected period, we will pay a lump sum equal to the Term Cover Sum Insured.

If you choose Term Cover, or if we offer this option to you, Rider Benefits will not apply and the following Built-in Benefits are the only ones available to you:

- Death benefit
- Terminal Illness
- Final Expenses
- Complimentary Family Final Expenses
- Financial Planning Reimbursement
- Benefit Indexation, and
- Complimentary Interim Accidental Death Cover.

2.3.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Category	Maximum limit
Term Cover	All occupations except Home Duties	No limit
	Home Duties	\$2 million

Entry age

Benefit	Cover period	Minimum entry age	Maximum entry age
Term Cover	5 Year Period	10 years	59 years
	10 Year Period	10 years	54 years

Expiry Date

The Expiry Date for Term Cover is at the end of the selected cover period (either five or 10 years).

2.3.4 Limitations and exclusions

Limitations and exclusions that apply to Term Cover are set out below. If you hold cover through a Superannuation Plan, the conditions of release of the relevant fund will also need to be satisfied before a claim payment can be released to you (see Section 9).

Exclusions – Term Cover

A benefit is not payable for Term Cover in the event of death from suicide within 13 months after this benefit commences, is reinstated, or increased (but only in relation to the increased amount) as shown on your Policy Schedule.

This exclusion will be waived in respect of any Term Cover under the Policy if the Policy is replacing life cover from us or a previous insurer and the full suicide exclusion period under the policy being replaced has elapsed. The waiver only applies to the amount of life cover that has been replaced by the Policy.

Benefit reductions – Term Cover

The Term Cover Sum Insured will be reduced by the amount of any claim paid on the following Built-in or Rider Benefits:

- Death or Terminal Illness, and
- Final Expenses.

Following the payment of any of the benefits listed above, the premium for Term Cover will be adjusted to reflect the reduction in the Sum Insured.

2.3.5 When cover begins and ends

Term Cover will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- payment of the full Sum Insured
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away, or
- the Expiry Date of the benefit.

3. Total and Permanent Disablement (TPD)

Your insurance cover

We offer three main types of TPD insurance cover:

- **TPD** – pays a lump sum if you suffer Total and Permanent Disablement due to Injury or Sickness.
- **Accidental TPD** – pays a lump sum if you suffer Total and Permanent Disablement due to Accidental Injury.
- **Universal TPD** – pays a lump sum if you suffer Loss of Independence.

Availability

TPD cover is available inside and outside of super.

You can also purchase TPD cover through Linked Benefits (Maximiser or Superannuation PLUS) linked to your Superannuation Plan (see Section 9).

Please refer to each TPD section for further information about cover availability. Your eligibility for different TPD cover depends on your Occupation Category, type of employment and hours worked as shown in the table over the page.

Worldwide cover

Provides you with insurance cover anywhere in the world, 24 hours a day.

In this section

- 3.1 Total and Permanent Disablement and Accidental Total and Permanent Disablement
- 3.2 Universal Total and Permanent Disablement

Other important information

As well as the information about insurance cover provided in this section, this PDS contains important information about acquiring and holding insurance.

You should read this PDS in full before making a decision about purchasing the insurance cover described in this section.

TPD eligibility requirements

This table provides a summary of the TPD insurance cover available according to your employment circumstances. See Section 12.1 for the details of each TPD definition.

Type of insurance cover	TPD definition	Description	Occupation Category	Weekly work hours	Employment types
• TPD	Own Occupation	Provides cover if you are unlikely to ever work in your own occupation after a continuous three-month disablement period	A1, A2, M, A3, A4, B, C or CT	At least 20 hours per week	Employee or Self-employed ¹ in Full-time Employment ²
• TPD • Accidental TPD	Any Occupation	Provides cover if you are unlikely to ever work in any occupation suited to your education, training or experience after a continuous three-month disablement period	A1, A2, M, A3, A4, B, C, CT or D	At least 15 hours per week	Employee or Self-employed ¹ : • Full-time Employment ² • Permanent Part-time Employee ³
• TPD	Loss of Independence	Provides cover for Loss of Independence (e.g. two Activities of Daily Living)	E	At least 20 hours per week	Employee or Self-employed ¹ in Full-time Employment ²
• TPD • Accidental TPD	Home Duties	Provides cover if you are unable to perform any Normal Domestic Duties after a continuous three-month disablement period	Home Duties	N/A	Home Duties ⁴

1. We classify self-employed for this benefit as working for payment or reward (other than as an employee) in a business or an enterprise over which you have power or control because you own it or you are a partner in the partnership that owns it.
2. We classify full-time employment for this benefit as working at least 20 hours per week, for 48 weeks per year excluding public holidays.
3. We classify permanent part-time employment for this benefit as being employed to undertake identifiable duties for at least three days a week and for a minimum of 15 hours per week, for 48 weeks per year (excluding public holidays) and with paid sick and holiday leave entitlements.
4. We classify Home Duties for this benefit as being wholly engaged in full-time unpaid domestic duties in your own residence.

If you are working less than the minimum work hours or do not meet the occupation requirements specified above, you can apply for insurance cover under Universal TPD.

Type of insurance cover	TPD definition	Description	Occupation Category	Weekly work hours	Employment types
• Universal TPD	Universal	Provides cover for Loss of Independence (e.g. two Activities of Daily Living)	A1, A2, M, A3, A4, B, C, CT or D	Less than 15 hours per week	All employment types
			E	Less than 20 hours per week	
			Home Duties	N/A	

3.1 Total and Permanent Disablement and Accidental Total and Permanent Disablement

Your insurance cover

Total and Permanent Disablement (TPD)

Pays a lump sum if you suffer Total and Permanent Disablement due to Injury or Sickness.

Accidental Total and Permanent Disablement (Accidental TPD)

Pays a lump sum if you suffer Total and Permanent Disablement due to Accidental Injury.

In this section

- 3.1.1 Benefit overview
- 3.1.2 Built-in Benefits
- 3.1.3 General terms and conditions
- 3.1.4 Limitations and exclusions
- 3.1.5 When cover begins and ends

Availability

TPD and Accidental TPD cover can be purchased as:

- Stand Alone cover (Ordinary Plan or Superannuation Plan)
- a Rider Benefit to Life Cover (Ordinary Plan, Linked Benefit or Superannuation Plan), or
- a Rider Benefit to Crisis Recovery Stand Alone cover (Ordinary Plan or Linked Benefit).

Cover type	Outside super		Inside super
TPD	◆ Ordinary Plan	◆ Linked Benefit (Superannuation PLUS or Maximiser)	● Superannuation Plan
Accidental TPD	◆ Ordinary Plan	◆ Linked Benefit (Superannuation PLUS)	● Superannuation Plan

3.1.1 Benefit overview

Table 4 shows the benefits available under TPD and Accidental TPD. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 4

Benefit availability  Ordinary Plan  Linked Benefit  Superannuation Plan

Built-in Benefits	Benefit availability		Section
	TPD	Accidental TPD	
Total and Permanent Disablement			
Pays a lump sum equal to the Sum Insured as at the end of the applicable qualifying period if you are disabled according to your applicable TPD definition (see Section 12.1): • Own Occupation* • Any Occupation • Loss of Independence • Home Duties.	  	N/A	3.1.2
*If you select a Superannuation Plan, the TPD Own Occupation definition is only available if you also select a Linked Benefit (see Sections 9.2 and 9.3).			
Accidental Total and Permanent Disablement			
Pays a lump sum equal to the Sum Insured if you are disabled solely as a result of Accidental Injury and according to your applicable TPD definition (see Section 12.1): • Any Occupation • Home Duties.	N/A	  	3.1.2
Partial and Permanent Disablement			
Provides a partial payment from your Sum Insured if you suffer the permanent loss of the use of one arm, one leg, or sight in one eye. The advance payment is 25% of the Sum Insured up to a maximum of \$750,000.	 	 	3.1.2
If you select the TPD/Accidental TPD Stand Alone benefit, you must survive for 14 days from the date of the loss to be eligible for this payment.			
Where Accidental Total and Permanent Disablement applies, a Partial and Permanent Disablement benefit will only be paid if you are disabled solely as a result of Accidental Injury.			
Conversion to Loss of Independence			
Instead of TPD/Accidental TPD ending on your Expiry Date, we will convert the cover to a Loss of Independence benefit until the Policy Anniversary prior to your 100th birthday.			
Conversion to Loss of Independence is not available within a Superannuation Plan, Maximiser or for Occupation Category E or where TPD/Accidental TPD is a Rider Benefit to Crisis Recovery Stand Alone.	 	 	3.1.2
Where Accidental Total and Permanent Disablement applies, a Loss of Independence benefit will only be paid if you are disabled solely as a result of Accidental Injury.			
Conversion option			
Allows you to transfer your TPD cover under a Superannuation Life Cover Plan to an Ordinary Plan prior to age 75.			9.1
Day 1 TPD			
Removes the qualifying period for benefit payments for a listed Crisis Event.	 	N/A	3.1.2

Built-in Benefits	Benefit availability		Section
	TPD	Accidental TPD	
Financial Planning Reimbursement Pays up to \$3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies.	◆◆	◆◆	7.4
Benefit Indexation Automatically increases your Sum Insured at the Policy Anniversary each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before any Policy Anniversary.	◆◆●	◆◆●	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Stepped premiums.	◆◆●	N/A	7.1
Complimentary Interim Accidental Total and Permanent Disablement Cover Pays a lump sum outside superannuation in the event that you become Totally and Permanently Disabled whilst we are assessing your application, solely as a result of an Accidental Injury. This cover applies for up to 90 days from the date of your signed application.	◆◆●	◆◆●	13.2
Rider Benefits – optional benefits at an additional cost			
Total and Permanent Disablement Buy-back (only available where TPD is purchased as a Rider Benefit to Life Cover)	◆◆●	N/A	8.1
Life Cover Purchase (only available under TPD Stand Alone or where TPD is purchased as a Rider Benefit to Crisis Recovery Stand Alone)	◆●	N/A	8.5
Family Protection (only available under TPD/Accidental TPD Stand Alone)	◆◆	◆◆	8.10
School Fees Protector	◆	N/A	8.12
Forward Underwriting (only available under TPD Stand Alone)	◆	N/A	8.13
Business Safeguard Forward Underwriting (only available under TPD Stand Alone)	◆	N/A	8.14
Repayment Relief (only available under TPD Stand Alone)	◆	N/A	8.20

3.1.2 Built-in Benefits

This section sets out the terms and conditions of the Built-in Benefits that apply specifically to TPD and/or Accidental TPD as indicated in Table 4. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 3.1.3–5 and Section 10.2.

The rest of the benefits listed in the table are not specific to TPD or Accidental TPD and can apply to other insurance cover described in this PDS. For information about those benefits, please refer to the sections indicated in the table.

1. Total and Permanent Disablement

We will pay a lump sum equal to the TPD Sum Insured if you are disabled according to the TPD definition shown on your Policy Schedule.

The definitions available under the TPD benefit are:

- Total and Permanent Disablement (Own Occupation)*
- Total and Permanent Disablement (Any Occupation)
- Total and Permanent Disablement (Loss of Independence) – Occupation Category E only, and
- Total and Permanent Disablement (Home Duties)

*If you select a Superannuation Plan, the Total and Permanent Disablement (Own Occupation) definition is only available if you also select a Linked Benefit (Superannuation PLUS or Maximiser – see Sections 9.2 and 9.3).

Under an Ordinary Plan, if your TPD definition is 'Any Occupation', and you return to work in your own occupation or perform any other reasonable occupation and if your earning capacity is permanently restricted due to your disablement to the extent that the Income you generate in the 12-month period following a return to work is less than 25% of the Income you generated in the previous 12 months of performing your own occupation, we will pay the TPD benefit.

See Section 12.1 for details of each TPD definition.

2. Accidental Total and Permanent Disablement

We will pay a lump sum equal to the Accidental TPD Sum Insured if you are disabled according to the TPD definition shown on your Policy Schedule, **solely** as a result of an Accidental Injury.

The definitions available under the Accidental TPD benefit are:

- Total and Permanent Disablement (Any Occupation), and
- Total and Permanent Disablement (Home Duties).

See Section 12.1 for details of each TPD definition.

3. Partial and Permanent Disablement and Accidental Partial and Permanent Disablement

We will make a partial payment of 25% of the Sum Insured up to a maximum of \$750,000 if you suffer the permanent loss of use of one arm, or one leg, or the permanent loss of sight in one eye.

This benefit will be paid only once during the lifetime of the Policy, and any partial payment made will reduce the relevant TPD or Accidental TPD Sum Insured amount.

For Accidental TPD, we will pay this benefit if you meet the Partial and Permanent Disablement definition and the loss is **solely** as a result of Accidental Injury.

If you select TPD/Accidental TPD as a Stand Alone Plan, you must survive for a period of 14 days from the date of loss to be eligible for the Partial and Permanent Disablement or Accidental Partial and Permanent Disablement benefit.

4. Conversion to Loss of Independence

At the Expiry Date for your Occupation Category shown in Section 3.1.3, your TPD/Accidental TPD benefit will convert to a Loss of Independence benefit, which will continue until the Policy Anniversary prior to your 100th birthday.

The TPD/Accidental TPD benefit does not convert to a Loss of Independence benefit and ceases at the Expiry Date:

- within a Superannuation Plan or Maximiser,
- if you are Occupation Category E, or
- if the TPD/Accidental TPD is a Rider Benefit to Crisis Recovery Stand Alone.

If you make a claim after the conversion, we will pay the Loss of Independence Sum Insured if you meet the Loss of Independence definition.

Where you hold Accidental TPD, the converted Loss of Independence benefit will only provide a payment if you meet the Loss of Independence definition and you are disabled **solely** as a result of Accidental Injury.

We will only pay this benefit once.

5. Day 1 TPD

To qualify for a TPD benefit payment you must be absent from your employment for an uninterrupted period of three consecutive months. However, we will remove this qualifying period under the Day 1 TPD benefit if you suffer one of the following 'Other Serious Crisis Events', and we confirm the diagnosis:

- Alzheimer's Disease
- Blindness
- Diplegia
- Hemiplegia
- Loss of Hearing
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's Disease, or
- Quadriplegia.

See the medical definitions above in Section 12.2.

Please note that you will still need to satisfy all other requirements of the TPD definition shown on your Policy Schedule to qualify for the Day 1 TPD benefit.

The Day 1 TPD benefit is not available under the TPD (Loss of Independence) definition that applies to Occupation Category E.

3.1.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories				Conditions
	A1, A2, M, A3, A4, B, C, CT	D	E	Home Duties	
TPD • Stand Alone • Rider Benefit to Life Cover	\$5 million	\$2 million	\$2 million	\$2 million	Maximum limit applies to the total sums insured for TPD, TPD Stand Alone, Double TPD, Universal TPD, Universal TPD Stand Alone, Double Universal TPD, Accidental TPD, Accidental TPD Stand Alone and other similar benefits under other policies with us and other insurers. Rider Benefits cannot exceed the Sum Insured of the main benefit.
TPD • Rider Benefit to Crisis Recovery Stand Alone	\$2 million	\$2 million	\$2 million	\$1 million	
Accidental TPD • Stand Alone • Rider Benefit to Life Cover	\$2 million	\$2 million	Not available	\$2 million	
Accidental TPD • Rider Benefit to Crisis Recovery	\$2 million	\$2 million	Not available	\$1 million	

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age					
		All occupations	A1, A2, M, A3, A4	B	C, CT	D	E	Home Duties
TPD	Stepped & Level	15 years	63 years	63 years	59 years	54 years	49 years	63 years
	Optimum	34 years	63 years	63 years	59 years	54 years	49 years	63 years
	5 Year Term Level	34 years	63 years	59 years	59 years	54 years	49 years	59 years
	10 Year Term Level	34 years	59 years	54 years	54 years	54 years	44 years	54 years
	15 Year Term Level	34 years	54 years	49 years	49 years	49 years	39 years	49 years
Accidental TPD	Level	15 years	63 years	63 years	59 years	54 years	N/A	63 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories			
	A1, A2, M, A3, A4	B, C, CT, D	E	Home Duties
TPD	70th birthday	65th birthday	55th birthday	65th birthday
Accidental TPD	70th birthday	65th birthday	Not available	65th birthday

3.1.4 Limitations and exclusions

Limitations and exclusions that apply to TPD and Accidental TPD are listed below. If you hold cover through a Superannuation Plan, the conditions of release of the relevant fund will also need to be satisfied before the claim payment can be released to you (see Section 9).

Exclusions

A benefit is not payable for TPD or Accidental TPD in relation to any event or disablement which is directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you.

Benefit reductions

The TPD and Accidental TPD Sum Insured will be reduced by the amount of any claim paid on the following Built-in or Rider Benefits (including any Linked Benefits attached to the Superannuation Life Cover Plan):

- TPD
- Accidental TPD
- Partial and Permanent Disablement
- Accidental Partial and Permanent Disablement
- Day 1 TPD
- Universal TPD*
- Loss of Independence* (Built-in Benefit to TPD and Crisis Recovery)
- Death or Terminal Illness* (Built-in Benefit to Life Cover)
- Crisis Events* (Built-in Benefit to Crisis Recovery and Double Crisis Recovery)
- Partial Payments* (Built-in Benefit to Crisis Recovery and Double Crisis Recovery)
- Crisis Extension Events* (Built-in Benefit to Crisis Extension), and
- Chronic Diagnosis Advancement* (Built-in Benefit to Crisis Recovery and Double Crisis Recovery).

The TPD and Accidental TPD Sum Insured will also be reduced by the amount of any Final Expenses* claim paid to the extent necessary to ensure the TPD or Accidental TPD Sum Insured is not higher than the Life Cover Sum Insured.

Following the payment of any benefits listed above, the premium for TPD and Accidental TPD will be adjusted to reflect the reduction in the Sum Insured.

If you hold TPD/Accidental TPD as a Stand Alone Plan and you also hold cover under a separate Life Cover Plan, a claim paid under TPD/Accidental TPD Stand Alone will not reduce the Life Cover Sum Insured and other benefits within the Life Cover Plan – the applicable benefits will continue unaffected.

*The TPD and Accidental TPD Sum Insured will not be reduced by a claim on these benefits where the TPD, Universal TPD, Accidental TPD or Crisis Recovery cover (as applicable) is held as a Stand Alone benefit or, in the case of Crisis Extension cover, is held as a rider benefit to Crisis Recovery Stand Alone.

Sum Insured reduction – Total and Permanent Disablement

The following Sum Insured reductions apply to TPD and Accidental TPD cover:

- **Policy Anniversary prior to age 65 – Occupation Categories: A1, A2, M, A3, A4**

If, at the Policy Anniversary prior to your 65th birthday, the total of the Sums Insured for all total and permanent disablement benefits and all benefits under the Crisis Recovery Stand Alone benefit that include the phrase 'Total and Permanent Disablement' is greater than \$3 million, we will reduce the Sum Insured to \$3 million.

Loss of Independence Limitations

In the event of a claim under the Loss of Independence benefit, the Life Cover Sum Insured, Crisis Recovery and Crisis Extension Sum Insured will be reduced by any amount paid under this benefit.

The Loss of Independence Sum Insured will be reduced by any payment under Terminal Illness, Crisis Recovery, Crisis Extension or Double Crisis Recovery benefits.

The Loss of Independence Sum Insured for TPD Stand Alone will not be reduced by any payment under the Life Cover or Crisis Recovery benefits.

Loss of Independence Sum Insured

The total of the Loss of Independence Sums Insured includes the Sum Insured of any applicable benefits converted under the Policy as follows:

- TPD
- TPD Stand Alone
- Double TPD
- Accidental TPD
- Accidental TPD Stand Alone, and
- Crisis Recovery.

Conversion to Loss of Independence and Sum Insured reduction

Policy Anniversary prior to age 65 – Occupation Categories B, C, CT, D and Home Duties

When your TPD Sum Insured converts to Loss of Independence at the Policy Anniversary prior to your 65th birthday, the Sum Insured will be a total of:

- the Stand Alone Sums Insured for TPD, Universal TPD and Accidental TPD (under the Life Cover Plan), and
- the highest of the Rider Benefit Sums Insured for TPD, Double TPD, Universal TPD, Double Universal TPD and Accidental TPD (under the Life Cover or Superannuation PLUS benefit).

If, at the Policy Anniversary prior to your 65th birthday, the Loss of Independence Sum Insured is greater than \$2 million, we will reduce the Sum Insured to \$2 million.

Policy Anniversary prior to age 70 – Occupation Categories: A1, A2, M, A3, A4

When your TPD Sum Insured converts to Loss of Independence at the Policy Anniversary prior to your 70th birthday, the Sum Insured will be a total of:

- the Stand Alone Sums Insured for TPD, Universal TPD and Accidental TPD (under the Life Cover Plan), and
- the higher of:
 - the Crisis Recovery Sums Insured, and
 - the highest of the Rider Benefit Sums Insured for TPD, Double TPD, Universal TPD, Double Universal TPD and Accidental TPD (under the Life Cover or Superannuation PLUS benefit).

If, at the Policy Anniversary prior to your 70th birthday, the Loss of Independence Sum Insured is greater than \$2 million, we will reduce the Sum Insured to \$2 million.

Sum Insured reductions – you choose

Where a maximum limit applies to a benefit (or benefits), the Sum Insured needs to be reduced to ensure the total Sums Insured do not exceed the Policy limit. You can instruct us as to which Sums Insured you wish to reduce or cancel. If we do not receive your instructions, we will determine which Sums Insured are reduced and advise you of this in writing.

3.1.5 When cover begins and ends

TPD and Accidental TPD cover will begin on the applicable commencement date shown on your Policy Schedule and end at the earliest of:

- payment of the full Sum Insured
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where taken as a Superannuation PLUS benefit)
- the payment, lapse or cancellation of the linked Superannuation TPD benefit (where the Maximiser benefit has been selected as a Linked Benefit under the Superannuation Life Cover Plan)
- your passing away, or
- the Expiry Date of the benefit.

3.2 Universal Total and Permanent Disablement

Your insurance cover

Universal Total and Permanent Disablement (Universal TPD) will pay a lump sum if you suffer a Loss of Independence.

This insurance cover is available if you don't meet the minimum work hours for TPD cover.

Availability

Universal TPD cover can be purchased as:

- Stand Alone cover (Ordinary Plan or Superannuation Plan)
- a Rider Benefit to Life Cover (Ordinary Plan, Linked Benefit or Superannuation Plan), or
- a Rider Benefit to Crisis Recovery Stand Alone cover (Ordinary Plan or Linked Benefit).

In this section

- 3.2.1 Benefit overview
- 3.2.2 Built-in Benefits
- 3.2.3 General terms and conditions
- 3.2.4 Limitations and exclusions
- 3.2.5 When cover begins and ends

Cover type	Outside super	Inside super
Universal TPD	◆ Ordinary Plan	◆ Linked Benefit (Superannuation PLUS) ● Superannuation Plan

3.2.1 Benefit overview

Table 5 shows the benefits available under Universal TPD. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 5

Benefit availability ◆ Ordinary Plan ◆ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Universal Total and Permanent Disablement	• Stepped • Level • Optimum
Built-in Benefits	Benefit availability Section
Universal Total and Permanent Disablement Pays a lump sum equal to the Sum Insured if you suffer a Loss of Independence (see Section 12.1).	◆◆● 3.2.2
Benefit Indexation Automatically increases your Sum Insured at the Policy Anniversary each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of indexation on your application form or before any Policy Anniversary.	◆◆● 7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Stepped premiums.	◆◆● 7.1
Conversion option Allows you to transfer your Universal TPD cover under a Superannuation Life Cover Plan to an Ordinary Plan prior to age 75.	● 9.1

Built-in Benefits	Benefit availability	Section
Financial Planning Reimbursement		
Pays up to \$3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies.	◆◆	7.4
Complimentary Interim Accidental Total and Permanent Disablement cover		
Pays a lump sum outside superannuation in the event that you become Totally and Permanently Disabled whilst we are assessing your application, solely as a result of an Accidental Injury. This cover applies for up to 90 days from the date of your signed application.	◆◆◆	13.2
Rider Benefits – optional benefits at an additional cost (available with Universal TPD Stand Alone only)		
Forward Underwriting	◆	8.13
Business Safeguard Forward Underwriting	◆	8.14
Repayment Relief (Only available on Universal TPD Stand Alone)	◆	8.20

3.2.2 Built-in Benefits

This section sets out the terms and conditions of the Built-in Benefits that apply specifically to Universal TPD as indicated in Table 5. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 3.2.3–5 and Section 10.2.

The rest of the benefits listed in the table are not specific to Universal TPD and can apply to other insurance cover described in this PDS. For information about those benefits, please refer to the sections indicated in the table.

Universal TPD

We will pay a lump sum equal to the Universal TPD Sum Insured if you meet the definition of Loss of Independence (see Section 12.1). We will pay the Loss of Independence benefit once only.

3.2.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B, C, CT, D, E	Home Duties	
Universal TPD • Stand Alone • Rider Benefit to Life Cover	\$2 million	\$2 million	Maximum limit applies to the total sums insured for TPD, TPD Stand Alone, Universal TPD, Universal TPD Stand Alone, Double Universal TPD, Accidental TPD, Accidental TPD Stand Alone and other similar benefits under other policies with us and other insurers. Rider Benefit cannot exceed the Sum Insured of the main benefit.
Universal TPD • Rider Benefit to Crisis Recovery	\$2 million	\$1 million	

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age		
		All occupations	A1, A2, M, A3, A4, B, C, CT, D	E	Home Duties
Universal TPD	Stepped & Level	15 years	63 years	49 years	63 years
	Optimum	34 years	63 years	49 years	63 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Occupation Categories	Ordinary Plan			Superannuation Plan		
	A1, A2, M, A3, A4, B, C, CT, D	E	Home Duties	A1, A2, M, A3, A4, B, C, CT, D	E	Home Duties
Universal TPD • Stand Alone • Rider Benefit to Life Cover	100th birthday	55th birthday	100th birthday	65th birthday	55th birthday	65th birthday
Universal TPD • Rider Benefit to Crisis Recovery Stand Alone	70th birthday	55th birthday	70th birthday	N/A	N/A	N/A

3.2.4 Limitations and exclusions

Limitations and exclusions that apply to Universal TPD are listed below. If you hold cover through a Superannuation Plan, the conditions of release of the relevant fund will also need to be satisfied before the claim payment can be released to you (see Section 9).

Exclusions

A benefit is not payable for Universal TPD in relation to any event or disablement which is directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you.

Benefit reductions

The Universal TPD Sum Insured will be reduced by the amount of any claim paid on the following Built-in or Rider Benefits (including any Linked Benefits attached to the Superannuation Life Cover Plan):

- Universal TPD
- TPD*
- Accidental TPD*
- Partial and Permanent Disablement* (built-in benefit to TPD)
- Accidental Partial and Permanent Disablement* (built-in benefit to Accidental TPD)
- Day 1 TPD* (built-in benefit to TPD)
- Loss of Independence* (built-in benefit to TPD and Crisis Recovery)
- Death or Terminal Illness* (built-in benefit to Life Cover)
- Crisis Events* (built-in benefit to Crisis Recovery and Double Crisis Recovery)
- Partial Payments* (built-in benefit to Crisis Recovery and Double Crisis Recovery)
- Crisis Extension Events* (Built-in Benefit to Crisis Extension), and
- Chronic Diagnosis Advancement* (built-in benefit to Crisis Recovery and Double Crisis Recovery).

The Universal TPD Sum Insured will also be reduced by the amount of any Final Expenses* claim paid to the extent necessary to ensure the Universal TPD Sum Insured is not higher than the Life Cover Sum Insured.

Following the payment of any benefits listed above, the premium for Universal TPD will be adjusted to reflect the reduction in the Sum Insured.

If you hold Universal TPD as a Stand Alone Plan and you also hold cover under a separate Life Cover Plan, a claim paid under Universal TPD Stand Alone will not reduce the Life Cover Sum Insured and other benefits within the Life Cover Plan – the applicable benefits will continue unaffected.

*The Universal TPD Sum Insured will not be reduced by a claim on these benefits where the TPD, Universal TPD, Accidental TPD or Crisis Recovery cover (as applicable) is held as a Stand Alone benefit or, in the case of Crisis Extension cover, is held as a rider benefit to Crisis Recovery Stand Alone.

Sum Insured reduction – all occupations

If, at the Policy Anniversary prior to your 65th birthday, the total of the Sums Insured for Universal TPD, Loss of Independence and all benefits under the Crisis Recovery Stand Alone benefit that include the phrase 'Total and Permanent Disablement' is greater than \$3 million, we will reduce the Sum Insured to \$3 million.

If, at the Policy Anniversary prior to your 70th birthday, the total of the Sums Insured for Universal TPD and Loss of Independence is greater than \$2 million, we will reduce the Sum Insured to \$2 million.

Sum Insured reductions – you choose

Where a maximum limit applies to a benefit (or benefits), the Sum Insured needs to be reduced to ensure the total Sums Insured do not exceed the Policy limit. You can instruct us as to which Sums Insured you wish to reduce or cancel. If we do not receive your instructions, we will determine which Sums Insured are reduced and advise you of this in writing.

3.2.5 When cover begins and ends

Universal TPD cover will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- payment of the full Sum Insured
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where taken as a Superannuation PLUS benefit)
- your passing away, or
- the Expiry Date of the benefit.

4. Crisis Recovery

Your insurance cover

Crisis Recovery will pay a lump sum if you are diagnosed with a condition that meets the definition of one of the Crisis Events listed in this section.

Availability

- All Occupation Categories are eligible.
- Crisis Recovery cover can be purchased as:
 - Stand Alone cover (Ordinary Plan), or
 - a Rider Benefit to Life Cover (Ordinary Plan or Linked Benefit).

Cover type	Outside super only	
Crisis Recovery	◆ Ordinary Plan	◆ Linked Benefit (Superannuation PLUS)

In this section

- 4.1 Benefit overview
- 4.2 Built-in Benefits
- 4.3 General terms and conditions
- 4.4 Limitations and exclusions
- 4.5 When cover begins and ends

Other important information

As well as the information about insurance cover provided in this section, this PDS contains important information about acquiring and holding insurance.

You should read this PDS in full before making a decision about purchasing the insurance cover described in this section.

Worldwide cover

Provides you with insurance cover anywhere in the world, 24 hours a day.

4.1 Benefit overview

Table 6 shows the benefits available under Crisis Recovery. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 6

Benefit availability ◆ Ordinary Plan ◆ Linked Benefit ● Superannuation Plan

Insurance cover		Premium options
Crisis Recovery		• Stepped • Level • Term Level (Rider only) • Optimum
Built-in Benefits		Benefit availability Section
Crisis Events		
Pays a lump sum equal to the full Sum Insured if you are diagnosed with a listed Crisis Event for which you are covered after the applicable qualifying period.		◆ ◆ 4.2
If you select the Crisis Recovery Stand Alone benefit, you must survive for a period of 14 days from the date of diagnosis.		
Partial benefit payments		
Provides a partial payment if you are diagnosed with certain Crisis Events after the applicable qualifying period.		◆ ◆ 4.2
If you select the Crisis Recovery Stand Alone benefit, you must survive for a period of 14 days from the date of diagnosis.		

Built-in Benefits	Benefit availability	Section
Chronic Diagnosis Advancement Advances a partial payment if you are diagnosed with certain Crisis Events.	◆◆	4.2
Conversion to Loss of Independence Instead of your Crisis Recovery benefit ending on your Policy Anniversary prior to your 70th birthday, we will convert Crisis Recovery to a Loss of Independence benefit until the Policy Anniversary prior to your 100th birthday. Conversion to Loss of Independence is not available under Crisis Recovery Stand Alone.	◆◆	4.2
Complimentary Family Protection Pays a lump sum of \$20,000 per child if your Child passes away or is diagnosed with one of the listed Complimentary Family Protection Crisis Events between the ages of two and 17.	◆◆	4.2
Death benefit Pays a lump sum up to \$5,000 if you pass away and no benefit is payable for a Crisis Event. This Death benefit is only available under Crisis Recovery Stand Alone.	◆	4.2
Terminal Illness If you are diagnosed with a Terminal Illness, we will pay a lump sum equal to the Crisis Recovery Sum Insured. A three-month qualifying period applies. Terminal Illness is listed as a Crisis Event and is only available under Crisis Recovery Stand Alone.	◆◆	4.2
Benefit Indexation Automatically increases your Sum Insured at the Policy Anniversary each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of indexation on your application form or before any Policy Anniversary.	◆◆	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Stepped premiums.	◆◆	7.1
Financial Planning Reimbursement Pays up to \$3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies.	◆◆	7.4
Complimentary Interim Accidental Crisis Recovery Cover Pays a lump sum in the event that you suffer a Crisis Event whilst we are assessing your application, solely as a result of an Accidental Injury. This cover applies for up to 90 days from the date of your signed application.	◆◆	13.3
Complimentary Interim Accidental Death Cover Pays a lump sum in the event of your Accidental Death occurring whilst we are assessing your application. This cover applies for up to 90 days from the date of your signed application. Only available under Crisis Recovery Stand Alone.	◆	13.1
Rider Benefits – optional benefits at an additional cost	Benefit availability	Section
Crisis Extension	◆◆	8.6
Crisis Recovery Buy-back Crisis Recovery Buy-back is not available under a Crisis Recovery Stand Alone Plan.	◆◆	8.7
Crisis Reinstatement	◆◆	8.8
Family Protection	◆◆	8.10

Only available under Crisis Recovery Stand Alone	Benefit availability	Section
Total and Permanent Disablement	◆◆	3.1
Accidental Total and Permanent Disablement	◆◆	3.1
Universal Total and Permanent Disablement	◆◆	3.2
Life Cover Purchase	◆	8.5
Forward Underwriting	◆	8.13
Business Safeguard Forward Underwriting	◆	8.14

4.2 Built-in Benefits

The following information relates to the Built-in Benefits that are only available under Crisis Recovery as indicated in Table 6. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 4.3–5 and Section 10.2.

The rest of the benefits listed in the table are not specific to Crisis Recovery and can apply to other insurance cover offered through this PDS. For information about those benefits, please refer to the sections indicated in the table.

Crisis Recovery references

When referring to 'Crisis Recovery', this includes any applicable cover under a Crisis Recovery Stand Alone Plan, Crisis Recovery as a Rider Benefit to Life Cover and Double Crisis Recovery.

1. Crisis Events

We will pay a lump sum equal to the Crisis Recovery Sum Insured if you are diagnosed with one of the Crisis Events listed below for which you are covered under this benefit, and we confirm the diagnosis. The benefit is payable where the diagnosed condition meets the applicable medical definition set out in Section 12.2.

On payment of a claim for the full Crisis Recovery Sum Insured in respect of a Crisis Event, the Crisis Recovery benefit will cease and no further Crisis Recovery payments will be made for any subsequent Crisis Event.

Crisis Recovery can be reinstated if you have selected the Crisis Reinstatement Rider Benefit.

If you have selected Crisis Recovery Stand Alone, you must survive for a period of 14 days from the date of the diagnosis of the Crisis Event to be eligible for a full payment.

The following Crisis Events are available under Crisis Recovery as a Stand Alone Plan or as a Rider Benefit to Life Cover, with the exception of a Terminal Illness event (which is only available under a Stand Alone Plan).

Cancer Events	Other Serious Crisis Events
• Cancer* (including sarcoma, lymphoma, leukaemia and other malignant bone marrow disorders) • Carcinoma in situ** • Skin Cancer** • Prostate Cancer*	• Accidental HIV Infection* • Alzheimer's Disease • Aplastic Anaemia • Bacterial Meningitis • Benign Brain or Spinal Cord Tumour# • Blindness • Chronic Liver Disease • Chronic Lung Disease • Coma • Dementia • Diplegia • Hemiplegia • Intensive Care • Kidney Failure • Loss of Hearing • Loss of Independence • Loss of Use of Limbs and/or Sight# • Loss of Speech • Major Burns • Major Head Trauma • Major Organ Transplant* • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Paraplegia • Parkinson's Disease • Pneumectomy • Quadriplegia • Rheumatoid Arthritis# • Severe Diabetes* • Severe Rheumatoid Arthritis • Terminal Illness (Stand Alone only)* • Viral Encephalitis
Coronary Events	
• Cardiomyopathy • Coronary Artery Angioplasty** • Coronary Artery Bypass Surgery* • Heart Attack* • Heart Valve Surgery* • Other Serious Coronary Artery Disease* • Out of Hospital Cardiac Arrest • Pulmonary Arterial Hypertension (Primary)* • Stroke* • Surgery to the Aorta*	

Partial payments apply, refer to Partial Benefit Payments in this section or go to Section 12.2 Medical Definitions.

*Qualifying period applies (see below).

Qualifying Period

Certain Crisis Events are subject to a qualifying period, as indicated above by the asterisk (*) symbol.

A Crisis Recovery benefit is not payable if, within three months after this benefit commences, is reinstated or increased (but only in relation to the increased amount), you suffer, or are diagnosed with, a condition that results in one of the Crisis Events indicated above.

We will waive this three-month qualifying period if:

- your Policy replaces another crisis recovery or trauma policy from us or a previous insurer,
- the Crisis Recovery Sum Insured under your Policy is the same as or lower than the sum insured for crisis recovery or trauma under the policy being replaced, and
- the full qualifying period under the replaced policy has elapsed.

Proof of positive diagnosis

Once you have notified us in writing that you are submitting a claim on your Policy, we will provide you with the appropriate forms, including a proof of positive diagnosis form. You must return proof of the positive diagnosis form to us within three months of the date of diagnosis.

Failure to provide proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within the required timeframe, subject to proof being provided as soon as is reasonably possible.

We have the right and opportunity to examine you, and your Child, if the claim is under the Family Protection or the Complimentary Family Protection benefit (where applicable), when and as often as we may reasonably require in connection with a claim. We will do this at our own expense.

The Crisis Recovery, Double Crisis Recovery, Crisis Recovery Stand Alone, Complimentary Family Protection or Family Protection benefits will not be payable unless the Crisis Event and the date of

diagnosis are confirmed in writing by a Medical Practitioner and/or legally qualified pathologist.

The person confirming the diagnosis must base that diagnosis **solely** on our definition of the relevant Crisis Event (as set out in Section 12.2 Medical Definitions), after a study of the histological material and clinical presentation based on the medical history, physical examination, radiological studies, and the results of any other diagnostic procedures performed on you or your Child. Any diagnosis must be confirmed by us.

2. Partial benefit payments

We will make a partial payment from your Crisis Recovery Sum Insured if we are able to confirm diagnosis of the Crisis Event listed in the table below.

After any partial payment for one of the Crisis Events listed below, the Crisis Recovery Sum Insured and Life Cover Sum Insured (where applicable) will be reduced by the payment made.

If you sustain another Crisis Event we will pay the reduced Sum Insured, however payment for Chronic Diagnosis Advancement is made only once.

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

If you have selected Crisis Recovery Stand Alone, you must survive for a period of 14 days from the date of the diagnosis of the Crisis Event to be eligible for a partial payment.

Crisis Event	Partial amount paid
Carcinoma in situ – must be confirmed by histopathology: • Carcinoma in situ of the breast – where no mastectomy is performed and is confirmed by a biopsy. • Female cancers – vagina, ovary, vulva and fallopian tube where the tumour must be classified as TIS according to the TNM staging method or FIGO Stage 0, and – cervix-uteri with a grading of either TNM stage TIS or CIN 3 or above. • Male cancers – penis and testicle where the tumour must be classified as TIS according to the TNM staging method.	The greater of \$10,000 and 10% of the Sum Insured
Skin Cancer – where diagnosed by an appropriate specialist Medical Practitioner, we will pay: For any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion.	The greater of \$10,000 and 15% of the Sum Insured
Benign Brain or Spinal Cord Tumour – where diagnosed by a consultant neurologist/neurosurgeon and gives rise to symptoms of neurological deficit.	25% of the Sum Insured up to a maximum of \$50,000
Coronary Artery Angioplasty – after any payment for coronary artery angioplasty the Sum Insured will be reduced by the payment made. Where one coronary artery is obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or the insertion of up to two stents. Where two coronary arteries are obstructed and corrected with the use of either angioplasty, atherectomy or laser therapy, or, the insertion of more than two stents (regardless of the number of coronary arteries involved).	25% of the Sum Insured up to a maximum of \$25,000 50% of the Sum Insured up to a maximum of \$50,000
Loss of Use of Limbs and/or Sight A one-time partial benefit will be paid in the event of the total and permanent loss of use of one hand, one foot or sight in one eye (to the extent of 6/60 or less).	The greater of \$10,000 and 25% of the Sum Insured
Rheumatoid Arthritis	25% of the Sum Insured up to a maximum of \$25,000

3. Chronic Diagnosis Advancement

The Chronic Diagnosis Advancement benefit is an advance payment of the Crisis Recovery Sum Insured and is payable when certain medical conditions have been diagnosed but have not yet met the definition of that Crisis Event. The payment is 25% of the Crisis Recovery Sum Insured up to a maximum of \$25,000 under all policies that we have issued to you, the Life Insured.

This benefit will be paid if an appropriate specialist Medical Practitioner confirms to our satisfaction that you have suffered or been medically diagnosed with one of the following medical conditions but have not yet met our definition of that Crisis Event:

- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy, or
- Parkinson's Disease.

If a Chronic Diagnosis Advancement benefit is paid, the applicable Crisis Recovery Sum Insured and Life Cover Sum Insured (where applicable) will be reduced by the amount paid.

If you subsequently qualify for the payment of a Crisis Recovery Sum Insured, the reduced Crisis Recovery Sum Insured will be paid.

We will only make a payment for the Chronic Diagnosis Advancement benefit once.

4. Conversion to Loss of Independence

The Expiry Date for Crisis Recovery is the Policy Anniversary prior to 70th birthday for all Occupation Categories.

Instead of your Crisis Recovery benefit expiring at the Policy Anniversary prior to your 70th birthday, your Crisis Recovery benefit will convert to a Loss of Independence benefit which will continue until the Policy Anniversary prior to your 100th birthday if there has not been a claim on the Policy.

If you make a claim after the conversion, we will pay the Loss of Independence Sum Insured if you meet the Loss of Independence definition.

We will only pay this benefit once.

The Crisis Recovery benefit does not convert to a Loss of Independence benefit for Occupation Category E, or if you hold a Crisis Recovery Stand Alone benefit.

5. Complimentary Family Protection

If your Child passes away or is positively diagnosed with one of the listed Complimentary Family Protection Crisis Events, we will pay a lump sum of \$20,000 per Child after the applicable qualifying period.

The Child must be aged from two to 17 years of age at the time of their passing away, or positive diagnosis, and we confirm the diagnosis.

Only one payment will be made per Child, regardless of the number of policies that cover the Child. A claim on one Child will not negate this benefit for any of your other Children.

The sum of all payments under Complimentary Family Protection cannot exceed the Crisis Recovery Sum Insured. Benefit Indexation does not apply to this benefit. If you also hold a Complimentary Family Final Expenses benefit, we will make only one payment per Child under both benefits.

The maximum benefit we will pay under Complimentary Family Protection will be the lower of \$20,000 and the Crisis Recovery, Double Crisis Recovery or the Crisis Recovery Stand Alone Sum Insured at the time your Child passes away or is positively diagnosed with one of the Complimentary Family Protection Crisis Events listed below.

Complimentary Family Protection Crisis Events

• Death¹ • Terminal Illness¹	Other Serious Crisis Events • Aplastic Anaemia • Bacterial Meningitis • Benign Brain or Spinal Cord Tumour¹ • Blindness • Coma • Diplegia • Hemiplegia • Kidney Failure • Loss of Hearing • Loss of Use of Limbs and/or Sight³ • Loss of Speech • Major Burns • Major Head Trauma • Major Organ Transplant¹ • Paraplegia • Quadriplegia • Viral Encephalitis
Cancer Events • Cancer^{1,2} (including sarcoma, lymphoma, leukaemia and other malignant bone marrow disorders) • Skin Cancer^{1,2}	
Coronary Events • Heart Attack¹ • Pulmonary Arterial Hypertension (Primary)¹ • Stroke¹	

1. Qualifying Period. The Complimentary Family Protection benefit is not payable if your Child suffers a Crisis Event within three months of the benefit being activated.
2. For all Cancer Events:
 - No payment for carcinoma in situ of any organ.
 - No payment for melanoma with a Breslow level <1mm thickness and less than Clark Level 3 in depth of invasion.
3. For Loss of Use of Limbs and/or Sight. No payment for loss of use of one limb or loss of sight in one eye.

Limitations – Complimentary Family Protection

We will only make one payment per Child under both this benefit and the Complimentary Family Final Expenses benefit (if applicable). If we make a payment under Crisis Recovery Complimentary Family Protection, we will not make a payment under Complimentary Family Final Expenses, and vice versa.

We will however, make one payment of up to \$20,000 under Crisis Recovery Complimentary Family Protection in addition to any payment under Family Protection, where the Family Protection benefit was purchased as a Rider Benefit at an additional cost.

This benefit will not be paid if your Child passes away or is positively diagnosed with one of the Complimentary Family Protection Crisis Events listed within three months of this benefit commencing. We will require written proof of positive diagnosis (see Proof of positive diagnosis in this section).

This benefit does not include any conversion rights, and does not give your Child (under the Complimentary Family Protection benefit) the right to purchase a separate Crisis Recovery, Double Crisis Recovery or Crisis Recovery Stand Alone benefit on standard terms and conditions without evidence of health.

If the Crisis Recovery benefit has been reinstated via the Crisis Reinstatement benefit, the Complimentary Family Protection benefit will be automatically reinstated.

Exclusions – Complimentary Family Protection

Pre-existing conditions

No Complimentary Family Protection benefit is payable in relation to a Complimentary Family Protection Crisis Event or the passing away of your Child, if these events are a result of:

- experiencing any symptoms
- consulting a Medical Practitioner, or
- undergoing any investigation

that leads to a diagnosis of a Complimentary Family Protection Crisis Event, prior to the commencement or reinstatement of the Complimentary Family Protection benefit as shown on your Policy Schedule.

In addition, no Complimentary Family Protection benefit is payable in relation to a Complimentary Family Protection Crisis Event or the passing away of your Child, if these events are as a result of:

- experiencing any symptoms
- consulting a Medical Practitioner, or
- undergoing any investigation

that leads to a diagnosis of a Complimentary Family Protection Crisis Event, prior to the Child turning two years old.

No payment will be made if the event causing death, or the Complimentary Family Protection Crisis Event was caused by:

- a congenital condition
- an intentional act of the Child’s parent or guardian
- an intentional act of someone who lives with or supervises the Child, or
- your intentional act.

When cover begins and ends

The Complimentary Family Protection benefit will begin on the Commencement Date of the Crisis Recovery, Double Crisis Recovery or Crisis Recovery Stand Alone benefit and will end when that benefit ends or is reduced to nil.

6. Death benefit

If you pass away and no benefit is payable for a Crisis Event, we will pay the lesser of your Crisis Recovery Stand Alone Sum Insured and \$5,000. This Death benefit is only available under Crisis Recovery Stand Alone.

7. Terminal Illness

If you are diagnosed with a Terminal Illness and we confirm the diagnosis, we will pay a lump sum equal to the Crisis Recovery Sum Insured. A three-month qualifying period applies.

Terminal Illness is listed as a Crisis Event and is only available under Crisis Recovery Stand Alone (see the Crisis Events table above).

4.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B, C, CT, D, E	Home Duties	
Crisis Recovery • Stand Alone • Rider Benefit to Life Cover	\$2 million	\$1 million	Maximum limit applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone, Crisis Extension and Double Crisis Recovery and other similar benefits under other policies with us and other insurers. Crisis Recovery and Crisis Extension Rider Benefits cannot exceed the Life Cover Sum Insured

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Crisis Recovery	Stepped & Level	15 years	63 years
	Optimum	34 years	63 years
	5 Year Term Level	34 years	63 years
	10 Year Term Level	34 years	59 years
	15 Year Term Level	34 years	54 years

Expiry Date

The Expiry Date for Crisis Recovery is the Policy Anniversary prior to your 70th birthday.

4.4 Limitations and exclusions

Limitations and exclusions that apply specifically to Crisis Recovery are set out below. When we refer to 'Crisis Recovery', these terms apply to Crisis Recovery Stand Alone, Crisis Recovery as a Rider Benefit to Life Cover, and Double Crisis Recovery.

Special Acceptance Terms

We may offer you Crisis Recovery under special acceptance terms which will include some, but not all, of the Crisis Events. These Crisis Recovery modules and the Crisis Events available in each module are:

- Cancer and Coronary (Cancer Events and Coronary Events)
- Cancer Plus (Cancer Events and Other Serious Crisis Events), and
- Coronary Plus (Coronary Events and Other Serious Crisis Events).

If we offer you one of the three Crisis Recovery modules, the following Rider Benefits are not available:

- Crisis Extension
- Crisis Recovery Buy-back
- Crisis Reinstatement, and
- Family Protection.

Claim payments

The maximum Crisis Recovery benefit payable in respect of any claim covered under this benefit cannot exceed the total Crisis Recovery Sum Insured.

On payment of the full Crisis Recovery Sum Insured, the Crisis Recovery benefit will cease and no payment will be made for any subsequent Crisis Event. The Life Cover Sum Insured will be reduced by the Crisis Recovery Sum Insured where Crisis Recovery is a Rider Benefit.

Reinstatement

The Crisis Recovery benefit can be reinstated if you have selected the Crisis Reinstatement benefit (see Section 8.8).

Your reinstated Crisis Recovery benefit will be subject to the exclusions listed under Section 8.8.4.

Exclusions – Crisis Recovery

No Crisis Recovery benefit payment will be made in relation to:

- death from suicide in the first 13 months from the date this benefit commenced, was reinstated or increased (but only in relation to the increased amount; Crisis Recovery Stand Alone only)*
- any Crisis Event or disablement, directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you, or
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you.

*This exclusion will be waived in respect of any Death benefit under the Policy provided the Policy is replacing the death benefit from us or a previous insurer and the full suicide exclusion period under the in force policy to be replaced has elapsed. The waiver only applies to the amount of the death benefit that has been replaced by the Policy.

Benefit reductions – Crisis Recovery

The Crisis Recovery Sum Insured will be reduced by the amount of any claim paid on the following Built-in or Rider Benefits (including any Linked Benefits attached to the Superannuation Life Cover Plan):

- Crisis Events
- Partial Payments
- Chronic Diagnosis Advancement
- Death Cover
- Loss of Independence* (Built-in Benefit to TPD, Double TPD, Crisis Recovery)
- Death or Terminal Illness* (Built-in Benefit to Life Cover)
- TPD*
- Accidental TPD*
- Universal TPD*
- Partial and Permanent Disablement* (Built-in Benefit to TPD)
- Accidental Partial and Permanent Disablement* (Built-in Benefit to Accidental TPD), and
- Day 1 TPD* (Built-in Benefit to TPD).

The Crisis Recovery Sum Insured will also be reduced by the amount of any Final Expenses* claim paid to the extent necessary to ensure the Crisis Recovery Sum Insured is not higher than the Life Cover Sum Insured.

When Crisis Recovery is taken with a Crisis Extension Rider Benefit, a claim paid on TPD, Accidental TPD or Universal TPD Rider Benefits:

- reduces the Crisis Extension Sum Insured, and
- reduces the Crisis Recovery Sum Insured only by the amount of the TPD claim that is higher than the Crisis Extension Sum Insured.

Following the payment of any benefits listed above, the premium for Crisis Recovery will be adjusted to reflect the reduction in the Sum Insured.

*The Crisis Recovery Sum Insured will not be reduced by a claim on these benefits where the TPD, Universal TPD, Accidental TPD or Crisis Recovery cover (as applicable) is held as a Stand Alone benefit.

Loss of Independence Limitations

In the event of a claim under the Loss of Independence benefit, the Life Cover Sum Insured will be reduced by the amount paid under this benefit.

The Loss of Independence Sum Insured will be reduced by any Terminal Illness benefit payment under the Life Cover benefit, ending cover under the Life Cover and Loss of Independence benefits.

Loss of Independence Sum Insured

The total of the Loss of Independence Sums Insured includes the Sum Insured of any applicable benefits converted under the Policy as follows:

- TPD
- TPD Stand Alone
- Double TPD
- Accidental TPD
- Accidental TPD Stand Alone, and
- Crisis Recovery.

Conversion to Loss of Independence and Sum Insured reduction – all Occupation Categories except E

When your Crisis Recovery Sum Insured converts to Loss of Independence at the Policy Anniversary prior to your 70th birthday, the Sum Insured will be a total of:

- the Stand Alone Sums Insured for TPD, Universal TPD and Accidental TPD (under the Life Cover Plan), and
- the higher of
 - the Crisis Recovery Sums Insured, and
 - the highest of the Rider Benefit Sums Insured for TPD, Double TPD, Universal TPD, Double Universal TPD and Accidental TPD (under the Life Cover or Superannuation PLUS benefit).

If, at the Policy Anniversary prior to your 70th birthday, your Loss of Independence Sum Insured is greater than \$2 million, we will reduce the Sum Insured to \$2 million.

Sum Insured reductions – you choose

Where a maximum limit applies to a benefit (or benefits), the Sum Insured needs to be reduced to ensure the total Sums Insured do not exceed the Policy limit. You can instruct us as to which Sums Insured you wish to reduce or cancel. If we do not receive your instructions, we will determine which Sums Insured are reduced and advise you of this in writing.

4.5 When cover begins and ends

Crisis Recovery cover will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- payment of the full Sum Insured
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where taken as a Superannuation PLUS benefit)
- your passing away, or
- the Expiry Date of the benefit.

5. Income Protection

Income Protection insurance cover

We offer two types of Income Protection cover:

- **Income Protection** – provides you with a monthly income if you become Totally or Partially Disabled due to Sickness or Injury
– Your Income Protection cover can also be enhanced by selecting either Advantage Optional or PLUS Optional.
- **Income Protection Accident Only** – provides you with a monthly income if you become Totally or Partially Disabled due to Accidental Injury.

Availability

- Income Protection and Income Protection Accident Only cover can be purchased as Stand Alone cover with optional Rider Benefits available for an additional premium.
- If your income protection cover is held inside super, you can enhance this cover by selecting a Linked Benefit (Super Extras) that provides additional benefits generally not available inside super.
- Agreed Value Income Protection insurance cover is only available if the Policy is replacing an existing Priority Protection Agreed Value Income Protection insurance cover from AIA Australia and the cancel and replace is being performed to facilitate a change of ownership or correct an administrative error affecting the existing policy. Agreed Value Income Protection insurance cover is not available for new business policies or when an existing Agreed Value Income Protection insurance cover with AIA Australia is being cancelled and replaced for any other reason than stated above.

In this section

- 5.1 Benefit overview
- 5.2 Built-in Benefits
- 5.3 General terms and conditions
- 5.4 Limitations and exclusions
- 5.5 When benefit payments cease
- 5.6 When cover begins and ends

Other important information

As well as the information about insurance cover provided in this section, this PDS contains important information about acquiring and holding insurance.

You should read this PDS in full before making a decision about purchasing the insurance cover described in this section.

Cover type	Outside super		Inside super
Income Protection & Income Protection Accident Only	◆ Ordinary Plan	◆ Linked Benefit (Super Extras)	● Superannuation Plan

Premium options

To further extend cover, the following options can be selected under an Ordinary Income Protection Plan, or by adding a Linked Benefit through Super Extras (refer to Section 9 for details about Linked Benefits).

- **Advantage Optional** – gives you the Specified Injury benefit and the enhanced Total and Partial Disablement – Multi Definition, which provides more flexibility in relation to the hours you work or the Income you earn whilst you are Totally or Partially Disabled.
- **PLUS Optional** – gives you the enhanced Total and Partial Disablement – Multi Definition as well as additional benefits such as Specified Injury, Crisis Recovery, No Claims Bonus and the Rehabilitation Incentive.

Worldwide cover

Provides you with insurance cover anywhere in the world, 24 hours a day.

Income Protection eligibility requirements

This table provides a summary of the Income Protection insurance cover available.

Income Protection options	Income Protection definitions		Description	Type of cover	Occupation Category & weekly work hours	Employment type
	Total Disablement	Partial Disablement				
- Income Protection - Income Protection Accident Only	Total Disablement (Income Protection) or Total Disablement (Income Protection – Occupation E) ¹	Partial Disablement (Income Protection) ¹	Total and partial disablement cover based on your duties	- Indemnity² - Extended Indemnity² - Agreed Value^{2,3,4} (only available for the replacement of existing AIA Priority Protection Agreed Value Income Protection cover in specific circumstances)³	A1, A2, M, A3, A4 At least 20 hours per week B, C, CT, D, E At least 25 hours per week Self-employed (all occupations) At least 25 hours per week	- Full-time Employment⁵ - Permanent Part-time Employee⁶ for A1, A2, M, A3, A4 Occupation Categories only - Self-employed⁷ working on a full-time basis⁵
- Advantage Optional - PLUS Optional	Total Disablement – Multi Definition	Partial Disablement – Multi Definition	Enhanced cover for total and partial disablement based on hours, duties or income		All Occupation Categories except E	- Full-time Employment⁵ - Self-employed⁷ working on a full-time basis⁵

- Where Income Protection Accident Only applies, cover is only provided where disablement is **solely** as a result of an Accidental Injury.
- Under the Superannuation Income Protection Plan, if your monthly benefit amount exceeds 100% of your Pre-disablement Income, the benefit may be reduced so that it does not exceed 100% of your Pre-disablement Income. The amount of such reduction can be paid under a Linked Benefit (Super Extras) if applicable.
- Agreed Value Income Protection insurance cover is only available if the Policy is replacing an existing Priority Protection Agreed Value Income Protection insurance cover from AIA Australia and the cancel and replace is being performed to facilitate a change of ownership or correct an administrative error affecting the existing policy. Agreed Value Income Protection insurance cover is not available for new business policies or when an existing Agreed Value Income Protection insurance cover with AIA Australia is being cancelled and replaced for any other reason than stated above.
- If you are Occupation Category D or E, Agreed Value is not available. Under the Superannuation Income Protection Plan, Agreed Value is only available when you have purchased Super Extras as a Linked Benefit attached to a separate Policy issued to you outside of superannuation.
- We classify full-time employment for this benefit as working a minimum of 25 hours per week, for 48 weeks per year excluding public holidays.
- We classify permanent part-time employment for this benefit as being employed to undertake identifiable duties for at least three days a week and for a minimum of 20 hours per week, for 48 weeks per year (excluding public holidays) and with paid sick and holiday leave entitlements.
- We classify self-employed for this benefit as working for payment or reward (other than as an employee) in a business or an enterprise over which you have power or control because you own it or you are a partner in the partnership that owns it.

Benefit Period

This table shows the Benefit Periods available under Income Protection insurance cover.

Benefit Period	Income Protection	Income Protection Accident Only	Premium cover		Type of cover			Occupation Category
			Advantage Optional ¹	PLUS Optional ¹	Indemnity	Extended Indemnity	Agreed Value	
2 Years	✓	✓	✓	✓	✓	✓	✓ ^{2,3}	A1, A2, M, A3, A4, B, C, CT, D, E
5 Years	✓	✓	✓	✓	✓	✓	✓ ^{2,3}	A1, A2, M, A3, A4, B, C, CT, D (excludes E)
To Age 65	✓	✓	✓	✓	✓	✓	✓ ²	A1, A2, M, A3, A4, B, C, CT (excludes D & E)
To Age 70	✓	✗	✓ ⁴	✓ ⁴	✓	✓	✓ ²	A1, A2, M, A3, A4 only
2 Year Benefit to Age 70	✓	✗	✗	✗	✓	✗	✗	A1, A2, M, A3, A4 only

1. If you are Occupation Category E, Advantage Optional and PLUS Optional is not available for any of the Benefit Period options.
2. Agreed Value Income Protection insurance cover is only available if the Policy is replacing an existing Priority Protection Agreed Value Income Protection insurance cover from AIA Australia and the cancel and replace is being performed to facilitate a change of ownership or correct an administrative error affecting the existing policy. Agreed Value Income Protection insurance cover is not available for new business policies or when an existing Agreed Value Income Protection insurance cover with AIA Australia is being cancelled and replaced for any other reason than stated above.
3. If you are Occupation Category D or E, Agreed Value is not available.
4. To Age 70 Benefit Period is available under Advantage Optional and PLUS Optional cover, however the enhanced benefits related to Advantage Optional and PLUS Optional will cease at the Policy Anniversary prior to your 65th birthday.

Waiting Period

This table shows the Waiting Periods available under Income Protection insurance cover.

Waiting Period	Income Protection	Income Protection Accident Only	Premium cover		Type of cover			Occupation Category
			Advantage Optional ¹	PLUS Optional ¹	Indemnity	Extended Indemnity	Agreed Value	
14 Days	✓	✓	✓	✓	✓	✓	✓ ^{2,3}	A1, A2, M, A3, A4, B, C, CT (excludes D & E)
30 Days	✓	✓	✓	✓	✓	✓	✓ ^{2,3}	A1, A2, M, A3, A4, B, C, CT, D, E
60 Days	✓	✓	✓	✓	✓	✓	✓ ^{2,3}	A1, A2, M, A3, A4, B, C, CT, D, E
90 Days	✓	✓	✓	✓	✓	✓	✓ ^{2,3}	A1, A2, M, A3, A4, B, C, CT, D, E
1 Year	✓	✓	✓	✓	✓	✓	✓ ^{2,3}	A1, A2, M, A3, A4, B, C, CT, D, E
2 Years	✓	✓	✓	✓	✓	✓	✓ ^{2,3}	A1, A2, M, A3, A4, B, C, CT, D, E

1. If you are Occupation Category E, Advantage Optional and PLUS Optional is not available for any of the Waiting Period options.
2. Agreed Value Income Protection insurance cover is only available if the Policy is replacing existing Priority Protection Agreed Value Income Protection insurance cover from AIA Australia and the cancel and replace is being performed to facilitate a change of ownership or correct an administrative error affecting the existing policy. Agreed Value Income Protection insurance cover is not available for new business policies or when an existing Agreed Value Income Protection insurance cover with AIA Australia is being cancelled and replaced for any other reason than stated above.
3. If you are Occupation Category D or E, Agreed Value is not available.

5.1 Benefit overview

Table 7 shows the benefits available under Income Protection and Income Protection Accident Only. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 7

Benefit availability  Ordinary Plan  Linked Benefit  Superannuation Plan

Insurance cover		Premium options				
- Income Protection - Advantage Optional - PLUS Optional - Income Protection Accident Only		- Stepped - Level - Optimum				
Type of cover		Income Protection	Advantage Optional	PLUS Optional	Income Protection Accident Only	Section
Indemnity						
Your Insured Monthly Benefit (subject to offsets) is the lesser of: - the monthly benefit stated on your Policy Schedule as the Sum Insured^, and 75%^ of your monthly Pre-disablement Income (Indemnity) at the time of you becoming Totally Disabled.						
Your Pre-disablement Income (Indemnity) is based on your average monthly Income either in the 12 consecutive months or in the latest financial year immediately preceding your disablement (whichever is greater).						5.2
^Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or which have been imposed by us and notified to the Policy Owner such as any applicable Benefit Indexation. ^^If your monthly income exceeds \$26,667, additional limits apply. See the Indemnity definition in Section 12.1.						
Extended Indemnity						
Your Insured Monthly Benefit (subject to offsets) is the lesser of: - the monthly benefit stated on your Policy Schedule as the Sum Insured^, and 75%^ of your monthly Pre-disablement Income (Extended Indemnity) at the time of you becoming Totally Disabled.						
Your Pre-disablement Income for Extended Indemnity is the highest average of monthly Income in any consecutive 12-month period in the three years immediately preceding your disablement.						5.2
^Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or which have been imposed by us and notified to the Policy Owner such as any applicable Benefit Indexation. ^^If your monthly income exceeds \$26,667, additional limits apply. See the Extended Indemnity definition in Section 12.1. *Please speak to your financial adviser about the availability of this feature.						
Agreed Value						
Your Insured Monthly Benefit is agreed with you at the time of your application based on your Income at that time. The monthly benefit we pay may be subject to offsets.		Only available where Income Protection insurance cover is replacing existing Priority Protection Agreed Value Income Protection insurance cover from AIA Australia and the cancel and replace is being performed to facilitate a change of ownership or correct an administrative error affecting the existing policy.				5.2
*You can only select Agreed Value with a Superannuation Plan where you have purchased Super Extras as a Linked Benefit. If your monthly benefit exceeds 100% of your Pre-disablement Income, the excess amount will be paid under Super Extras.						

Built-in Benefits	Income Protection	Advantage Optional	PLUS Optional	Income Protection Accident Only	Section
Total Disablement					
Pays the Insured Monthly Benefit if you meet the definition of Total Disablement. The definition is based on your duties.					
Payments (monthly in arrears) will commence after the Waiting Period has been met and continue until the end of the Benefit Period as long as you remain Totally Disabled.					
If you have selected Income Protection Accident Only cover, the disablement must result solely from Accidental Injury.					
	◆◆◆●	◆◆	◆◆	◆◆◆●	5.2
Partial Disablement					
Pays a proportion of the Insured Monthly Benefit if you meet the definition of Partial Disablement.					
Payments (monthly in arrears) will commence after the Waiting Period* has been met and continue until the end of the Benefit Period as long as you remain Partially Disabled.					
Under an Ordinary Plan, if you are earning less than 25% of your Pre-disablement Income while Partially Disabled during any of the first 90 days after the Waiting Period has been met, we will pay the Total Disablement monthly benefit for that month.					
If you have selected Income Protection Accident Only cover, the Partial Disablement must result solely from Accidental Injury.					
*For Occupation Categories B, C, CT, D and E, you will need to have been Totally Disabled for part of the applicable Waiting Period.					
	◆◆◆●	◆◆	◆◆	◆◆◆●	5.2
Recurrent Disablement					
If you return to full-time work after payment of a disablement benefit and a disablement due to same or related cause reoccurs within 12 months, we will recommence payments on the same claim without a further Waiting Period.					
	◆◆◆●	◆◆	◆◆	◆◆◆●	5.2
Benefit Indexation					
Automatically increases your Sum Insured each year by the higher of the CPI Increase and 3%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.					
	◆◆◆●	◆◆	◆◆	◆◆◆●	7.2
Waiver of Premium					
Waives your Income Protection premiums whilst you are being paid a Total or Partial Disablement benefit under your Income Protection cover.					
	◆◆◆●	◆◆	◆◆	◆◆◆●	5.2
Complimentary Interim Accidental Death Cover					
Pays a lump sum outside superannuation up to \$30,000 in the event of Accidental Death occurring whilst we are assessing your application. This cover applies for up to 90 days from the date of your signed application.					
	◆◆◆●	◆◆	◆◆	◆◆◆●	13.1
Complimentary Interim Accidental Income Protection Cover					
Pays a monthly benefit outside superannuation up to \$10,000 for up to six months after the proposed Waiting Period in the event you become Totally Disabled due to an Accidental Injury whilst we are assessing your application. This cover applies for up to 90 days from the date of your signed application.					
	◆◆◆●	◆◆	◆◆	◆◆◆●	13.4

Built-in Benefits	Income Protection	Advantage Optional	PLUS Optional	Income Protection Accident Only	Section
Death benefit If you pass away, we will pay a lump sum equal to six times your Insured Monthly Benefit up to a maximum of \$60,000.	◆◆◆●	◆◆	◆◆	◆◆◆●	5.2
Terminal Illness benefit If you are diagnosed with a Terminal Illness while you are receiving an Income Protection benefit we will make an advance payment of your Death benefit.	◆◆◆●	◆◆	◆◆	N/A	5.2
Rehabilitation Expenses Reimburses the cost of your participation in a pre-approved rehabilitation program, occupational services, aides, equipment and/or modifications for up to a maximum of 12 times your Insured Monthly Benefit.	◆◆	◆◆	◆◆	◆◆	5.2
Severity benefit Pays an additional 1/3rd of the monthly benefit payable if we have been paying a benefit for more than six consecutive months after the end of the Waiting Period and you are Totally Disabled where you cannot perform at least two Activities of Daily Living and you are in constant care of another adult.	◆◆	◆◆	◆◆	◆◆	5.2
Guaranteed Future Insurability Allows you to increase your Insured Monthly Benefit by 15% up to a maximum of \$2,500 when your salary increases, without providing further evidence of your health or insurability. *Under a Superannuation Income Protection Plan, the monthly benefit cannot exceed 100% of your Pre-disablement Income.	◆◆◆●*	◆◆	◆◆	N/A	7.3
Cosmetic or Elective Surgery benefit Pays a monthly benefit if you remain Totally Disabled after the Waiting Period due to cosmetic surgery, elective surgery, or as a result of surgery to transplant an organ into another person. A six-month qualifying period applies.	◆◆◆●	◆◆	◆◆	N/A	5.2
Multi Definition – Total Disablement and Partial Disablement Pays a monthly benefit if you meet an enhanced definition for Total Disablement or Partial Disablement. The definition is based on your hours, duties or income. You must be in Full-time Employment and not Occupation Category E.	N/A	◆◆	◆◆	N/A	5.2
Needlestick Injury benefit (Occupation Category M only) Pays a monthly benefit if your earnings are reduced due to you being accidentally infected with HIV, AIDS or Hepatitis B or C as a result of a needlestick or splash injury whilst performing duties of your normal occupation.	◆◆	◆◆	◆◆	N/A	5.2
Involuntary Unemployment Waiver of Premium Waives Income Protection premiums (including any Rider Benefits attached to your Income Protection cover) for up to three months if you meet the definition for Involuntary Unemployment. We will only provide this benefit once in any 12-month period.	◆	◆	◆	◆	5.2
Specified Injury benefit Pays the Insured Monthly Benefit in advance for a specified period if you suffer one of the listed Specified Injuries regardless of your Waiting Period.	N/A	◆◆	◆◆	N/A	5.2

Built-in Benefits	Income Protection	Advantage Optional	PLUS Optional	Income Protection Accident Only	Section
Crisis Recovery benefit If you are diagnosed with a listed Crisis Event and you survive for 14 days, we will pay a lump sum equal to six times your Insured Monthly Benefit or you can elect to receive the payment in monthly instalments.	N/A	N/A	◆◆	N/A	5.2
Bed Confinement benefit Pays 1/30th of your Insured Monthly Benefit for each day during the Waiting Period that you are Totally Disabled, confined to a bed or hospitalised, and require full-time care of a registered nurse (as confirmed as a medical requirement by your Medical Practitioner). You must be confined to a bed or hospitalised for more than three days during the Waiting Period. This benefit is payable until the end of the Waiting Period up to a maximum of 90 days.	N/A	N/A	◆◆	N/A	5.2
Accommodation benefit Reimburses accommodation costs for your immediate family members if you are Totally Disabled and confined to a bed or hospitalised more than 100 kms from home (up to \$250 per day for up to 30 days in any 12-month period).	N/A	N/A	◆◆	N/A	5.2
Family Care benefit Pays up to an additional 50% of your Insured Monthly Benefit for up to three months after the end of the Waiting Period if you are Totally Disabled and totally dependent on an immediate family member looking after you and as a result their monthly income is reduced.	N/A	N/A	◆◆	N/A	5.2
Home Care benefit Reimburses home care costs for the lesser of \$150 a day or 100% of your Insured Monthly Benefit after the end of your Waiting Period, if you are Totally Disabled and totally dependent on professional home care. This benefit is not paid if you are already receiving a Family Care or Accommodation benefit.	N/A	N/A	◆◆	N/A	5.2
No Claim Bonus Increases your Insured Monthly Benefit at no additional cost to you for up to 12 months whilst on claim if you have not made a claim in at least three years.	N/A	N/A	◆◆	N/A	5.2
Relocation benefit Reimburses the cost of a single standard economy airfare to Australia up to three times your Insured Monthly Benefit, if you are Totally Disabled for over 90 days while you are outside of Australia.	N/A	N/A	◆◆	N/A	5.2
Rehabilitation Incentive benefit Pays a lump sum if you return to Full-time Employment for six consecutive months after attending an approved rehabilitation program.	N/A	N/A	◆◆	N/A	5.2

Rider Benefits – optional benefits at an additional cost	Income Protection	Advantage Optional	PLUS Optional	Income Protection Accident Only	Section
Day 1 Accident benefit	◆◆◆●	◆◆◆	◆◆◆	◆◆◆●	8.15
Claim Escalation benefit	◆◆◆●	◆◆◆	◆◆◆	◆◆◆●	8.16
Income Protection Lump Sum benefit	◆◆◆	◆◆◆	◆◆◆	N/A	8.17
Carer's Allowance benefit	◆◆◆	◆◆◆	◆◆◆	◆◆◆	8.18
Retirement Optimiser	◆◆◆●	◆◆◆	◆◆◆	◆◆◆●	8.19
Business Expenses benefit	◆	◆	◆	N/A	6.1

5.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Income Protection and Income Protection Accident Only as indicated in Table 7. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 5.3–6 and Section 10.2.

The rest of the benefits listed in the table are not specific to Income Protection or Income Protection Accident Only and can apply to other insurance cover offered through this PDS. For information about those benefits, please refer to the sections indicated in the table.

1. Type of cover

Insured Monthly Benefit – Indemnity and Extended Indemnity

Your Insured Monthly Benefit (subject to applicable claim offsets) is the lesser of:

- your monthly benefit stated on the Policy Schedule[^], and
- 75%^{^^} of your monthly Pre-disablement Income (Indemnity/Extended Indemnity) at the time of becoming Totally Disabled.

[^]Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or which have been imposed by us and notified to the Policy Owner such as any applicable Benefit Indexation.

^{^^}75% of your monthly Pre-disablement Income (Indemnity/Extended Indemnity) is calculated as follows:

- 75% of the first \$26,667 of your monthly Pre-disablement Income (Indemnity/Extended Indemnity) at the start of the Total Disablement
- plus 50% of the next \$20,000 of your monthly Pre-disablement Income (Indemnity/Extended Indemnity),
- plus 20% of the next \$150,000 of your monthly Pre-disablement Income (Indemnity/Extended Indemnity).

See Section 12.1 for the Indemnity and Pre-disablement Income (Indemnity/Extended Indemnity) definitions.

Note: under the Superannuation Income Protection Plan, the monthly benefit may be reduced so that it does not exceed 100% of your Pre-disablement Income. The amount of such reduction can be paid under a Linked Benefit (Super Extras) if applicable.

Insured Monthly Benefit – Agreed Value

Your Insured Monthly Benefit is agreed with you at the time of your application based on your Income at that time. The monthly benefit we will pay may be subject to claim offsets (see Section 5.4).

The amount of financial evidence that you will be required to provide on your Income at time of claim is based on whether your Agreed Value cover is 'Verified', 'Unverified' or 'Partially Verified' financially. The type of Agreed Value cover that you hold will be shown on your Policy Schedule.

For further details on the Insured Monthly Benefit calculation where Agreed Value has been selected, see the Agreed Value definition in Section 12.1.

Agreed Value is only available with a Superannuation Plan where you have purchased Super Extras as a Linked Benefit attached to a separate Policy. If your monthly benefit amount exceeds 100% of your Pre-disablement Income, the amount of the excess will be paid under Super Extras.

Pre-disablement Income – Indemnity

Your Pre-disablement Income for Indemnity is the greater of your average monthly Income for:

- the 12 consecutive months immediately preceding the commencement of disablement, and
- the latest financial year immediately preceding the commencement of disablement.

Pre-disablement Income – Extended Indemnity

Your Pre-disablement Income for Extended Indemnity is your highest average of monthly Income in any consecutive 12-month period in the three years immediately prior to you becoming Totally Disabled.

2. Total Disablement

Occupation Categories – A1, A2, M, A3, A4

If you are:

- continuously disabled (either Totally Disabled or Partially Disabled) for the duration of the Waiting Period, and
 - Totally Disabled from the end of the Waiting Period,
- a Total Disablement monthly benefit is payable provided you meet the Total Disablement definition that applies to you at the end of the Waiting Period.

The monthly benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant Total Disablement definition. Claim offsets and limitations may apply (see Section 5.4).

Occupation Categories – B, C, CT, D and E

If you are:

- Totally Disabled for at least seven out of 12 consecutive days during the Waiting Period
 - continuously disabled (either Totally Disabled or Partially Disabled) for the balance of the Waiting Period, and
 - Totally Disabled from the end of the Waiting Period,
- a Total Disablement monthly benefit is payable provided you meet the Total Disablement definition that applies to you at the end of the Waiting Period.

The monthly benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant Total Disablement definition. Claim offsets and limitations may apply (see Section 5.4).

All Occupation Categories

You can return to work at any time during the Waiting Period without the Waiting Period recommencing, provided you meet the requirements listed in the Waiting Period definition (see Section 12.1). These requirements are based on your Occupation Category and the Waiting Period selected.

If Income Protection Accident Only cover applies, you will only receive a Total Disablement monthly benefit where your disablement results **solely** due to an Accidental Injury.

The benefit is calculated on a daily basis and paid monthly in arrears.

3. Partial Disablement

Occupation Categories – A1, A2, M, A3, A4

If you are:

- continuously disabled (either Totally Disabled or Partially Disabled) for the duration of the Waiting Period, and
 - Partially Disabled from the end of the Waiting Period,
- a Partial Disablement monthly benefit is payable provided you meet the Partial Disablement definition that applies to you.

The monthly benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant

Partial Disablement definition. Claim offsets and limitations may apply (see Section 5.4).

Occupation Categories – B, C, CT, D and E

If you are:

- Totally Disabled for at least seven out of 12 consecutive days during the Waiting Period
 - continuously disabled (either Totally Disabled or Partially Disabled) for the balance of the Waiting Period, and
 - Partially Disabled from the end of the Waiting Period,
- a Partial Disablement monthly benefit is payable provided you meet the Partial Disablement definition that applies to you.

The monthly benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant Partial Disablement definition. Claim offsets and limitations may apply (see Section 5.4).

All Occupation Categories

You can return to work at any time during the Waiting Period without the Waiting Period recommencing, provided you meet the requirements listed in the Waiting Period definition (see Section 12.1). These requirements are based on your Occupation Category and the Waiting Period selected.

If Income Protection Accident Only cover applies, you will only receive a Partial Disablement monthly benefit where your disablement results **solely** due to an Accidental Injury.

Where you hold Income Protection cover under an Ordinary Plan and you are earning 25% or less of your Pre-disablement Income during any of the first three months immediately after the end of the Waiting Period, we will pay the Total Disablement benefit for that period. This does not apply where you hold Income Protection cover under a Superannuation Plan.

To calculate your initial monthly benefit payment we take into account a number of factors including your Pre-disablement Income and your Insured Monthly Benefit. For further details on the monthly benefit calculation for Partial Disablement, see the Partial Disablement – Income Protection Capability Clause definition in Section 12.1. The benefit is calculated on a daily basis and paid monthly in arrears.

The amount of benefit payable in a month may be reduced for any claim offsets.

4. Recurrent Disablement

We will waive the Waiting Period and recommence benefit payments immediately if:

- you return to full-time work after payment of a Total Disablement or a Partial Disablement benefit, and
- you suffer the same or a related Injury or Sickness (Income Protection benefit), or you suffer from the same Accidental Injury (Income Protection Accident Only benefit) within 12 months of returning to work on a full-time basis.

The claim will be treated as a continuation of the most recent claim and will be payable for up to the balance of the Benefit Period.

Any recurrence of Total Disablement or Partial Disablement occurring more than 12 months after returning to work on a full-time basis will be subject to a new Waiting Period and a new Benefit Period.

5. Waiver of Premium

If a Total Disablement or Partial Disablement benefit is payable for either Income Protection or Income Protection Accident Only, we will:

- Waive the premiums that you would otherwise pay for this benefit, or reimburse you for such premiums paid (including any Rider Benefits attached to your Income Protection cover) until the end of the Benefit Period or until the date the Total Disablement or Partial Disablement ceases (whichever occurs first), and
- Reimburse you for premiums that you paid during the Waiting Period for this benefit.

Where your Policy is held within superannuation, any premiums paid for the Policy will be reimbursed to the trustee of the relevant fund. Where your Policy is held within a risk-only division of a superannuation fund, you will need to nominate details of an account in a complying superannuation fund to which the trustee can roll-over any reimbursement.

If you selected Benefit Indexation, this will continue whilst premiums are being Waived.

For the avoidance of doubt, the Income Protection Waiver of Premium benefit does not waive premiums for other Plans on your Policy.

Premium payments must recommence from the date on which the Waiving of premium ceases.

Please refer to the definition of Waive in Section 12.1.

6. Death benefit

If you pass away whilst the Income Protection Plan is in force, we will pay a lump sum benefit of six times your Insured Monthly Benefit up to a maximum of \$60,000.

7. Terminal Illness benefit

If you are on claim and you are diagnosed with a Terminal Illness and we confirm the diagnosis, we will make an advance payment of the full Death benefit. We will pay this benefit once only.

If we make an advance payment for Terminal Illness, we will not pay the Death benefit again.

We will pay this benefit for Terminal Illness in addition to any other benefits payable whilst you are on claim.

8. Rehabilitation Expenses

We will pay the costs of your participation in a rehabilitation program that is part of a structured return to work program and is necessary to assist in your rehabilitation back to work. We must approve the program prior to your participation.

This benefit also covers the reimbursement of occupational services, aides, equipment and/or modifications that are considered necessary as part of the structured return to work program. These

expenses must be approved by us in advance and are limited to the maximum benefit of 12 times the Insured Monthly Benefit.

This benefit is payable in addition to any other benefit paid.

We will not pay this benefit for expenses that are reimbursed from any other source.

9. Severity benefit

If we have been paying a benefit for more than six consecutive months after the Waiting Period, we will pay an additional 1/3rd of your Insured Monthly Benefit until the end of the Benefit Period if you are:

- Totally Disabled to the extent that you cannot perform at least two Activities of Daily Living, and
- under the constant care and supervision of another adult.

We will make this payment as long as we are satisfied that you continue to be Totally Disabled to the extent that you are unable to perform at least two of the Activities of Daily Living.

Payment will be subject to re-assessments, based on medical evidence that you require ongoing continuous care and supervision by another adult.

The sum of the Total Disablement and Severity benefit cannot exceed \$30,000 per month, and claim offsets may apply.

10. Cosmetic or Elective Surgery benefit

We will pay a Total Disablement benefit if you become Totally Disabled and remain Totally Disabled after the Waiting Period as a result of:

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

This benefit does not apply if the surgery or transplant takes place within six months of the Income Protection benefit commencing, being reinstated, or increased (but only in relation to the increased amount).

Normal post-surgery recovery is not considered to be Total Disablement for the purposes of this benefit. No benefit will be paid for normal post-surgery recovery.

11. Multi Definition (Total Disablement and Partial Disablement)

Your claim will be assessed under either:

- Total Disablement – Multi Definition, or
- Partial Disablement – Multi Definition.

You must meet our definition of Full-time Employment, and not be Occupation Category E.

These enhanced definitions provide more flexibility, for example in relation to the hours you can work or the Income you earn whilst you are Partially or Totally Disabled.

Please refer to Section 12.1 for the terms and conditions that apply.

12. Needlestick Injury benefit

Only Occupation Category M is eligible for this benefit.

We will pay a Needlestick Injury benefit if, because of a needlestick injury or a splash injury occurring during the course of carrying out the duties of your normal occupation:

- you become infected with Human Immunodeficiency Virus (HIV), the Acquired Immune Deficiency Syndrome (AIDS), Hepatitis B or Hepatitis C, and
- as a result of infection, you experience a reduction in your earnings, including if your relevant licensing body advises you to cease work or if you have disclosed this infection to your patients.

We will pay this benefit following the Date of Loss (Needlestick) once the Waiting Period (Needlestick) shown on your Policy Schedule expires.

Date of Loss (Needlestick) is determined as the date that sero-conversion takes place, that is, the date on which you are diagnosed as HIV positive, Hepatitis B positive or Hepatitis C positive.

Needlestick Injury benefit payable

To calculate the Needlestick Injury benefit payable we take into account a number of factors including your Pre-Needlestick Injury Income and your Insured Monthly Benefit.

The amount of benefit payable in a month may be reduced for any claim offsets.

For further details on how the monthly benefit is calculated for Needlestick Injury, see the Needlestick Injury Benefit Calculation definition in Section 12.1.

Limitations

- Infection in any other manner, caused directly or indirectly including by an intentional self-inflicted act, sexual activity or recreational intravenous drug use is specifically excluded.
- This benefit is only available to you if you are Occupation Category M and are working in a medical or allied occupation at the time of the injury.
- Any injury giving rise to a potential claim must be reported to us in addition to your relevant licensing body within 30 days and be supported by a negative HIV, Hepatitis B or Hepatitis C antibody test taken within seven days after the injury.
- Sero-conversion evidence of the HIV, Hepatitis B or Hepatitis C infection must occur within six months of the injury.
- We must be given access to test independently all blood samples used, if required.
- We retain the right to take further independent blood tests or other medically accepted HIV tests.
- The Needlestick Injury benefit does not cover any disease, sickness or incapacity other than the occupationally acquired infection of you with HIV, Hepatitis B or Hepatitis C whilst performing the duties of your normal occupation.

- Cover for the Needlestick Injury benefit will not apply where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available before the accident giving rise to a claim.
- The Needlestick Injury benefit is not payable in conjunction with the Accidental HIV Infection Crisis Event under the Crisis Recovery benefit, or the Occupationally Acquired Hepatitis B or Hepatitis C Infection under the PLUS Optional benefit.

13. Involuntary Unemployment Waiver of Premium

Where you are the Life Insured and Policy Owner, we will Waive your Income Protection premiums (including any Rider Benefits attached to your Income Protection cover) for a period of up to three months if you become involuntarily unemployed, and suitable evidence is provided to us that shows you meet the definition of Involuntary Unemployment as set out in Section 12.1. Your cover will not cease during this period.

The Involuntary Unemployment needs to have occurred within three months of you contacting us to utilise the Involuntary Unemployment Waiver of Premium feature.

After this benefit has been claimed once, we will not provide the benefit again unless you return to Full-time Employment for at least 12 consecutive months and you are then able to satisfy our definition of Involuntary Unemployment again.

We will only Waive premiums under this feature once for up to three months in any 12-month period.

The Policy must be in-force for a minimum of 12 months from the commencement or latest reinstatement date. You must be less than 60 years old at the time of utilising the waiver.

You must be able to provide the evidence of Involuntary Unemployment that we request and meet certain conditions, including that you are both the Life Insured and the Policy Owner. The Involuntary Unemployment Waiver of Premium feature will cease if you return to work within three months.

14. Specified Injury benefit

The Specified Injury benefit is payable if you suffer one of the Listed Events below as a result of an Injury. We will pay the Insured Monthly Benefit for the payment period applicable to the relevant Listed Event, as set out in the table below. The payment period commences on the date of Injury, even if you are not disabled (either Totally Disabled or Partially Disabled) and applies irrespective of your Waiting Period.

Where you are disabled during the Specified Injury benefit payment period, the benefit will be paid instead of any Total Disablement, Partial Disablement, Bed Confinement or Day 1 Accident benefit otherwise payable in respect of that period.

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

If we pay the Specified Injury benefit and you continue to be disabled (either Totally Disabled or Partially Disabled) as a result of the same

Listed Event, Total Disablement or Partial Disablement benefits (as applicable) will be paid from the later of the end of the:

- Specified Injury benefit payment period; and
- Waiting Period.

Where the Benefit Period is two or five years, payment of the Specified Injury benefit will reduce your Benefit Period. Where your Benefit Period (after any reduction, if applicable) is shorter than the payment period applicable in relation to the relevant Listed Event, the payment period will be reduced accordingly.

If you suffer another Listed Event during the payment period, we will continue to pay for the balance of the original payment period or the new payment period, whichever is the longer, and no Total Disablement, Partial Disablement, Bed Confinement or Day 1 Accident benefit will be paid in respect of that period.

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

*If you have selected a two-year Benefit Period, claim payments will cease at the end of the Benefit Period, for example, payments for an Injury that resulted in Paralysis would end after 24 months, not 60 months as shown in the table.

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

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

[#] 'Fracture' means any bone fracture requiring the application of a plaster cast or an immobilising device as considered appropriate and necessary by your Medical Practitioner.

15. Crisis Recovery benefit

The Crisis Recovery benefit is payable if you are diagnosed with a Crisis Event listed as covered in the table below and survive for 14 days following that diagnosis. The Crisis Recovery benefit payment period is six months commencing on the date of diagnosis and the total benefit payable is equal to six times your Insured Monthly Benefit. You can choose to receive the payment as a lump sum or in equal monthly instalments.

The benefit, whether taken as a lump sum or in instalments, will be paid even if you are not disabled (either Totally Disabled or Partially Disabled) and applies irrespective of your Waiting Period. Where you are disabled during the Crisis Recovery benefit payment period, the benefit will be paid instead of any Total Disablement, Partial Disablement, Bed Confinement or Day 1 Accident benefit otherwise payable in respect of that period.

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

If we pay the Crisis Recovery benefit and you continue to be disabled (either Totally Disabled or Partially Disabled) as a result of the same Crisis Event, Total Disablement or Partial Disablement benefits (as applicable) will be paid from the later of the end of the:

- Crisis Recovery benefit payment period; and
- Waiting Period.

Where the Benefit Period is two or five years, payment of the Crisis Recovery benefit will reduce your Benefit Period.

Crisis Events covered

• Accidental HIV Infection* • Aplastic Anaemia • Alzheimer's Disease • Bacterial Meningitis • Benign Brain or Spinal Cord Tumour** • Blindness • Cancer** • Cardiomyopathy • Chronic Liver Disease • Chronic Lung Disease • Coma • Coronary Artery Angioplasty** • Coronary Artery Bypass Surgery* • Dementia • Diplegia • Heart Attack* • Heart Valve Surgery • Hemiplegia • Intensive Care • Kidney Failure • Loss of Hearing • Loss of Independence • Loss of Use of Limbs and/or Sight**	• Loss of Speech • Major Burns • Major Head Trauma • Major Organ Transplant* • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Occupationally Acquired Hepatitis B or Hepatitis C Infection • Other Serious Coronary Artery Disease • Out of Hospital Cardiac Arrest • Paraplegia • Parkinson's Disease • Pneumonectomy • Pulmonary Arterial Hypertension (Primary)* • Quadriplegia • Severe Diabetes* • Severe Rheumatoid Arthritis • Stroke* • Surgery to the Aorta* • Terminal Illness* • Viral Encephalitis
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*90-day qualifying period applies

#You will only be deemed to have suffered this Crisis Event where the criteria for payment of 100% of the Sum Insured is met in accordance with the definition in Section 12.2

Proof of positive diagnosis required

We must receive written confirmation from a Medical Practitioner and/or a legally qualified pathologist to enable us to pay your claim under the Crisis Event. Please refer to Section 4.2 for detailed information about what we require before we can assess a claim.

Qualifying period

A Crisis Recovery benefit is not payable if, within three months after this benefit commences, is reinstated or increased (but only in relation to the increased amount) as shown on your Policy Schedule, you suffer, or are diagnosed with a condition which results in one of the Crisis Events. The Crisis Events with this Qualifying Period are noted with an asterisk (*) symbol in the table above.

Limitations

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

The Crisis Recovery benefit does not cover any disease, sickness or incapacity other than the Crisis Events listed in the table above and defined in Section 12.2, which occur during the period the Crisis Recovery benefit remains in force.

Accidental HIV Infection and Occupationally Acquired Hepatitis B or Hepatitis C Infection Crisis Events are not payable in conjunction with each other.

If you suffer more than one Crisis Event at the same time, we will only pay you for one Crisis Event.

16. Bed Confinement benefit

We will pay 1/30th of your Insured Monthly Benefit for each day during the Waiting Period that you are Totally Disabled, confined to bed or hospitalised, and requiring the full-time care of a registered nurse (as confirmed in writing as a medical requirement by a Medical Practitioner).

We will pay the benefit after you have been confined to bed or hospitalised for more than three days until the end of the Waiting Period up to a maximum of 90 days.

The Medical Practitioner and the nurse cannot be the Life Insured, the Policy Owner, a family member, a business partner, or an employee or employer of either the Life Insured or the Policy Owner.

The Bed Confinement benefit will not be paid if you are receiving the Day 1 Accident benefit or the Specified Injury benefit or the Crisis Recovery benefit under PLUS Optional.

17. Accommodation benefit

We will pay up to \$250 a day for up to 30 days in any 12-month period if:

- you become Totally Disabled, and
- you are more than 100 kilometres from home, or on the advice of a Medical Practitioner, you travel to a place more than 100 kilometres from home.

The Accommodation benefit will assist an immediate family member with the costs of accommodation to be near you provided you are confined to a bed or hospitalised.

18. Family Care benefit

We will pay a monthly benefit if as a result of Total Disablement:

- you are totally dependent on an immediate family member for your essential everyday needs such as feeding, dressing and bathing, and
- consequently your immediate family member's monthly income is reduced as a result of looking after you.

We will pay the lesser of the immediate family member's reduction in pre-tax monthly Income or 50% of the Insured Monthly Benefit, for up to 90 days, starting from the end of the Waiting Period.

19. Home Care benefit

We will pay this benefit after the Waiting Period, if you are:

- Totally Disabled
- confined to or near a bed other than in a hospital or a similar institution that provides nursing care, and
- totally dependent on a paid professional home carer (excluding relatives and immediate family members).

We will reimburse the lesser of \$150 a day or 100% of your Insured Monthly Benefit, for up to six months, to help cover the cost provided you remain totally dependent upon the professional home carer.

This benefit will not be paid if you are already receiving the Family Care benefit or the Accommodation benefit.

20. No Claim Bonus

We will reward your claim-free years with a 'no claim bonus' that will increase your Insured Monthly Benefit by the percentage shown below.

Claim-Free Years	Bonus
3	5%
4	10%
5 or more	15%

The increased benefit will be paid for up to 12 months while claim payments are being made.

This benefit is only payable once.

21. Relocation benefit

If you become Totally Disabled for over three months while travelling or residing outside of Australia, we will reimburse you for the lesser of the cost of a single standard economy airfare to Australia via the most direct route available, or three times your Insured Monthly Benefit.

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

22. Rehabilitation Incentive benefit

We will pay a benefit of three times your Insured Monthly Benefit if you return to paid Full-time Employment after attending a rehabilitation program that was approved by us, and you remain in paid Full-time Employment for six consecutive months. We will pay this benefit once only.

23. AIDS Cover benefit

This benefit provides cover if you are disabled due directly or indirectly to the Human Immunodeficiency Virus (HIV) or the Acquired Immune Deficiency Syndrome (AIDS) from any cause, first diagnosed during the term of the benefit.

We may require you to undergo an HIV test at the time of application to ensure that you are not HIV positive at the commencement of the benefit.

This benefit is not available under Income Protection Accident Only.

24. To age 70 Benefit Period

The rider benefits available under this benefit are:

- Claim Escalation¹
- PLUS Optional (under Super Extras)
- Advantage Optional (under Super Extras)
- Day 1 Accident¹
- Income Protection Lump Sum (under Super Extras)
- Carer's Allowance (under Super Extras)
- Retirement Optimiser²
- Business Expenses (under an Ordinary Plan)

Not all of the above benefits will continue to be available until the Policy Anniversary prior to Age 70. Benefits will cease as per the Expiry Date stated in each benefit section.

1. Under a Superannuation Income Protection Plan, the monthly benefit cannot exceed 100% of your Pre-disablement Income.
2. Under a Superannuation Income Protection Plan the total of the Income Protection or Income Protection Accident Only monthly benefit and the Retirement Optimiser monthly benefit cannot exceed 100% of your Pre-disablement Income. These benefits will be reduced by the same proportion if necessary to comply with this rule.

5.3 General terms and conditions

Sum Insured limits

In determining the maximum monthly benefit acceptable to us, we consider the benefits payable to you under any other income protection or business expenses policy that is in force or you have applied for. If any such benefits are not disclosed to us at the time of your application to us, we may reduce the amount of the Insured Monthly Benefit otherwise payable if a claim occurs.

Maximum monthly benefit for Income Protection only

Benefit Period	Occupation Categories							Conditions
	A1, A2, M Entry Age 15–53	A1, A2, M Entry Age 54–59	A3, A4	B, C, CT	D	E	Home Duties	
• 2 Years¹ • 5 Years¹ • To Age 65¹ • To Age 70^{1,2}	\$60,000 per month ^{3,4,5}	\$40,000 per month ^{3,5}	\$30,000 per month ³	\$22,500 per month ³	\$15,000 per month ³	\$10,000 per month ³	N/A	1. Available under Income Protection, Income Protection Accident Only, Advantage Optional and PLUS Optional. 2. To Age 70 Benefit Period is only available for Occupation Categories A1, A2, M, A3, A4. 3. Maximum limit applies to the total sums insured for income protection with us and other insurers. 4. Not available to all occupations – speak to your financial adviser for more information. 5. Where the insured monthly benefit exceeds \$30,000, any excess must be written with a two-year Benefit Period and a maximum expiry age of 65.

Benefit Period	Occupation Categories		Conditions
	A1, A2, M, A3, A4	B, C, CT, D, E, Home Duties	
• Two-year Benefit Period to Age 70⁶	\$20,000 per month	N/A	6. Available under Income Protection as Indemnity cover only.

Maximum total monthly benefit for combined Income Protection, Income Protection Accident Only and Business Expenses cover

	Occupation Categories						Conditions
	A1, A2, M	A3, A4	B	C, CT, D	E	Home Duties	
Maximum total monthly benefit	\$90,000 per month ¹	\$60,000 per month ¹	\$40,000 per month ¹	\$25,000 per month ¹	\$10,000 per month ^{1,2}	N/A	1. Maximum combined total sums insured monthly benefit for Income Protection, Income Protection Accident Only and Business Expenses with us and other insurers. 2. If you are Occupation Category E, Advantage Optional and PLUS Optional is not available.

Entry age

Benefit Period	Premium type	Minimum entry age*	Maximum entry age*			
		All occupations (N/A for Home Duties)	A1, A2, M, A3, A4, B	C, CT, D	E	Home Duties
2 Years 5 Years - To Age 65 - To Age 70	Stepped & Level	15 years	59 years	54 years	49 years	N/A
	Optimum	34 years	59 years	54 years	49 years	N/A
Benefit Period	Premium type	A1, A2, M, A3, A4 only	A1, A2, M, A3, A4	B, C, CT, D	E	Home Duties
Two-year Benefit Period to Age 70	Stepped only	60 years	64 years	N/A	N/A	N/A

*The same minimum and maximum entry ages apply to Advantage Optional and PLUS Optional, except covers are not available for Occupation E.

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit Period	Occupation Categories			
	A1, A2, M, A3, A4	B, C, CT, D	E	Home Duties
2 Years 5 Years - To Age 65				
	65th birthday	65th birthday	55th birthday	N/A
- To Age 70 - Two-year Benefit Period to Age 70	70th birthday	N/A	N/A	N/A
Income Protection Accident Only	65th birthday	65th birthday	55th birthday	N/A

5.4 Limitations and exclusions

Limitations and exclusions that apply to all Income Protection insurance covers are set out below. If you hold cover through a Superannuation Plan, conditions of release of the relevant fund will also need to be satisfied before a claim payment can be released to you (see Section 9).

Limitations

Two and Five Year Benefit Periods

Where a claim for a condition has been paid for the maximum Benefit Period (two or five years), we will not accept any subsequent claim for the same condition or associated complications of the same condition unless:

- you make a full recovery (as certified by a Medical Practitioner), and
- in our opinion you have returned to Full-time Employment and have fully undertaken all of the important income-producing duties of your occupation for a period of at least 12 months prior to the subsequent claim.

For a subsequent claim that is in our opinion independent of the original claim, a new Waiting Period and Benefit Period will apply.

To age 70 Benefit Period

Benefit reductions apply if you are aged 65 to 70. Any government age pension you are being paid will be offset against any claim payments made under this benefit.

The following benefits cease at the Policy Anniversary prior to your 65th birthday:

- Benefit Indexation*
- Claim Escalation*
- PLUS Optional (under Super Extras)
- Advantage Optional (under Super Extras)
- Day 1 Accident*
- Income Protection Lump Sum (under Super Extras)
- Carer’s Allowance (under Super Extras)
- Level premiums
- Optimum premiums

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

Two-year Benefit Period to age 70

- Indemnity only (Extended Indemnity is not available).
- Benefit Indexation will apply only until the Policy Anniversary prior to your 65th birthday.
- If you are being paid a government age pension, this payment will not be offset against any claim payments made under this benefit.
- The Expiry Date is the Policy Anniversary prior to your 70th birthday. Any claim under this benefit, in course of payment at the benefit Expiry Date, will cease at that date.

Exclusions

We will not pay a death or disablement benefit claim:

- where death is the result of suicide within the first 13 months of the commencement, re-instatement, or increase of the benefit (but only in relation to the increased amount)*
- where disablement is due to intentional self-inflicted injury or any such attempt by you
- where death or disablement is due to your participation in criminal activity or resulting from incarceration
- for any period you are incarcerated arising from your participation in criminal activity
- where disablement is due to you engaging in or taking part in service in the armed forces of any country, or
- in the case of normal pregnancy, uncomplicated childbirth or miscarriage.

*This exclusion will be waived in respect of any Death benefit under the Policy provided the Policy is replacing the death benefit from us or a previous insurer and the full suicide exclusion period under the in force policy to be replaced has elapsed. The waiver only applies to the amount of the death benefit that has been replaced by the Policy.

Benefit reductions

Additional rules where the Benefit Period is 'to age 70'

The following rules apply to Income Protection on an Agreed Value, Indemnity and Extended Indemnity basis where the Benefit Period is 'To age 70'. (This does not apply where the Benefit Period is 'Two-year Benefit Period to age 70'.)

The Insured Monthly Benefit will be reduced after the Policy Anniversary prior to your 65th birthday. To calculate the reduction, the Insured Monthly Benefit is multiplied by the percentage shown in the table below and will remain at that amount for the duration of that claim. The premium you pay will be based on the reduced Insured Monthly Benefit.

Policy Anniversary prior to your	Percentage of the Insured Monthly Benefit payable
65th birthday	100%
66th birthday	80%
67th birthday	60%
68th birthday	40%
69th birthday	20%

You cannot increase your Insured Monthly Benefit on or after the Policy Anniversary prior to your 65th birthday.

Claim offsets

Ordinary Plans – Occupation Categories: A1, A2, M

This condition applies to Income Protection cover, including the Needlestick Injury benefit, and Income Protection Accident Only cover.

If you make a claim for a Total Disablement or Partial Disablement benefit, we may reduce your benefit amount by amounts received from other sources.

Amounts that can be offset include regular payments made from another insurance policy, or from a superannuation/pension plan that you did not disclose when you applied for this Policy, or when you applied for an increase in cover under this Policy. If the Income Protection cover has a Benefit Period of 'To age 70', then any government age pension you receive can also be offset.

If any of these regular payments are paid as a lump sum rather than a monthly payment, we will convert them to a monthly payment equivalent to one-sixtieth (1/60th) of the lump sum payment for a period of up to 5 years.

We will only reduce what we pay to you by the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss for the same period, as determined by us at our discretion.

You must provide to us, as soon as reasonably practicable, a breakdown of the lump sum received. This should include the portions of the lump sum relating to loss of income, loss of earning capacity or any other economic loss and any other information we reasonably require.

Where you do not provide sufficient information for us to reasonably identify the above portions of the lump sum received, for the purposes of calculating the amount to be offset we will convert the whole lump sum to a monthly amount at a rate of one-sixtieth (1/60th) of the lump sum payment for a period of up to 5 years.

Any lump sum TPD, Crisis Recovery or Terminal Illness benefit payments will not be offset against your Total Disablement or Partial Disablement benefit payments.

We will reduce the Total Disablement benefit only to the extent that the sum of the Total Disablement benefit and any other payments received cannot exceed:

- 75% of the first \$26,667 of your monthly Pre-disablement Income
- plus 50% of the next \$20,000 of your monthly Pre-disablement Income
- plus 20% of the next \$150,000 of your monthly Pre-disablement Income.

We will reduce the Partial Disablement benefit to the extent that the sum of the Partial Disablement benefit, your monthly Income and any other payments received cannot exceed 100% of your monthly Pre-disablement Income.

Ordinary Plans – Occupation Categories: A3, A4, B, C, CT, D and E

This condition applies to Income Protection cover and Income Protection Accident Only cover.

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

Amounts that can be offset include:

- (i) regular payments made under workers compensation, a motor accident claim or any other similar claim made under the legislation of any Australian state, territory or the Commonwealth, and
- (ii) regular payments made from another insurance policy, or from a superannuation/pension plan that you didn't disclose when you applied for this Policy, or when you applied to increase cover under this Policy.

In addition, we may reduce your benefit amount by any payments you receive or become entitled to in respect of your Injury or Sickness under any statute, or as damages under common law (whether or not modified by statute), for loss of income, loss of earning capacity or any other economic loss (including any benefits or payments for work injury damages), whether paid as a lump sum or not.

If any of these regular payments are paid as a lump sum rather than a monthly payment, we will convert them to a monthly payment equivalent to one-sixtieth (1/60th) of the lump sum payment for a period of up to 5 years.

We will only reduce what we pay to you by the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss for the same period, as determined by us at our discretion.

You must provide to us, as soon as reasonably practicable, a breakdown of the lump sum received. This should include the portions of the lump sum relating to loss of income, loss of earning capacity or any other economic loss and any other information we reasonably require.

Where you do not provide sufficient information for us to reasonably identify the above portions of the lump sum received, for the purposes of calculating the amount to be offset we will convert the whole lump sum to a monthly amount at a rate of one-sixtieth (1/60th) of the lump sum payment for a period of up to 5 years.

Any lump sum TPD, Crisis Recovery or Terminal Illness benefit payments will not be offset against your Total Disablement or Partial Disablement benefit payments.

We will reduce the Total Disablement or Partial Disablement benefit only to the extent that the sum of the Total Disablement benefit and any other payments received cannot exceed:

- 75% of the first \$26,667 of your monthly Pre-disablement Income
- plus 50% of the next \$20,000 of your monthly Pre-disablement Income

- plus 20% of the next \$150,000 of your monthly Pre-disablement Income.

We will reduce the Partial Disablement benefit to the extent that the sum of the Partial Disablement benefit, your monthly Income and any other payments received cannot exceed 100% of your monthly Pre-disablement Income.

Superannuation Plans – all occupations (except Home Duties)

This condition applies to Income Protection and Income Protection Accident Only cover.

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

Amounts that can be offset include:

- (i) regular payments made under workers compensation, a motor accident claim, sick leave, annual leave, long service leave, common law entitlements or any claim made under the legislation of any Australian state, territory or the Commonwealth
- (ii) regular payments made from any non-superannuation Income Protection Plan or from a superannuation/pension plan, but only if that policy/plan was not disclosed to us when you applied for your Policy, or when you applied for an increase in cover under this Policy, and
- (iii) government pension payments, where the Income Protection cover has a Benefit Period of 'To age 70'.

In addition, we may reduce your benefit amount by any payments you receive or become entitled to in respect of your Injury or Sickness under any statute, or as damages under common law (whether or not modified by statute), for loss of income, loss of earning capacity or any other economic loss (including any benefits or payments for work injury damages), whether paid as a lump sum or not.

If any of these regular payments are paid as a lump sum rather than a monthly payment, we will convert them to a monthly payment equivalent to one-sixtieth (1/60th) of the lump sum payment for a period of up to 5 years.

We will only reduce what we pay to you by the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss for the same period, as determined by us at our discretion.

You must provide to us, as soon as reasonably practicable, a breakdown of the lump sum received. This should include the portions of the lump sum relating to loss of income, loss of earning capacity or any other economic loss and any other information we reasonably require.

Where you do not provide sufficient information for us to reasonably identify the above portions of the lump sum received, for the purposes of calculating the amount to be offset we will convert

the whole lump sum to a monthly amount at a rate of one-sixtieth (1/60th) of the lump sum payment for a period of up to 5 years.

Any lump sum TPD, Crisis Recovery or Terminal Illness benefit payments will not be offset against your Total Disablement or Partial Disablement benefit payments.

We will reduce the Total Disablement or Partial Disablement benefit only to the extent that the sum of the Total Disablement benefit and any other payments received cannot exceed:

- 75% of the first \$26,667 of your monthly Pre-disablement Income
- plus 50% of the next \$20,000 of your monthly Pre-disablement Income
- plus 20% of the next \$150,000 of your monthly Pre-disablement Income.

We will reduce the Partial Disablement benefit to the extent that the sum of the Partial Disablement benefit, your monthly Income and any other payments received cannot exceed 100% of your monthly Pre-disablement Income.

5.5 When benefit payments cease

Benefit payments will cease at the earlier of:

- you cease to be disabled, or
- the Benefit Period or the insurance cover ends (whichever comes first).

5.6 When cover begins and ends

Income Protection and Income Protection Accident Only cover will begin on the applicable commencement date shown on your Policy Schedule and end at the earliest of:

- payment of the Income Protection Lump Sum benefit
- your permanent retirement from the workforce except as a direct result of disablement
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Income Protection Plan (where taken as a Super Extras benefit)
- the lapse or cancellation of the linked Super Extras benefit (where Super Extras has been selected as a linked benefit under the Superannuation Income Protection Plan)
- your passing away, or
- the Expiry Date of the benefit.

6. Business Expenses

Business Expenses insurance cover

This insurance cover provides a monthly benefit if you become Totally or Partially Disabled due to Injury or Sickness. It is designed to ensure that the fixed expenses of your business or practice can be paid whilst you are disabled. It is suitable for self-employed individuals as a sole trader or in partnership with others.

Your insurance cover

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

The benefit covers business expenses, less any amounts reimbursed from elsewhere for 12 months.

Availability

- Business Expenses cover can be purchased as:
 - Stand Alone cover, or
 - a Rider Benefit to Income Protection.It cannot be purchased in conjunction with Income Protection Accident Only.
- All Occupation Categories are eligible except for Occupation Category E and Home Duties.
- You must be in Full-time Employment, and
- Your occupation needs to be acceptable to us as a self-employed person working alone, in partnership with others, or as a working director.

Cover type	Outside super
Business Expenses	◆ Ordinary Plan

Worldwide cover

Provides you with insurance cover anywhere in the world, 24 hours a day if your business is registered in Australia.

In this section

- 6.1 Benefit overview
- 6.2 Built-in Benefits
- 6.3 General terms and conditions
- 6.4 Limitations and exclusions
- 6.5 When benefit payments cease
- 6.6 When cover begins and ends

Other important information

As well as the information about insurance cover provided in this section, this PDS contains important information about acquiring and holding insurance.

You should read this PDS in full before making a decision about purchasing the insurance cover described in this section.

6.1 Benefit overview

Table 8 shows the benefits available under Business Expenses. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 8

Benefit availability ◆ Ordinary Plan ◆ Linked Benefit ● Superannuation Plan

Insurance cover		Premium options	
Business Expenses		• Stepped • Level • Optimum	
Type of cover	Benefit availability	Section	
Indemnity Provides a monthly benefit, which is the lesser of the Insured Monthly Benefit and the business expenses incurred during your period of Total Disablement (less any reimbursements received elsewhere).	◆	6.2	
Built-in Benefits	Benefit availability	Section	
Total Disablement Pays a monthly benefit if you meet the definition of Total Disablement (Business Expenses). Payments (monthly in arrears) will commence after the Waiting Period has been met and continue until the end of the Benefit Period as long as you remain Totally Disabled. You can enhance the Total Disablement definition if you also select the Income Protection Advantage Optional or the PLUS Optional benefit.	◆	6.2	
Partial Disablement Pays a monthly benefit if you meet the definition of Partial Disablement (Business Expenses). Payments (monthly in arrears) will commence after the Waiting Period* has been met and continue until the end of the Benefit Period as long as you remain Partially Disabled. You can enhance the Partial Disablement definition if you also select the Income Protection Advantage Optional or the PLUS Optional benefit. *For Occupation Categories B, C, CT and D, you will need to have been Totally Disabled for part of the applicable Waiting Period.	◆	6.2	
Waiver of Premium Waives your Business Expenses premiums whilst you are being paid a Total Disablement or a Partial Disablement benefit under your Business Expenses cover.	◆	6.2	
Cosmetic or Elective Surgery benefit Pays a monthly benefit if you remain Totally Disabled after the Waiting Period due to cosmetic surgery, elective surgery, or as a result of surgery to transplant an organ into another person. A six-month qualifying period applies.	◆	6.2	
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 3%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.	◆	7.2	
Rider Benefits – optional benefits at an additional cost			
Day 1 Accident benefit	◆	8.14	

6.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Business Expenses as indicated in Table 8. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 6.2–4 and Section 10.2.

The rest of the benefits listed in the table are not specific to Business Expenses and can apply to other insurance cover offered through this PDS. For information about those benefits, please refer to the sections indicated in the table.

1. Type of Cover

Indemnity

The monthly benefit payable is the lesser of:

- your Insured Monthly Benefit, and
- the Business Expenses (Section 6.2.2) actually incurred that relate to the period of your Total Disablement, less amounts reimbursed from elsewhere.

Under an Indemnity policy, you must provide financial evidence before we can assess any claim.

Please refer to Section 12.1 for the full definition of Indemnity and the conditions that may apply.

2. Business Expenses covered under this benefit

‘Business Expenses’ means the regular normal operating expenses of your business or practice. They include, but are not limited to:

- accounting and audit fees
- regular advertising costs, postage, printing and stationery
- electricity, gas, heating, water, telephone and cleaning costs
- security costs
- rent, property rates and taxes
- membership fees, publications and subscriptions to professional bodies
- leasing costs of plant and equipment
- bank charges and interest on business loans
- business-related insurance premiums, excluding premiums for the Policy
- salaries and other related costs (e.g. payroll tax, superannuation contributions, FBT) for non-income generating employees of your business, and
- net costs associated with employing a locum.

Prepaid or accrued Business Expenses will be apportioned over the period to which they relate.

Please refer to Section 6.4 for expenses not covered by this benefit.

3. Total Disablement

Total Disablement definition

We will pay a monthly benefit if you meet the definition of Total Disablement (Business Expenses) as set out in Section 12.1.

However, if this benefit is selected together with either of the Income Protection Advantage Optional or PLUS Optional benefit, the enhanced ‘Total Disablement – Multi Definition’ will apply.

Occupation Categories – A1, A2, M, A3 and A4

If you are:

- continuously disabled (either Totally Disabled or Partially Disabled) for the duration of the Waiting Period, and
 - Totally Disabled from the end of the Waiting Period,
- a Total Disablement monthly benefit is payable provided you meet the Total Disablement definition that applies to you at the end of the Waiting Period.

The monthly benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant Total Disablement definition. Claim offsets and limitations may apply (see Section 6.4).

Occupation Categories – B, C, CT and D

If you are:

- Totally Disabled for at least seven out of 12 consecutive days during the Waiting Period
 - continuously disabled (either Totally Disabled or Partially Disabled) for the balance of the Waiting Period, and
 - Totally Disabled from the end of the Waiting Period,
- a Total Disablement monthly benefit is payable provided you meet the Total Disablement definition that applies to you at the end of the Waiting Period.

The monthly benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant Total Disablement definition. Claim offsets and limitations may apply (see Section 6.4).

All Occupation Categories

You can return to work at any time during the Waiting Period without the Waiting Period recommencing, provided you meet the requirements listed in the Waiting Period definition (see Section 12.1). These requirements are based on your Occupation Category and the Waiting Period selected.

Total Disablement benefit amount

The benefit is calculated on a daily basis and will be paid monthly in arrears.

It will be the lesser of the Business Expenses Insured Monthly Benefit and the business expenses actually incurred which relate to the period during which you are Totally Disabled, less any amounts which are reimbursed from elsewhere.

4. Partial Disablement

Partial Disablement definition

We will pay a monthly benefit if you meet the definition of Partial Disablement (Business Expenses) as set out in Section 12.1.

However, if this benefit is selected together with either of the Income Protection Advantage Optional or PLUS Optional benefit, the enhanced 'Partial Disablement – Multi Definition' will apply.

Occupation Categories – A1, A2, M, A3 and A4

If you are:

- continuously disabled (either Totally Disabled or Partially Disabled) for the duration of the Waiting Period, and
- Partially Disabled from the end of the Waiting Period, a Partial Disablement monthly benefit is payable provided you meet the Partial Disablement definition that applies to you.

The monthly benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant Partial Disablement definition. Claim offsets and limitations may apply (see Section 6.4).

Occupation Categories – B, C, CT and D

If you are:

- Totally Disabled for at least seven out of 12 consecutive days during the Waiting Period
- continuously disabled (either Totally Disabled or Partially Disabled) for the balance of the Waiting Period, and
- Partially Disabled from the end of the Waiting Period, a Partial Disablement monthly benefit is payable provided you meet the Partial Disablement definition that applies to you.

The monthly benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant Partial Disablement definition. Claim offsets and limitations may apply (see Section 6.4)).

All Occupation Categories

You can return to work at any time during the Waiting Period without the Waiting Period recommencing, provided you meet the requirements listed in the Waiting Period definition (see Section 12.1). These requirements are based on your Occupation Category and the Waiting Period selected.

Partial Disablement benefit amount

The benefit is calculated on a daily basis and will be paid monthly in arrears.

It will be the lesser of the:

- Business Expenses Insured Monthly Benefit as amended from time to time, and
- your share of the business expenses actually incurred which relate to the period you are Partially Disabled, less
 - any amounts that are reimbursed from elsewhere, and
 - your share of the business turnover for that period.

Business turnover for a period will be the gross income of the business for that period.

Your share of business expenses actually incurred or of business turnover will be determined in line with the usual manner of apportioning profits and/or losses of the business between you and any co-owners of the business.

When you are Partially Disabled and not working, 'business turnover' will be determined by us. We will, in our determination, consider the opinion of your Medical Practitioner and Medical Practitioners nominated by us.

Payment of the Partial Disablement benefit starts to accrue from the day after:

- you are no longer Totally Disabled, or
 - the end of the Waiting Period
- whichever is the latter, and will stop,
- at the end of the Benefit Period,
 - on your passing away, or
 - on your recovery,
- whichever occurs first.

5. Waiver of Premium

If we pay a benefit for Total Disablement or Partial Disablement for Business Expenses, we will:

- Waive the premiums that you would otherwise pay for this benefit (including any Rider Benefits attached to your Business Expenses cover), until the end of the Benefit Period for that benefit or until the date that the Total Disablement or Partial Disablement ceases (whichever occurs first), and
- reimburse you for premiums that you paid for that benefit during the Waiting Period.

For the avoidance of doubt, the Business Expenses Waiver of Premium benefit does not Waive premiums for other Plans on your Policy.

Premium payments must recommence from the date on which the Waiving of premium ceases.

Please refer to the definition of Waive in Section 12.1.

6. Cosmetic or Elective Surgery benefit

We will pay a Total Disablement (Business Expenses) benefit if you become Totally Disabled and remain Totally Disabled for longer than the Waiting Period as a result of:

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

This benefit does not apply if the surgery or transplant takes place within six months after the Business Expenses benefit commences, is reinstated, or increased (but only in relation to the increased amount) as shown on your Policy Schedule. Normal post-surgery recovery is excluded.

7. AIDS Cover benefit

Business Expenses provides cover on your disablement due directly or indirectly to the Human Immunodeficiency Virus (HIV) or the Acquired Immune Deficiency Syndrome (AIDS) from any cause, first acquired whilst the benefit is in force. We may require you to undergo an HIV test at the time of application to ensure that you are not HIV positive at the commencement of the benefit.

8. Choice of Waiting Period

Occupation Categories	Waiting Periods
A1, A2, M, A3, A4, B, C, CT	14 and 30 days
D	30 days
E	Not available

9. Benefit Period of 12 months

The Benefit Period is 12 months from the end of the Waiting Period. The maximum payable under Business Expenses cover is 12 times the Insured Monthly Benefit.

However, if you remain Totally Disabled at the end of the Benefit Period, and the total benefit paid is less than 12 times your Insured Monthly Benefit, payments will continue until the earliest to occur of:

- payment in total of 12 times the Insured Monthly Benefit
- expiry of a further 12 months
- the end of the Total Disablement (Business Expenses) benefit, or
- the Expiry Date of Business Expenses cover.

6.3 General terms and conditions

Sum Insured limits

Occupation Categories	A1, A2, M	A3, A4	B	C, CT, D	E and Home Duties	Conditions
Maximum monthly benefit for Business Expenses	\$60,000 per month ¹	\$30,000 per month ¹	\$25,000 per month ¹	\$15,000 per month ¹	N/A	1. Maximum limit applies to the total sums insured for business expenses with us and other insurers.
Maximum total combined monthly benefits	\$90,000 per month ²	\$60,000 per month ²	\$40,000 per month ²	\$25,000 per month ²	N/A	2. Maximum combined total sums insured monthly benefit for Income Protection, Income Protection Accident Only and Business Expenses.

Entry age

Benefit		Minimum entry age	Maximum entry age		
		All occupations (N/A for E and Home Duties)	A1, A2, M, A3, A4, B	C, CT, D	E and Home Duties
Business Expenses	Stepped & Level	15 years	59 years	54 years	N/A
	Optimum	34 years	59 years	54 years	N/A

Expiry Date

The Expiry Date for Business Expenses is the Policy Anniversary prior to your 65th birthday.

6.4 Limitations and exclusions

Limitations and exclusions that apply to Business Expenses cover are set out below.

Business Expenses not covered

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

- salaries and other related costs (e.g. payroll, tax, superannuation, FBT) for yourself and income-generating employees of the business other than a locum
- salaries and other related costs for any of your relatives or the Policy Owner's relatives unless that person was employed for at least 60 consecutive days prior to your disablement
- commissions or bonuses payable to yourself
- repayments of principal of any loan or other finance agreement
- any costs of a capital nature including the cost of any books, equipment, fittings, fixtures, furniture goods, implements, merchandise or stock
- depreciation on real estate
- losses on investments
- taxes, other than in respect of related costs for non-income-generating employees, and
- any payment which we determine on a fair and reasonable basis not to be a regular operating expense.

Claim offsets

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

- your portion of the net income of the business derived from trading during that period, and
- any amount received from any other insurance policy for reimbursement of business expenses that was not disclosed to us when the level of cover was applied for.

The amount will only be reduced to the extent the combined payments from the Policy and other insurance exceed 100% of the Business Expenses Insured Monthly Benefit.

Exclusions

A monthly benefit is not payable for Business Expenses cover in the event of:

- disablement due to intentional self-inflicted injury or any such attempt by you
- disablement due to your participation in criminal activity or resulting from incarceration
- any period you are incarcerated arising from your participation in criminal activity
- disablement due to you engaging in or taking part in service in the armed forces of any country, or
- normal pregnancy, uncomplicated childbirth or miscarriage.

6.5 When benefit payments cease

Benefit payments will cease at the earlier of:

- you cease to be disabled, or
- the Benefit Period or the insurance cover ends (whichever comes first).

6.6 When cover begins and ends

The Business Expenses cover will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- your permanent retirement from the workforce except as a direct result of disablement
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away, or
- the Expiry Date of the benefit.

7. Built-in Benefits

This section provides information about Built-in Benefits that may apply to more than one type of insurance cover.

These benefits are provided at no additional cost to you where they are included under 'Built-in Benefits' in a section of this PDS.

For information about the Built-in Benefits specific to a particular cover, please refer to the relevant section.

7.1 Premium Freeze

At each Policy Anniversary, you can choose to pay the same premium for the next Policy year as you paid for the previous Policy year. To exercise this option you must be at least 35 years old and paying Stepped premiums.

If you select Premium Freeze, the Sum Insured will decrease the next Policy year at the Policy Anniversary by an amount calculated by us so as to ensure that your premium remains unchanged.

7.1.1 Continuing to freeze premiums

When Premium Freeze is in place, you will still need to notify us in writing at least 30 days before each Policy Anniversary if you wish to continue to freeze premiums. If you do not notify us, your premium will increase in accordance with your age.

Limitations

When the Premium Freeze option is exercised, any Benefit Indexation will cease and you will not be able to exercise any of the Guaranteed Future Insurability options outlined in this section.

Premium Freeze does not apply to Term Cover, Accidental Death, Forward Underwriting or Business Safeguard Forward Underwriting.

7.2 Benefit Indexation

If you select Benefit Indexation on your application, we will automatically increase the applicable Sum Insured or Insured Monthly Benefit at the Policy Anniversary each year.

For the Life Cover Plan, Crisis Recovery Stand Alone Plan and Superannuation Life Cover Plan, if you select Benefit Indexation on your application, we will automatically increase the Sum Insured at the Policy Anniversary each year. The Sum Insured amount will increase by the higher of the CPI Increase and 5%.

For the Income Protection Plan, Business Expenses Plan and Superannuation Income Protection Plan, if you select Benefit Indexation on your application, we will automatically increase the Insured Monthly Benefit at the Policy Anniversary each year. The Insured Monthly Benefit amount will increase by the higher of the CPI Increase and 3%.

In this section

- 7.1 Premium Freeze
- 7.2 Benefit Indexation
- 7.3 Guaranteed Future Insurability
- 7.4 Financial Planning Reimbursement

For policies with a Stepped premium structure, the premium will be adjusted according to your age at the time of the increase. The same applies to Optimum premium structures during the 'Stepped premium' phase.

For policies with Level or Term Level premium structures, the premium will be adjusted according to your age at the time the benefit commenced, provided that the benefit was not subsequently cancelled. The same applies to Optimum premium structures during the 'level premium' phase. At the end of the Term Level initial term, premiums will convert to 'Stepped' and indexation increases will be adjusted to allow for the higher Sum Insured and your age at that time.

You can opt out of Benefit Indexation increases either on your application form or by contacting us before your Policy Anniversary. If you opt out one year, we will still offer you the automatic increase the following year. If you wish to stop all increases occurring in the future, you will need to advise us in writing.

If a Benefit Indexation increase has been applied and you do not wish to accept the increase, you will need to advise us in writing within one month after the Policy Anniversary date at which the increase became effective.

Benefit Indexation will cease at the earliest of:

- the Policy Anniversary on or prior to your 70th birthday, and
- the Expiry Date of the benefit.

Benefit Indexation will not be offered when Premium Freeze is in force.

Limitations

Benefit Indexation is not available for Business Safeguard Forward Underwriting, Forward Underwriting, Life Cover Purchase, Needlestick Injury and School Fees Protector Rider Benefits, or for Complimentary Family Final Expenses under Life Cover, Complimentary Family Protection under Crisis Recovery or Repayment Relief.

If you have selected Benefit Indexation on a benefit that has Family Protection as a Rider Benefit, the Family Protection Sum Insured will automatically increase at the Policy Anniversary each year by the higher of the CPI Increase and 5%, up to a maximum of \$500,000.

Benefit Indexation does not apply to the Life Cover Sum Insured:

- where the Life Cover Sum Insured has been repurchased under the Crisis Recovery Buy-back benefit or the TPD Buy-back benefit
- where the Life Cover Sum Insured has been purchased under the Life Cover Purchase benefit, or
- after a Double TPD benefit, Double Universal TPD benefit or Double Crisis Recovery benefit becomes payable.

Benefit reductions

Under Superannuation Income Protection Plans, the Insured Monthly Benefit may be reduced so that it does not exceed 100% of your Pre-disablement Income. The amount of the reduction can be paid under a Linked Benefit (Super Extras), if applicable.

7.3 Guaranteed Future Insurability

Guaranteed Future Insurability provides you with the option to increase your Life Cover Sum Insured and/or your Income Protection Insured Monthly Benefit for certain events, without supplying further evidence of your health or insurability.

Life Cover

Guaranteed Future Insurability is a Built-in Benefit for:

- Life Cover, and
- Life Cover and TPD (where TPD is a Rider Benefit to Life Cover).

See Section 12.1 for the details of each Personal Event definition that applies below.

Type of event	Sum Insured increase
Personal Events	
Marriage	The lesser of: • 25% of the original Sum Insured, and • \$200,000
First anniversary of Marriage	
Permanent Separation	
First anniversary of Permanent Separation	The Sum Insured increase applies to Life Cover, and Life Cover & TPD insurance cover.
Death of a Spouse	
Birth or adoption of a Child	
Dependant Child commences Tertiary Education	
Becoming a Carer for the first time	
Effecting a first mortgage on the purchase of a home, or increasing an existing first mortgage for the purpose of building or renovation works on the home. (The mortgage must be for your principal place of residence.)	The lowest of: • 50% of the original Sum Insured • the amount of the first mortgage • the amount of the increase of the first mortgage, and • \$200,000 The Sum Insured increase applies to Life Cover, and Life Cover & TPD insurance cover.

Type of event	Sum Insured increase
Business Events	
Your value to the business increases, averaged over the last three years, where you are a key person in the business (e.g. working partner, director or significant shareholder).	The lowest of: • 25% of the original Sum Insured • the increase in your value to the business, or the increase in your financial interest in the business (as applicable) averaged over the last three years, and • \$500,000 The Sum Insured increase applies to Life Cover, and Life Cover & TPD insurance cover.
The value of your financial interest in the business (including loan guarantees) increases, averaged over the last three years, where you are a key person in the business.	
The value of your financial interest in the business increases, averaged over the last three years, where the Policy forms part of a written buy/sell, share purchase or business succession agreement and you are a partner, shareholder or unit holder in the business.	
Where the Policy forms part of a loan guarantee from you.	

Limitations

This Built-in Benefit can only be exercised up until the Policy Anniversary prior to your 55th birthday and only if:

- we accepted your original application for insurance cover on standard terms without any policy loadings/exclusions or other policy restrictions
- you have not made a claim or intend to make a claim on any insurance policy issued by us or any other insurer, and
- you have not elected to freeze premiums.

There is a maximum of one increase in any 12-month period, and a maximum of five increases in total, and we will require satisfactory proof of the occurrence and date of the Personal or Business Event.

The maximum increase made from all circumstances under this option over a five-year period will be the lesser of:

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

The application under this option to increase the Life Cover or Life Cover and TPD Rider Benefit Sum Insured must occur within 60 days after the occurrence of a Personal Event, and within 60 days after the first Policy Anniversary following a Business Event.

During the first six months after an increase in the Life Cover Sum Insured, the cover for the increased portion of the Life Cover Sum Insured will be for Accidental Death only.

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

The TPD Sum Insured under Life Cover cannot be increased without a corresponding increase in the Life Cover Sum Insured occurring simultaneously (that is, both Sums Insured must increase by the same amount and at the same effective date).

However, the Life Cover Sum Insured can be increased without any increase in the TPD Sum Insured occurring simultaneously (that is, the Life Cover Sum Insured can be increased with the TPD Sum Insured remaining unchanged).

If the Life Cover or Life Cover and TPD Rider Benefit Sum Insured is increased on the occurrence of 'Marriage' or 'First anniversary of Marriage', it cannot be increased again on another occurrence of either of these Personal Events. The same restriction applies to 'Permanent Separation' or First anniversary of Permanent Separation'.

Income Protection

Guaranteed Future Insurability is a Built-in Benefit to Income Protection. It provides you with an option to increase your Insured Monthly Benefit without supplying further evidence of your health or insurability, whenever you receive a permanent increase in your salary package.

Type of event	Sum Insured increase
Increase in your salary package	The lesser of: 15% of the Insured Monthly Benefit (after the addition of any Benefit Indexation increases since the commencement of the Income Protection benefit), and \$2,500 The Sum Insured increase applies to Income Protection insurance cover.

Limitations

You must apply for the increase in the Insured Monthly Benefit within the first 60 days after the permanent increase in your salary package. We will require proof of the event, e.g, a letter from your employer confirming your new salary package. Increases in your salary package due to temporary secondments are excluded.

- To be eligible for this option, the following applies:
- you must be 50 years old or younger at the commencement of the Income Protection benefit
 - you must meet our definition of Employee (not self-employed) at the time you apply to exercise the option, and
 - we accepted your original application for insurance cover on standard terms without any policy loadings/exclusions or other policy restrictions.

The option can be exercised once only within any 12-month period, and only if:

- you have not made a claim or intend to make a claim on any insurance policy issued by us or any other insurer, at the time of the request to exercise the option
- you are under 55 years of age at the time of the request to exercise the option, and

- the total Insured Monthly Benefit under all income protection benefits with us and other insurers is less than the maximum Insured Monthly Benefit allowed under the Policy for you.

The total Insured Monthly Benefit, after any increase, cannot exceed 75% of the first \$26,667 of your monthly Income at the time of the increase, plus 50% of the next \$20,000 of your monthly Income at the time of the increase.

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

The total of all increases in the Insured Monthly Benefit cannot exceed the initial Insured Monthly Benefit. For example, if you selected an Insured Monthly Benefit of \$5,000 when cover commenced, you cannot increase the Insured Monthly Benefit amount under the Guaranteed Future Insurability benefit by more than \$5,000.

7.4 Financial Planning Reimbursement

On the payment of a claim for the full Sum Insured, we will reimburse up to \$3,000 to the Policy Owner or beneficiary for the cost of obtaining advice from one or more financial advisers as to how the claim proceeds are to be managed or invested. Reimbursement will be subject to the conditions set out below.

This benefit will be paid in addition to the claim amount otherwise due to you under the Policy. The maximum total amount payable under all policies with us for the life insured is \$3,000.

Limitations

- Each financial adviser must hold an Australian Financial Services licence (AFSL), either personally as a director or Employee of the holder of an AFSL, or as an authorised representative of the holder of an AFSL. The financial planning costs must be incurred and paid within the first 12 months following the claim payment.
- The maximum amount reimbursed will be the lesser of \$3,000 and the actual financial planning costs incurred as evidenced by tax invoices etc.
- The benefit can be payable more than once across multiple policies, but the maximum total amount for the life insured cannot exceed \$3,000.

8. Rider Benefits

Rider Benefits are optional benefits that can be added to your insurance cover at an additional cost.

Section 1 shows how these optional benefits can be structured within the Life Cover, Crisis Recovery, Income Protection and Business Expenses Plans.

The availability of Rider Benefits inside super (Superannuation Plan) and outside super (Ordinary Plan/Linked Benefit) are set out in each section below.

To link superannuation cover with benefits under an Ordinary Plan, you can select the Linked Benefits (Superannuation PLUS, Maximiser and Super Extras) listed in Section 9.

In this section

- 8.1 Total and Permanent Disablement Buy-back
- 8.2 Double Total and Permanent Disablement
- 8.3 Double Universal Total and Permanent Disablement
- 8.4 Waiver of Premium
- 8.5 Life Cover Purchase
- 8.6 Crisis Extension
- 8.7 Crisis Recovery Buy-back
- 8.8 Crisis Reinstatement
- 8.9 Double Crisis Recovery
- 8.10 Family Protection
- 8.11 Needlestick Injury
- 8.12 School Fees Protector
- 8.13 Forward Underwriting
- 8.14 Business Safeguard Forward Underwriting
- 8.15 Day 1 Accident
- 8.16 Claim Escalation
- 8.17 Income Protection Lump Sum
- 8.18 Carer's Allowance
- 8.19 Retirement Optimiser
- 8.20 Repayment Relief

Important

As well as the information about Rider Benefits provided in this section, this PDS contains important information about acquiring and holding insurance.

You should read this PDS in full before making a decision about purchasing the Rider Benefits described in this section.

8.1 Total and Permanent Disablement Buy-back

Your optional benefit

Total and Permanent Disablement Buy-back (TPD Buy-back) automatically reinstates the Life Cover Sum Insured amount that is reduced after the payment of a full TPD claim. The Life Cover Sum Insured is reinstated on the date 12 months after the payment of the claim.

Availability

- Available under an Ordinary Plan, Linked Benefit or Superannuation Plan.
- TPD Buy-back can be purchased when TPD is selected as a Rider Benefit to Life Cover.

In this section

- 8.1.1 Benefit overview
- 8.1.2 Built-in Benefits
- 8.1.3 General terms and conditions
- 8.1.4 Limitations and exclusions
- 8.1.5 When cover begins and ends

Cover type	Outside super	Inside super
TPD Buy-back	◆ Ordinary Plan	◆ Linked Benefit (Superannuation PLUS) ● Superannuation Plan

8.1.1 Benefit overview

Table 9 shows the benefits available under TPD Buy-back. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 9

Benefit availability ◆ Ordinary Plan ◆ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
TPD Buy-back	• Stepped • Level • Optimum • Term Level

Built-in Benefits	Benefit availability	Section
Total and Permanent Disablement Buy-back Automatically reinstates the Life Cover Sum Insured amount that is reduced after we pay 100% of your TPD claim. The Life Cover Sum Insured is reinstated on the date 12 months after the payment of the claim.	◆◆●	8.1.2
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.	◆◆●	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Stepped premiums.	◆◆●	7.1
Conversion option Allows you to transfer your TPD Buy-back under a Superannuation Life Cover Plan to an Ordinary Plan prior to age 75.	●	9.1

8.1.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to TPD Buy-back as indicated in Table 9. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.1.3–5 and Section 10.2.

The rest of the benefits listed in the table are not specific to TPD Buy-back and can apply to other insurance cover offered through this PDS. For information about those benefits, please refer to the sections indicated in the table.

Total and Permanent Disablement Buy-back

If a claim is paid under TPD, the Life Cover Sum Insured (and any Crisis Recovery and Crisis Extension Sum Insured) will be reduced by the amount of the claim paid.

TPD Buy-back will automatically reinstate the Life Cover Sum Insured that was reduced after we have paid 100% of the TPD Sum Insured.

TPD Buy-back will automatically reinstate the Life Cover Sum Insured on the Reinstatement Date, unless you notify us that you don't want the Life Cover Sum Insured to be reinstated. The Reinstatement Date for TPD Buy-back is the date 12 months after your claim was paid.

Once a TPD benefit is paid, no further TPD benefits will be payable, and any reduction in the Crisis Recovery or Crisis Extension Sum Insured will not be reinstated.

The repurchase of the Life Cover Sum Insured will be:

- subject to our premium rates applicable for your age at the time of buy-back
- available without evidence of health, and
- provided under the same acceptance terms as were applied to the original Life Cover benefit.

Premiums for TPD Buy-back must continue to be paid until the date the buy-back option is exercised or expires.

8.1.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B, C, CT	D, E and Home Duties	
TPD Buy-back	\$5 million	\$2 million	Maximum limit applies to the total sums insured for TPD, TPD Stand Alone, Double TPD, Universal TPD, Universal TPD Stand Alone, Double Universal TPD, Accidental TPD, Accidental TPD Stand Alone and other similar benefits under other policies with us and other insurers. TPD Buy-back cannot exceed the Life Cover Sum Insured.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age				
		All occupations	A1, A2, M, A3, A4	B, C, CT	D	E	Home Duties
TPD Buy-back	Stepped & Level	15 years	59 years	59 years	54 years	49 years	59 years
	Optimum	34 years	59 years	59 years	54 years	49 years	59 years
	5 Year Term Level	34 years	59 years	59 years	54 years	49 years	59 years
	10 Year Term Level	34 years	59 years	54 years	54 years	44 years	54 years
	15 Year Term Level	34 years	54 years	49 years	49 years	39 years	49 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories			
	A1, A2, M, A3, A4	B, C, CT, D	E	Home Duties
TPD Buy-back	70th birthday	65th birthday	55th birthday	65th birthday

8.1.4 Limitations and exclusions

If you hold cover through a Superannuation Plan, the conditions of release of the relevant fund will also need to be satisfied before a claim payment can be released to you (see Section 9).

8.1.5 When cover begins and ends

The TPD Buy-back benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- the TPD Buy-back Reinstatement Date
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where taken as a Superannuation PLUS benefit)
- your passing away, or
- the Expiry Date of the benefit.

8.2 Double Total and Permanent Disablement

Your optional benefit

Double Total and Permanent Disablement (Double TPD) pays a lump sum if you are Totally and Permanently Disabled and your disablement meets the TPD definition selected for your Policy.

In addition, if a full Double TPD benefit is payable, the Life Cover Sum Insured will not be reduced and future premiums for Life Cover will be waived until the expiry of the Double TPD benefit.

In this section

- 8.2.1 Benefit overview
- 8.2.2 Built-in Benefits
- 8.2.3 General terms and conditions
- 8.2.4 Limitations and exclusions
- 8.2.5 When cover begins and ends

Availability

- Available under an Ordinary Plan, Linked Benefit or Superannuation Plan.
- Double TPD can be purchased as a Rider Benefit to Life Cover. Double TPD cannot be purchased in conjunction with any other type of TPD benefit, the Double Crisis Recovery benefit or the Waiver of Premium benefit.
- The minimum Sum Insured for Double TPD is \$50,000.

Cover type	Outside super	Inside super
Double TPD	◆ Ordinary Plan	◆ Linked Benefit (Superannuation PLUS or Maximiser) ● Superannuation Plan

8.2.1 Benefit overview

Table 10 shows the benefits available under Double TPD. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 10

Benefit availability ◆ Ordinary Plan ◆ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Double TPD	• Stepped • Level • Optimum
Built-in Benefits	Benefit availability Section
Total and Permanent Disablement Pays a lump sum equal to the Sum Insured if you are disabled according to your applicable TPD definition (see Section 12.1): • Own Occupation* • Any Occupation • Loss of Independence • Home Duties.	◆ ◆ ● 8.2.2
*If you select a Superannuation Plan, the TPD Own Occupation definition is only available if you also select a Linked Benefit (see Sections 9.2 and 9.3).	
No reduction of the Life Cover Sum Insured after a full TPD benefit payment Your Life Cover Sum Insured is not affected by payment of a Double TPD benefit.	◆ ◆ ● 8.2.2

Built-in Benefits	Benefit availability	Section
Waiver of Life Cover Premium after a full benefit payment Waives premiums after a full Double TPD benefit has been paid, until expiry of the Double TPD.	  	8.2.2
Partial and Permanent Disablement Provides a partial payment from your Sum Insured if you suffer the permanent loss of the use of one arm, one leg, or sight in one eye. The advance payment is 25% of the Sum Insured up to a maximum of \$750,000.	 	8.2.2
Conversion to Loss of Independence Instead of Double TPD ending on your Expiry Date, we will convert the cover to a Loss of Independence benefit until the Policy Anniversary prior to your 100th birthday. Conversion to Loss of Independence is not available within a Superannuation Plan, Maximiser or for Occupation Category E.	 	8.2.2
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.	  	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Stepped premiums.	  	7.1
Financial Planning Reimbursement Pays up to \$3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies.	 	7.4
Complimentary Interim Accidental Total and Permanent Disablement Cover Pays a lump sum outside superannuation in the event that you become Totally and Permanently Disabled whilst we are assessing your application, solely as a result of an Accidental Injury. This cover applies for up to 90 days from the date of your signed application.	  	13.2

8.2.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Double TPD as indicated in Table 10. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.2.3–5 and Section 10.2.

The rest of the benefits listed in the table are not specific to Double TPD and can apply to other insurance cover offered through this PDS. For information about those benefits, please refer to the sections indicated in the table.

1. Total and Permanent Disablement

We will pay a lump sum equal to the Double TPD Sum Insured if you are disabled according to the TPD definition shown on your Policy Schedule.

The premium that will be charged for this benefit depends on the TPD definition selected and your Occupation Category.

The definitions available under the Double TPD benefit are:

- Own Occupation*
- Any Occupation
- Loss of Independence (Occupation Category E only)
- Home Duties

*If you select a Superannuation Plan, the Total and Permanent Disablement (Own Occupation) definition is only available if you also select a Linked Benefit (Superannuation PLUS or Maximiser – see Sections 9.2 and 9.3).

Under an Ordinary Plan, if your TPD definition is 'Any Occupation', and you return to work in your own occupation or perform any other reasonable occupation, and if your earning capacity is permanently restricted due to your disablement to the extent that the Income you generate in the 12-month period following a return to work is less than 25% of the Income you generated in the previous 12 months of performing your own occupation, we will pay the TPD benefit.

See Section 12.1 for details of each TPD definition that applies above.

2. No reduction of the Life Cover Sum Insured

If we pay the full Double TPD Sum Insured, the Life Cover Sum Insured will not be reduced.

3. Waiver of Life Cover premium

After we have made a full Double TPD payment, we will Waive all future premiums for the Life Cover benefit, up to the Policy Anniversary prior to:

- your 70th birthday for Occupation Categories A1, A2, M, A3, A4
- your 65th birthday for Occupation Categories B, C, CT, D and Home Duties, or
- your 55th birthday for Occupation Category E.

Direct premium payments will then resume.

4. Partial and Permanent Disablement

If you suffer the permanent loss of use of one arm, one leg or sight in one eye, we will pay a partial benefit.

The amount of the partial benefit payable will be 25% of the Double TPD up to a maximum of \$750,000.

The partial benefit will be paid only once during the lifetime of the Policy. Any payment made under the partial benefit provisions will reduce the Sum Insured under the Double TPD benefit.

5. Conversion to Loss of Independence

At the Expiry Date for your Occupation Category shown in Section 8.2.3, your Double TPD benefit will convert to a Loss of Independence benefit, which will continue until the Policy Anniversary prior to your 100th birthday.

The Double TPD benefit does not convert to a Loss of Independence benefit and ceases at the Expiry Date:

- within a Superannuation Plan or Maximiser, or
- if you are Occupation Category E.

If you make a claim after conversion, we will pay the Loss of Independence Sum Insured if you meet the Loss of Independence definition.

We will only pay this benefit once.

8.2.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories			Conditions
	A1, A2, M, A3, A4, B, C, CT	D	E and Home Duties	
Double TPD	\$5 million	\$2 million	\$2 million	Maximum limit applies to the total sums insured for TPD, TPD Stand Alone, Double TPD, Universal TPD, Universal TPD Stand Alone, Double Universal TPD, Accidental TPD, Accidental TPD Stand Alone and other similar benefits under other policies with us and other insurers. Double TPD cannot exceed the Life Cover Sum Insured. The minimum Sum Insured is \$50,000.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age			
		All occupations	A1, A2, M, A3, A4, B, C, CT	D	E	Home Duties
Double TPD	Stepped & Level	15 years	59 years	54 years	49 years	59 years
	Optimum	34 years	59 years	54 years	49 years	59 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories			
	A1, A2, M, A3, A4	B, C, CT, D	E	Home Duties
Double TPD	70th birthday	65th birthday	55th birthday	65th birthday

8.2.4 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold cover through a Superannuation Plan, the conditions of release of the relevant fund will also need to be satisfied before a claim payment can be released to you (see Section 9).

Limitations

The Double TPD benefit is not payable if:

- a claim for Terminal Illness is in progress or has previously been paid by us or any other insurer, or
- you pass away within 14 days from the date you suffered the Injury or Sickness which directly or indirectly caused your Total and Permanent Disablement.

After the Double TPD benefit becomes payable, Benefit Indexation does not apply to the Life Cover Sum Insured. You also cannot exercise Guaranteed Future Insurability to increase the Life Cover Sum Insured due to Personal or Business Events.

Exclusions

No Double TPD benefit payment will be made in relation to any event or disablement which is directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you.

Benefit reductions

The Double TPD Sum Insured will be reduced by the amount of any claim paid on the following Built-in or Rider Benefits (including any Linked Benefits attached to the Superannuation Life Cover Plan):

- TPD
- Death or Terminal Illness (Built-in Benefit to Life Cover)
- Loss of Independence* (Built-in Benefit to Double TPD and Crisis Recovery)
- Crisis Events* (Built-in Benefit to Crisis Recovery)
- Partial Payments* (Built-in Benefit to Crisis Recovery)
- Crisis Extension Events* (Built-in Benefit to Crisis Extension), and
- Chronic Diagnosis Advancement* (Built-in Benefit to Crisis Recovery).

The Double TPD Sum Insured will also be reduced by the amount of any Final Expenses* claim paid to the extent necessary to ensure the Double TPD Sum Insured is not higher than the Life Cover Sum Insured.

Following the payment of any benefits listed above, the premium for Double TPD will be adjusted to reflect the reduction in the Sum Insured.

*The Double TPD Sum Insured will not be reduced by a claim on these benefits where the Crisis Recovery cover is held as a Stand Alone benefit or, in the case of Crisis Extension cover, is held as a rider benefit to Crisis Recovery Stand Alone.

Sum Insured reduction

Policy Anniversary prior to age 65 – Occupation Categories: A1, A2, M, A3, A4

If, at the Policy Anniversary prior to your 65th birthday, the total of the Sums Insured for Total and Permanent Disablement and all benefits under the Crisis Recovery Stand Alone benefit that include the phrase 'Total and Permanent Disablement' is greater than \$3 million, we will reduce the Sum Insured to \$3 million.

Loss of Independence Sum Insured

The total of the Loss of Independence Sums Insured includes the Sum Insured of any applicable benefits converted under the Policy as follows:

- TPD
- TPD Stand Alone
- Double TPD
- Accidental TPD
- Accidental TPD Stand Alone, and
- Crisis Recovery.

Conversion to Loss of Independence and Sum Insured reduction

Policy Anniversary prior to age 65 – Occupation Categories: B, C, CT, D and Home Duties

When your TPD Sum Insured converts to Loss of Independence, the Sum Insured will be the total of:

- the Stand Alone Sums Insured for TPD, Universal TPD and Accidental TPD (under the Life Cover Plan), and
- the highest of the Rider Benefit Sums Insured for TPD, Double TPD, Universal TPD, Double Universal TPD and Accidental TPD (under the Life Cover or Superannuation PLUS benefit).

If, at the Policy Anniversary prior to your 65th birthday, your Loss of Independence Sum Insured is greater than \$2 million, we will reduce the Sum Insured to \$2 million.

Policy Anniversary prior to age 70 – Occupation Categories: A1, A2, M, A3, A4

When your TPD Sum Insured converts to Loss of Independence, the Sum Insured will be the total of:

- the Stand Alone Sums Insured for TPD, Universal TPD and Accidental TPD (under the Life Cover Plan), and
- the higher of:
 - the Crisis Recovery Sums Insured, and
 - the highest of the Rider Benefit Sums Insured for TPD, Double TPD, Universal TPD, Double Universal TPD and Accidental TPD (under the Life Cover or Superannuation PLUS benefit).

If, at the Policy Anniversary prior to your 70th birthday, your Loss of Independence Sum Insured is greater than \$2 million, we will reduce the Sum Insured to \$2 million.

Sum Insured reductions – you choose

Where a maximum limit applies to a benefit (or benefits), the Sum Insured needs to be reduced to ensure the total Sums Insured do not exceed the Policy limit. You can instruct us as to which Sums Insured you wish to reduce or cancel. If we do not receive your instructions, we will determine which Sums Insured are reduced and advise you of this in writing.

8.2.5 When cover begins and ends

The Double TPD benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- payment of the full Life Cover Sum Insured
- payment of the full Double TPD Sum Insured
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where taken as a Superannuation PLUS benefit)
- the lapse, cancellation or payment of the linked superannuation TPD benefit (where the Maximiser benefit has been selected as a Linked Benefit under the Superannuation Life Cover Plan)
- your passing away, or
- the Expiry Date of the benefit.

8.3 Double Universal Total and Permanent Disablement

Your optional benefit

Double Universal Total and Permanent Disablement (Double Universal TPD) will pay a lump sum if you suffer a Loss of Independence.

In addition, if a full Double Universal TPD benefit is payable, the Life Cover Sum Insured will not be reduced and future premiums for Life Cover will be Waived until the Policy Anniversary prior to your 65th birthday (or your 55th birthday for Occupation E only).

This insurance cover is available if you don't meet the minimum work hours for TPD cover.

In this section

- 8.3.1 Benefit overview
- 8.3.2 Built-in Benefits
- 8.3.3 General terms and conditions
- 8.3.4 Limitations and exclusions
- 8.3.5 When cover begins and ends

Availability

- Double Universal TPD can be purchased as a Rider Benefit to Life Cover.
- Double Universal TPD cannot be purchased in conjunction with any other type of TPD benefit, the Double Crisis Recovery benefit or the Waiver of Premium benefit.
- The minimum Sum Insured for Double Universal TPD is \$50,000.

Cover type	Outside super	Inside super
Double Universal TPD	◆ Ordinary Plan	◆ Linked Benefit (Superannuation PLUS) ◆ Superannuation Plan

8.3.1 Benefit overview

Table 11 shows the benefits available under Double Universal TPD. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 11

Benefit availability ◆ Ordinary Plan ◆ Linked Benefit ◆ Superannuation Plan

Insurance cover	Premium options
Double Universal TPD	• Stepped • Level • Optimum

Built-in Benefits	Benefit availability	Section
Double Universal Total and Permanent Disablement Pays a lump sum equal to the Sum Insured if you are disabled according to the Loss of Independence definition (see Section 12.1).	◆◆◆	8.3.2
Conversion to Universal TPD Instead of Double Universal TPD ending on your Expiry Date, we will convert to a Universal TPD benefit until the Policy Anniversary prior to your 100th birthday. Conversion to Universal TPD is not available within a Superannuation Plan or for Occupation Category E.	◆◆	8.3.2

Built-in Benefits	Benefit availability	Section
No reduction of the Life Cover Sum Insured after a full benefit payment Your Life Cover Sum Insured is not affected by payment of a Double Universal TPD benefit.		8.3.2
Waiver of Life Cover Premium after a full benefit payment Waives premiums after a full Double Universal TPD benefit has been paid.		8.3.2
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.		7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Stepped premiums.		7.1
Financial Planning Reimbursement Pays up to \$3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies.		7.4
Complimentary Interim Accidental Total and Permanent Disablement Cover Pays a lump sum outside superannuation in the event that you become Totally and Permanently Disabled whilst we are assessing your application, solely as a result of an Accidental Injury. This cover applies for up to 90 days from the date of your signed application.		13.2

8.3.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Double Universal TPD as indicated in Table 11. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.3.3–5 and Section 10.2.

The rest of the benefits listed in the table are not specific to Double Universal TPD and can apply to other insurance cover offered through this PDS. For information about those benefits, please refer to the sections indicated in the table.

1. Double Universal Total and Permanent Disablement

We will pay a lump sum equal to the Sum Insured under the Double Universal TPD benefit if you satisfy the definition of TPD (Universal) as set out in Section 12.1.

We will only pay this benefit once.

2. Conversion to Universal TPD

For Occupation Categories A1, A2, M, A3, A4, B, C, CT, D and Home Duties, the Double Universal TPD benefit will end at the Policy Anniversary prior to your 65th birthday, at which time it will convert to a Universal TPD benefit, which will continue until the Policy Anniversary prior to your 100th birthday.

Conversion to Universal TPD does not apply within a Superannuation Plan or for Occupation Category E.

Please refer to Section 8.2.4 for information about the Loss of Independence Sum Insured.

3. No reduction of the Life Cover Sum Insured

If we pay the full Double Universal TPD Sum Insured, the Life Cover Sum Insured will not be reduced.

4. Waiver of Life Cover premium

After we have made a full Double Universal TPD payment, we will Waive all future premiums for the Life Cover benefit, up to the Policy Anniversary prior to:

- your 65th birthday for Occupation Categories A1, A2, M, A3, A4, B, C, CT, D and Home Duties, or
- your 55th birthday for Occupation Category E.

Direct premium payments will then resume.

8.3.3 General terms and conditions

Sum Insured limits

Benefit	All occupations	Conditions
Double Universal TPD	\$2 million	Maximum limit applies to the total sums insured for TPD, TPD Stand Alone, Double TPD, Universal TPD, Universal TPD Stand Alone, Double Universal TPD, Accidental TPD, Accidental TPD Stand Alone and other similar benefits under other policies with us and other insurers. Double Universal TPD cannot exceed the Life Cover Sum Insured. The minimum Sum Insured is \$50,000.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age		
Occupation Categories		All occupations	A1, A2, M, A3, A4, B, C, CT, D	E	Home Duties
Double Universal TPD	Stepped & Level	15 years	59 years	49 years	59 years
	Optimum	34 years	59 years	49 years	59 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Occupation Categories	Ordinary Plan			Superannuation Plan		
	A1, A2, M, A3, A4 B, C, CT, D	E	Home Duties	A1, A2, M, A3, A4 B, C, CT, D	E	Home Duties
Double Universal TPD	65th birthday	55th birthday	65th birthday	65th birthday	55th birthday	65th birthday

8.3.4 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold cover through a Superannuation Plan, the conditions of release of the relevant fund will also need to be satisfied before a claim payment can be released to you (see Section 9).

Limitations

The Double Universal TPD benefit is not payable if:

- a claim for Terminal Illness is in progress or has previously been paid by us or any other insurer, or
- you pass away within 14 days from the date you suffered the Injury or Sickness which directly or indirectly caused your Total and Permanent Disablement (Universal).

After the Double Universal TPD benefit becomes payable, Benefit Indexation does not apply to the linked Life Cover Sum Insured. You also cannot exercise Guaranteed Future Insurability and increase the Life Cover Sum Insured due to Personal or Business Events.

Exclusions

No Double Universal TPD benefit payment will be made in relation to any event or disablement which is directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you.

Benefit reductions

The Double Universal TPD Sum Insured will be reduced by the amount of any claim paid on the following Built-in or Rider Benefits (including any Linked Benefits attached to the Superannuation Life Cover Plan):

- Universal TPD
- Death or Terminal Illness (built-in benefit to Life Cover)
- Loss of Independence* (built-in benefit to Crisis Recovery)
- Crisis Events* (built-in benefit to Crisis Recovery)
- Partial Payments* (built-in benefit to Crisis Recovery)
- Crisis Extension Events* (Built-in Benefit to Crisis Extension), and
- Chronic Diagnosis Advancement* (built-in benefit to Crisis Recovery).

The Double Universal TPD Sum Insured will also be reduced by the amount of any Final Expenses* claim paid to the extent necessary to ensure the Double Universal TPD Sum Insured is not higher than the Life Cover Sum Insured.

Following the payment of any benefits listed above, the premium for Double Universal TPD will be adjusted to reflect the reduction in the Sum Insured.

*The Double Universal TPD Sum Insured will not be reduced by a claim on these benefits where the Crisis Recovery cover is held as a Stand Alone benefit or, in the case of Crisis Extension cover, is held as a rider benefit to Crisis Recovery Stand Alone.

Sum Insured reduction – all Occupation Categories except E

If, at the Policy Anniversary prior to your 65th birthday, the total of the Sums Insured for Universal TPD, Loss of Independence and all benefits under the Crisis Recovery Stand Alone benefit that include the phrase 'Total and Permanent Disablement' is greater than \$3 million, we will reduce the Sum Insured to \$3 million.

If, at the Policy Anniversary prior to your 70th birthday, the total of the Sums Insured for Universal TPD and Loss of Independence is greater than \$2 million, we will reduce the Sum Insured to \$2 million.

Sum Insured reductions – you choose

Where a maximum limit applies to a benefit (or benefits), the Sum Insured needs to be reduced to ensure the total Sums Insured do not exceed the Policy limit. You can instruct us as to which Sums Insured you wish to reduce or cancel. If we do not receive your instructions, we will determine which Sums Insured are reduced and advise you of this in writing.

8.3.5 When cover begins and ends

The Double Universal TPD benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- payment of the full Life Cover Sum Insured
- payment of the full Double Universal TPD Sum Insured
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where taken as a Superannuation PLUS benefit)
- your passing away, or
- the Expiry Date of the benefit.

8.4 Waiver of Premium

Your optional benefit

The Waiver of Premium Rider Benefit will Waive the premiums for specified benefits if you become Totally and Permanently Disabled or Partially and Permanently Disabled. Benefit Indexation continues to apply.

Availability

- Available under an Ordinary Plan, Linked Benefit or Superannuation Plan.
- Waiver of Premium cover can be purchased as a Rider Benefit to Life Cover.

Cover type	Outside super		Inside super
Waiver of Premium	◆ Ordinary Plan	◆ Linked Benefit (Superannuation PLUS)	● Superannuation Plan

In this section

- 8.4.1 Built-in Benefits
- 8.4.2 General terms and conditions
- 8.4.3 Limitations and exclusions
- 8.4.4 When cover begins and ends

8.4.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Waiver of Premium. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.4.2–4 and Section 10.2.

1. Waiver of Premium

If you are Totally and Permanently Disabled (Ordinary and Superannuation Plans) or Partially and Permanently Disabled (Ordinary Plans only), we will Waive premiums during the Benefit Period for certain benefits (see below).

The Waiver of your premiums will begin after the end of your qualifying period (either three or six months).

Benefits covered under Waiver of Premium:

Main Benefit	Rider Benefit
Life Cover	• TPD • TPD Buy-back • Crisis Recovery • Crisis Extension • Crisis Recovery Buy-back • Crisis Reinstatement • Family Protection • School Fees Protector • Needlestick Injury • Forward Underwriting • Business Safeguard Forward Underwriting

Main Benefit	Rider Benefit
TPD Stand Alone*	• Life Cover Purchase • Family Protection • School Fees Protector • Forward Underwriting • Business Safeguard Forward Underwriting
Accidental Death*	• Family Protection
Crisis Recovery Stand Alone*	• Crisis Extension • Crisis Reinstatement • TPD • Life Cover Purchase • Family Protection • Forward Underwriting • Business Safeguard Forward Underwriting
Superannuation PLUS	The following Rider Benefits can be covered under the non-superannuation Waiver of Premium benefit: • TPD • TPD Buy-back • Crisis Recovery • Crisis Extension • Crisis Recovery Buy-back • Crisis Recovery Reinstatement • Family Protection • Needlestick Injury

*The premium is only Waived for this benefit and accompanying riders if purchased with Life Cover under the same Policy.

Benefit Period

We will Waive the premiums up to the Policy Anniversary prior to:

- your 70th birthday for Occupation Categories A1, A2, M, A3, A4
- your 65th birthday for Occupation Categories B, C, CT, D and Home Duties, and
- your 55th birthday for Occupation Category E.

Direct premium payments will then resume.

Benefit Indexation

Premiums will also be Waived for any Benefit Indexation increases that occur after the start of your Total and Permanent Disablement or Partial and Permanent Disablement.

Ordinary and Superannuation Plans

A Waiver of Premium benefit purchased under an Ordinary Plan will not Waive premiums under the Superannuation Plan.

To have premiums Waived under both Ordinary and Superannuation Plans, you must purchase two separate Waiver of Premium benefits – one within super and one outside of super.

2. Qualifying and survival periods

Total and Permanent Disablement

Each TPD definition that you can choose for the Waiver of Premium benefit has a qualifying period of either three or six months.

During this qualifying period you must be absent from employment **solely** as a result of Injury or Sickness in order to be eligible to claim under the Waiver of Premium benefit.

Partial and Permanent Disablement

To meet the applicable Partial and Permanent Disablement definition under the Waiver of Premium benefit you must survive a period of 14 days from the date of loss. This condition only applies if you have TPD Stand Alone cover.

Premiums payable

You must pay premiums during the relevant qualifying period relating to your chosen TPD definition and until your claim is assessed and accepted by us. We will not refund any premiums paid during the period in which we are assessing your claim.

On acceptance of the Waiver of Premium claim, any premiums that have been paid will not be refunded.

3. Voluntary increases in cover

Premiums will not be Waived for benefits that have been voluntarily increased, repurchased or reinstated after the Waiver of Premium has commenced.

The benefits that may be impacted by this are:

Life Cover Plan

- Life Cover, including the:
 - repurchase of the Life Cover Sum Insured under the Crisis Recovery Buy-back benefit and TPD Buy-back benefit
 - purchase of Life Cover Sum Insured under Guaranteed Future Insurability, Business Safeguard Forward Underwriting and Forward Underwriting benefits, and
 - purchase of Life Cover under the Life Cover Purchase benefit.
- Crisis Recovery, including the:
 - repurchase of the Crisis Recovery Sum Insured under Business Safeguard Forward Underwriting and Forward Underwriting benefits
 - Crisis Extension
 - Crisis Recovery Buy-back
 - Crisis Reinstatement
 - Family Protection (including the addition of a child)
 - Needlestick Injury, and
 - Term Cover.

Crisis Recovery Stand Alone Plan

- Crisis Recovery Stand Alone, including the:
 - purchase of Crisis Recovery Sum Insured under the Business Safeguard Forward Underwriting and Forward Underwriting benefits
 - Crisis Extension
 - Crisis Reinstatement, and
 - Family Protection (including the addition of a child).

8.4.2 General terms and conditions

Sum Insured limits – N/A

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age				
		All occupations	A1, A2, M, A3, A4, B	C, CT	D	E	Home Duties
Waiver of Premium	Level	15 years	63 years	59 years	54 years	49 years	63 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories			
	A1, A2, M, A3, A4	B, C, CT, D	E	Home Duties
Waiver of Premium	70th birthday	65th birthday	55th birthday	65th birthday

8.4.3 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold cover through a Superannuation Plan, the conditions of release of the relevant fund will also need to be satisfied before a claim payment can be released to you (see Section 9).

Limitations

We will not waive premiums under the Waiver of Premium benefit for:

- Accidental TPD
- Universal TPD
- Double TPD
- Double Universal TPD
- Double Crisis Recovery

Exclusions

Waiver of Premium will not apply in relation to an event or disablement that is directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you.

8.4.4 When cover begins and ends

The Waiver of Premium benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where taken as a Superannuation PLUS benefit)
- your passing away, or
- the Expiry Date of the benefit.

8.5 Life Cover Purchase

Your optional benefit

Life Cover Purchase allows you to purchase Life Cover after we have paid a full TPD or Crisis Recovery claim, without having to provide further information about your health or insurability.

Availability

Life Cover Purchase can be obtained as a Rider Benefit to:

- TPD Stand Alone cover (Ordinary Plan or Superannuation Plan)
- TPD as a Rider Benefit to Crisis Recovery Stand Alone cover (Ordinary Plan), or
- Crisis Recovery Stand Alone cover (Ordinary Plan).

In this section

- 8.5.1 Benefit overview
- 8.5.2 Built-in Benefits
- 8.5.3 General terms and conditions
- 8.5.4 Limitations and exclusions
- 8.5.5 When cover begins and ends

Cover type	Outside super	Inside super
Life Cover Purchase	◆ Ordinary Plan	● Superannuation Plan

8.5.1 Benefit overview

Table 12 shows the benefits available under Life Cover Purchase. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 12

Benefit availability ◆ Ordinary Plan ◆ Linked Benefit ● Superannuation Plan

Insurance cover		Premium options	
Life Cover Purchase		• Stepped • Level • Optimum	
Built-in Benefits		Benefit availability	Section
Life Cover Purchase			
Allows you to purchase Life Cover after 100% of your TPD Stand Alone benefit, Crisis Recovery Stand Alone benefit, or TPD Rider Benefit to Crisis Recovery Stand Alone has been paid.		 	8.5.2
You can exercise this option at the 12-month anniversary from the date your claim was paid.			
Premium Freeze			
Allows you to keep your premium the same for the following year by reducing your Sum Insured amount.		 	7.1
You must be at least 35 years old and paying Stepped premiums.			

8.5.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Life Cover Purchase as indicated in Table 12. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends in relation to that benefit, as set out in Sections 8.5.3–5 and Section 10.2.

The rest of the benefits listed in the table are not specific to Life Cover Purchase and can apply to other insurance cover offered through this PDS. For information about those benefits, please refer to the sections indicated in the table.

Life Cover Purchase

This benefit allows you to buy Life Cover without having to provide information about your health or insurability after a full benefit payment has been made for one of the following:

- TPD Stand Alone
- Crisis Recovery Stand Alone, or
- TPD Rider Benefit under Crisis Recovery Stand Alone.

The amount of Life Cover you can purchase is the amount of the claim paid up to your Life Cover Purchase sum insured.

The purchase of the Life Cover Sum Insured under the Life Cover Purchase option will be subject to the premium rates applicable for your age at the time of purchase, and provided on the same acceptance terms as were applied to the original TPD Stand Alone, TPD Rider Benefit to Crisis Stand Alone, or Crisis Recovery Stand Alone cover.

Exercising the option

For all conditions other than those listed below, the Life Cover option must be exercised within 30 days after the 12-month anniversary of your claim being paid.

For the following conditions, Life Cover must be purchased within 30 days after the six-month anniversary of your claim being paid:

- Alzheimer's Disease
- Blindness (excluding as a result of a stroke/cancer)
- Dementia
- Loss of Hearing
- Multiple Sclerosis
- Paralysis (excluding as a result of a stroke/cancer)
 - Diplegia
 - Hemiplegia
 - Paraplegia
 - Quadriplegia, and
- Parkinson's Disease.

This option can only be exercised once.

Where the Life Cover Purchase benefit has been selected as a Rider Benefit under the TPD Stand Alone benefit, the Life Cover Purchase is able to be exercised after a TPD Stand Alone or Maximiser claim.

8.5.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories			Conditions
	A1, A2, M, A3, A4, B, C, CT	D	E and Home Duties	
Life Cover Purchase – Rider Benefit				
• TPD Stand Alone	\$5 million	\$2 million	\$1 million	Life Cover Purchase Sum Insured must equal the TPD Stand Alone/ Rider Benefit Sum Insured.
• TPD Rider Benefit to Crisis Recovery Stand Alone				

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B, C, CT, D, E	Home Duties	
Life Cover Purchase – Rider Benefit			
• Crisis Recovery Stand Alone	\$2 million	\$1 million	Life Cover Purchase Sum Insured must equal the Crisis Recovery Stand Alone Sum Insured (excluding Crisis Extension).

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age			
		All occupations	A1, A2, M, A3, A4, B, C, CT	D	E	Home Duties
Life Cover Purchase – Rider Benefit	Stepped & Level	15 years	59 years	54 years	49 years	59 years
• TPD Stand Alone						
• TPD Rider Benefit to Crisis Recovery Stand Alone	Optimum	34 years	59 years	54 years	49 years	59 years
Life Cover Purchase – Rider Benefit	Stepped & Level	15 years			59 years	
• Crisis Recovery Stand Alone	Optimum	34 years			59 years	

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories			
	A1, A2, M, A3, A4	B, C, CT, D	E	Home Duties
Life Cover Purchase – Rider Benefit				
• TPD Stand Alone	70th birthday	65th birthday	55th birthday	65th birthday
• TPD Rider Benefit to Crisis Recovery Stand Alone	65th birthday	65th birthday	55th birthday	65th birthday
• Crisis Recovery Stand Alone	65th birthday	65th birthday	65th birthday	65th birthday

8.5.4 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold cover through a Superannuation Plan, the conditions of release of the relevant fund will also need to be satisfied before a claim payment can be released to you (see Section 9).

Limitations

- The new Life Cover amount cannot be increased via Guaranteed Future Insurability, Forward Underwriting or Business Safeguard Forward Underwriting benefit.
- Benefit Indexation will not apply to the new Life Cover Sum Insured.
- All increases in cover are subject to financial assessment at the time the option is exercised.
- When an option under an existing Priority Protection Policy is exercised to purchase a new Priority Protection Policy, the Life Insured must be the same as the Life Insured under the existing Policy.
- Any special conditions or exclusions that apply to the existing Policy will also apply under the new policy.
- The new Priority Protection Policy will be on terms that apply to other new Priority Protection policies (or policies referable to other similar products as determined by us) available at the time the option is exercised.
- You must continue to pay premiums for the Life Cover Purchase option until the date the option is exercised or expires.
- Where Life Cover Purchase is purchased both in conjunction with the Crisis Recovery Stand Alone and TPD as a Rider Benefit under Crisis Recovery Stand Alone, the Life Cover Purchase option can only be exercised once. If a full claim under Crisis Recovery Stand Alone is paid, the TPD Rider Benefit will expire and so will the Life Cover Purchase option attached to the TPD Rider Benefit. However, the Life Cover Purchase option can still be exercised on the Crisis Recovery Stand Alone benefit for an amount up to 100% of the Sum Insured for Crisis Recovery Stand Alone.
- The Life Cover Purchase benefit can be exercised up to the TPD Rider Benefit amount.

Exclusions

The Life Cover Option is not available:

- if you are diagnosed with a Terminal Illness
- after a Partial and Permanent Disablement claim payment
- after a partial Crisis Recovery claim payment, or
- for the amount of a Crisis Extension claim payment.

Benefit reductions

Where the Life Cover Purchase benefit is purchased as a TPD Rider Benefit under Crisis Recovery Stand Alone and 100% of the benefit payment has been made on the TPD Rider Benefit:

- the Crisis Recovery Stand Alone Sum Insured amount will be reduced by the amount of the TPD claim, or
- if both Sums Insured are equal, the Crisis Recovery Stand Alone benefit will end.

8.5.5 When cover begins and ends

The Life Cover Purchase benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- the date the Life Cover Purchase option is exercised
- the date you are no longer eligible to exercise Life Cover Purchase (see 'Exercising the option' in Section 8.5.2)
- the lapse or cancellation benefit or Policy (see Section 10.2)
- your passing away, or
- the Expiry Date of the benefit.

8.6 Crisis Extension

Your optional benefit

Crisis Extension will pay a lump sum if you are diagnosed with a condition which meets the definition of one of the Crisis Extension Events listed in this section.

Crisis Extension Events are medical conditions that have progressed or deteriorated from the initial diagnosis, or are more serious conditions. Some Crisis Extension Events are Crisis Events (under Crisis Recovery) with additional criteria within each definition that reflect this.

You may meet the definition of both a Crisis Event (under Crisis Recovery) and a Crisis Extension Event, in which case both benefits would be payable.

Alternatively, you may first meet the definition of a Crisis Event (under Crisis Recovery) and receive a Crisis Recovery benefit and, if your condition progresses or deteriorates, you may later meet the definition of the Crisis Extension Event and receive the Crisis Extension benefit.

If you first meet the definition of a Crisis Event (under Crisis Recovery) and you recover from your condition, you may not qualify for the Crisis Extension benefit.

In this section

- 8.6.1 Benefit overview
- 8.6.2 Built-in Benefits
- 8.6.3 General terms and conditions
- 8.6.4 Limitations and exclusions
- 8.6.5 When cover begins and ends

Availability

- All Occupation Categories are eligible.
- Crisis Extension can be purchased as a Rider Benefit to Crisis Recovery where Crisis Recovery is held as either:
 - Stand Alone cover (Ordinary Plan), or
 - Rider Benefit to Life Cover (Ordinary Plan or Linked Benefit).
- When you purchase Crisis Extension you must also add the Crisis Reinstatement rider option to your Crisis Recovery cover*.
- The Crisis Extension benefit is not available where your Crisis Recovery is limited to one of the three Crisis Recovery modules as set out in Section 4.4 (i.e. Cancer and Coronary, Cancer Plus and Coronary Plus).

* Crisis Reinstatement only allows you to reinstate your Crisis Recovery benefit following payment of a claim for that benefit but does not allow you to reinstate your Crisis Extension benefit following payment of a claim.

Cover type	Outside super	
Crisis Extension	◆ Ordinary Plan	◆ Linked Benefit (Superannuation PLUS)

8.6.1 Benefit overview

Table 13 shows the benefits available under Crisis Extension. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 13

Benefit availability ◆ Ordinary Plan ◆ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Crisis Extension	• Stepped • Level • Term Level (Rider to Crisis Recovery Rider Benefit) • Optimum

Built-in Benefits	Benefit availability	Section
Crisis Extension Events Pays a lump sum equal to the full Sum Insured if you are diagnosed with a listed Crisis Extension Event for which you are covered after the applicable qualifying period. If Crisis Extension is a rider to the Crisis Recovery Stand Alone benefit, you must survive for a period of 14 days from the date of diagnosis.	◆◆	8.6.2
Terminal Illness If you are diagnosed with a Terminal Illness, we will pay a lump sum equal to the Crisis Extension Sum Insured. A three-month qualifying period applies. Terminal Illness is listed as a Crisis Extension Event and is only available if Crisis Extension is taken with Crisis Recovery Stand Alone.	◆◆	8.6.2
Benefit Indexation Automatically increases your Sum Insured at the Policy Anniversary each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of indexation on your application form or before any Policy Anniversary.	◆◆	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Stepped premiums.	◆◆	7.1
Financial Planning Reimbursement Pays up to \$3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies.	◆◆	7.4
Complimentary Interim Accidental Crisis Recovery Cover Pays a lump sum in the event that you suffer a Crisis Event whilst we are assessing your application, solely as a result of an Accidental Injury. The lump sum amount will be the combined Crisis Recovery and Crisis Extension Sum Insured you've applied for, up to \$1 million. This cover applies for up to 90 days from the date of your signed application.	◆◆	13.3

8.6.2 Built-In Benefits

The following information relates to the Built-in Benefits that are only available under Crisis Extension as indicated in Table 13. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.6.3-5 and Section 10.2.

The rest of the benefits listed in the table are not specific to Crisis Extension and can apply to other insurance cover offered through this PDS. For information about those benefits, please refer to the sections indicated in the table.

1. Crisis Extension Events

We will pay a lump sum equal to the Crisis Extension Sum Insured if you are diagnosed with one of the Crisis Extension Events listed in this section for which you are covered under this benefit, and we confirm the diagnosis. The benefit is payable where the diagnosed condition meets the applicable medical definition set out in

Section 12.2. Some Crisis Extension Events are also Crisis Events under Crisis Recovery. If you are diagnosed with one of those Crisis Extension Events, we will pay the Crisis Extension benefit in addition to any Crisis Recovery benefit payable under your Stand Alone Crisis Recovery Plan or Crisis Recovery Rider Benefit.

On payment of a claim for the Crisis Extension Sum Insured in respect to a Crisis Extension Event, the Crisis Extension benefit will cease and no further Crisis Extension payment will be made for any subsequent Crisis Extension Event.

If you have selected Crisis Extension with Crisis Recovery Stand Alone, you must survive for a period of 14 days from the date of the diagnosis of the Crisis Extension Event to be eligible for the full payment.

The following Crisis Extension Events are available under Crisis Extension as a rider to Crisis Recovery Stand Alone or as a rider to Life Cover, with the exception of Terminal Illness event (which is only available when taken with a Crisis Recovery Stand Alone Plan).

Cancer Events	Other Serious Crisis Extension Events
Advanced Invasive Cancer*	- Alzheimer's Disease - Aplastic Anaemia - Bacterial Meningitis with significant functional impairment - Benign Brain or Spinal Cord Tumour with significant functional impairment* - Blindness - Chronic Liver Disease - Chronic Lung Disease - Coma - Dementia - Diplegia - Hemiplegia - Kidney Failure - Loss of Hearing - Loss of Independence - Loss of Speech - Loss of Use of Limbs and/or Sight^ - Major Burns - Major Head Trauma with significant functional impairment - Major Organ Transplant* - Motor Neurone Disease - Multiple Sclerosis with significant functional impairment - Muscular Dystrophy with significant functional impairment - Paraplegia - Parkinson's Disease with significant functional impairment - Pneumectomy - Quadriplegia - Severe Diabetes* - Severe Rheumatoid Arthritis with significant functional impairment - Terminal Illness (Stand Alone only)* - Viral Encephalitis with significant functional impairment
Coronary Events	
- Cardiomyopathy with Class IV impairment - Coronary Artery Bypass Surgery (open heart)* - Heart Attack (severe) with impaired cardiac function* - Heart Valve Surgery (open heart)* - Out of Hospital Cardiac Arrest - Pulmonary Arterial Hypertension (Primary) with Class IV impairment* - Stroke with significant functional impairment* - Surgery to the Aorta (open heart or open abdominal)*	

*Qualifying period applies (see below)

^For Loss of Use of Limbs and/or Sight, no payment for loss of use of one limb or loss of sight in one eye

Qualifying Period

Certain Crisis Extension Events are subject to a qualifying period, as indicated above by the asterisk (*) symbol.

A Crisis Extension benefit is not payable if, within three months after this benefit commences, is reinstated or increased (but only in relation to the increased amount), you suffer, or are diagnosed with a condition that results in one of the Crisis Extension Events indicated above.

We will waive this three-month qualifying period if:

- your Policy replaces another crisis recovery or trauma policy from us or a previous insurer, and
- the aggregate of the Crisis Recovery and Crisis Extension Sum Insured under your Policy is the same as or lower than the sum insured for crisis recovery or trauma under the policy being replaced, and
- the full qualifying period under the replaced policy has elapsed.

Proof of positive diagnosis

Once you have notified us in writing that you are submitting a claim on your Policy, we will provide you with the appropriate forms, including a proof of positive diagnosis form. You must return proof of the positive diagnosis form to us within three months of the date of diagnosis.

Failure to provide proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within the required timeframe, subject to proof being provided as soon as is reasonably possible.

We have the right and opportunity to examine you, when and as often as we may reasonably require in connection with a claim. We will do this at our own expense.

The Crisis Extension benefit will not be payable unless the Crisis Extension Event and the date of diagnosis are confirmed in writing by a Medical Practitioner and/or legally qualified pathologist.

The person(s) confirming the diagnosis must base that diagnosis on our definition of the relevant Crisis Extension Event (as set out in Section 12.2 Medical Definitions), after a study of the histological material and clinical presentation based on the medical history, physical examination, radiological studies, and the results of any other diagnostic procedures performed on you. Any diagnosis must be confirmed by us.

2. Terminal Illness

If you are diagnosed with a Terminal Illness and we confirm the diagnosis, we will pay a lump sum equal to the Crisis Extension Sum Insured. A three-month qualifying period applies.

Terminal Illness is listed as a Crisis Extension Event and is only available for Crisis Extension taken with Crisis Recovery Stand Alone (see the Crisis Extension Events table shown in Section 8.6.2).

8.6.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B, C, CT, D, E	Home Duties	
Crisis Extension	\$2 million	\$1 million	Maximum limit applies to the total sums insured for Crisis Recovery, Double Crisis Recovery, Crisis Recovery Stand Alone, Crisis Extension and other similar benefits under other policies with us and other insurers. Where Crisis Recovery is held as a Rider Benefit to Life Cover, the total sum insured for Crisis Recovery and Crisis Extension cannot exceed the Life Cover Sum Insured.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Crisis Extension	Stepped & Level	15 years	59 years
	Optimum	34 years	59 years
	5 Year Term Level	34 years	59 years
	10 Year Term Level	34 years	54 years
	15 Year Term Level	34 years	49 years

Expiry Date

The Expiry Date for Crisis Extension is the Policy Anniversary prior to your 70th birthday.

8.6.4 Limitations and exclusions

Limitations and exclusions that apply specifically to Crisis Extension are set out below.

The Crisis Extension benefit is not available if Crisis Recovery is issued under special acceptance terms and cover restricted to a Crisis Recovery module (Cancer and Coronary, Cancer Plus or Coronary Plus), as set out in Section 4.4.

Claim payments

The maximum Crisis Extension benefit payable in respect of any claim covered under this benefit cannot exceed the total Crisis Extension Sum Insured.

On payment of the Crisis Extension Sum Insured, the Crisis Extension benefit will cease and no payment will be made for any subsequent Crisis Extension Event.

The Life Cover Sum Insured will be reduced by the Crisis Extension Sum Insured where Crisis Extension has been purchased as a rider to a Crisis Recovery Rider Benefit.

Reinstatement

The Crisis Extension benefit cannot be reinstated. The Crisis Reinstatement benefit only applies to the Crisis Recovery Sum Insured.

Exclusions

No Crisis Extension benefit payment will be made in relation to:

- any Crisis Extension Event or disablement directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you, or
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you.

Benefit Reductions

The Crisis Extension Sum Insured will not be reduced by the amount of any claim paid for Crisis Events, Partial Payments or any other benefit payable in respect of Crisis Recovery.

The Crisis Extension Sum Insured will be reduced by the amount of any claim paid on the following Built-in or Rider Benefits (including any Linked Benefits attached to the Superannuation Life Cover Plan):

- Crisis Extension Events
- Loss of Independence* (Built-in Benefit to TPD and Double TPD)
- Death or Terminal Illness# (Built-in Benefit to Life Cover)
- TPD*
- Accidental TPD*
- Universal TPD*
- Partial and Permanent Disablement* (Built-in Benefit to TPD)
- Accidental Partial and Permanent Disablement* (Built-in Benefit to Accidental TPD), and
- Day 1 TPD* (Built-in Benefit to TPD).

A claim paid on TPD, Accidental TPD or Universal TPD Rider Benefits:

- reduces the Crisis Extension Sum Insured, and
- reduces the Crisis Recovery Sum Insured only by the amount of the TPD claim that is higher than the Crisis Extension Sum Insured.

*The Crisis Extension Sum Insured will not be reduced by a claim on these benefits where the TPD, Universal TPD or Accidental TPD (as applicable) is held as a Stand Alone benefit.

#The Crisis Extension Sum Insured will not be reduced by a claim on these benefits where Crisis Extension is held as a Rider Benefit to Crisis Recovery Stand Alone.

8.6.5 When cover begins and ends

The Crisis Extension benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- payment of the Crisis Extension benefit
- the lapse or cancellation of the Crisis Recovery benefit or Policy
- the lapse or cancellation of the Crisis Extension benefit
- the lapse or cancellation of the Crisis Reinstatement benefit
- the lapse or cancellation of the Superannuation Life Cover Plan (where the Crisis Extension benefit is taken as a Superannuation Plus benefit)
- your passing away, or
- the Expiry Date of the benefit.

8.7 Crisis Recovery Buy-back

Your optional benefit

Crisis Recovery Buy-back automatically reinstates the Life Cover Sum Insured that is reduced after the payment of a full Crisis Recovery claim, a restricted benefit for the diagnosis of Prostate cancer or a Crisis Extension claim. The Life Cover Sum Insured is automatically reinstated on the date 12 months after the payment of the claim.

In this section

- 8.7.1 Benefit overview
- 8.7.2 Built-in Benefits
- 8.7.3 General terms and conditions
- 8.7.4 Limitations and exclusions
- 8.7.5 When cover begins and ends

Availability

- Crisis Recovery Buy-back can be purchased as a Rider Benefit to Life Cover (Ordinary Plan or Linked Benefit).
- Crisis Recovery Buy-back cannot be purchased as a Rider Benefit to Crisis Recovery Stand Alone cover.
- The Crisis Recovery Buy-back benefit is not available where your Crisis Recovery is limited to one of the three Crisis Recovery modules as set out in Section 4.4 (i.e. Cancer and Coronary, Cancer Plus and Coronary Plus).

Cover type	Outside super
Crisis Recovery Buy-back	◆ Ordinary Plan ◆ Linked Benefit (Superannuation PLUS)

8.7.1 Benefit overview

Table 14 shows the benefits available under Crisis Recovery Buy-back. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 14

Benefit availability ◆ Ordinary Plan ◆ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options	
Crisis Recovery Buy-back	• Stepped • Level • Optimum • Term Level	
Built-in Benefits	Benefit availability	Section
Crisis Recovery Buy-back Automatically reinstates the Life Cover Sum Insured amount that is reduced after we pay a full Crisis Recovery claim, a restricted benefit for the diagnosis of Prostate cancer or a Crisis Extension claim. The Life Cover Sum Insured is automatically reinstated on the date 12 months after the payment of the claim.	 	8.7.2
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.	 	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Stepped premiums.	 	7.1
Rider Benefits – optional benefits at an additional cost		
Crisis Reinstatement	 	8.8

8.7.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Crisis Recovery Buy-back as indicated in Table 14. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.7.3–5 and Section 10.2.

The rest of the benefits listed in the table are not specific to Crisis Recovery Buy-back and can apply to other insurance cover offered through this PDS. For information about those benefits, please refer to the sections indicated in the table.

Crisis Recovery Buy-back

- Crisis Recovery Buy-back automatically reinstates the Life Cover Sum Insured that was reduced after:
- a Crisis Recovery Sum Insured is paid in full, or a restricted benefit is paid for the diagnosis of Prostate Cancer, or
 - a Crisis Extension claim is paid before the Policy Anniversary prior to your 64th birthday.

Crisis Recovery Buy-back does not apply where the reduction in the Life Cover Sum Insured was due to a payment of less than 100% of the Crisis Recovery Sum Insured (Cancer, Coronary Artery Angioplasty, Loss of Use of Limbs and/or Sight, Rheumatoid Arthritis, and Benign Brain or Spinal Cord Tumour events), or payment of the Chronic Diagnosis Advancement benefit.

Crisis Recovery Buy-back will automatically reinstate the Life Cover Sum Insured on the Reinstatement Date, unless you notify us that you don't want the Life Cover Sum Insured reinstated. The Reinstatement Date for Crisis Recovery Buy-back is the date 12 months after your claim was paid.

If the Reinstatement Date falls before the Policy Anniversary prior to your 65th birthday, the Life Cover sum insured is automatically reinstated to the amount that applied under the policy before the Crisis Recovery or Crisis Extension claim was paid.

If the Reinstatement Date falls on or after the Policy Anniversary prior to your 65th birthday, this benefit automatically reinstates the lesser of \$10,000 and the amount of Life Cover reduced by the Crisis Recovery claim.

Premiums for Crisis Recovery Buy-back must continue to be paid until the date the Buy-back option ends.

- The reinstated Life Cover Sum Insured will be:
- subject to the premium rates applicable for your age at the Reinstatement Date
 - available without evidence of health, and
 - provided on the same underwriting acceptance terms as were applied to the original Life Cover benefit.

Any reduction in the TPD, Accidental TPD or Universal TPD Sum Insured as a result of a Crisis Recovery or Crisis Extension claim being paid will not be reinstated.

8.7.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B, C, CT, D, E	Home Duties	
Crisis Recovery Buy-back	\$2 million	\$1 million	Maximum limit applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone, Crisis Extension and Double Crisis Recovery and other similar benefits with us and other insurers. Crisis Recovery Buy-back cannot exceed the Life Cover Sum Insured.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Crisis Recovery Buy-back	Stepped & Level	15 years	59 years
	Optimum	34 years	59 years
	5 Year Term Level	34 years	59 years
	10 Year Term Level	34 years	54 years
	15 Year Term Level	34 years	49 years

Expiry Date

The Expiry Date for Crisis Recovery Buy-back is the Policy Anniversary prior to your 70th birthday.

8.7.4 Limitations and exclusions

The Crisis Recovery Buy-back benefit is not available if Crisis Recovery is issued under special acceptance terms and cover restricted to a Crisis Recovery module (Cancer and Coronary, Cancer Plus or Coronary Plus).

If any or all of the Life Cover Sum Insured is reinstated under the Crisis Recovery Buy-back benefit, Benefit Indexation will not be applied to the reinstated Life Cover Sum Insured.

8.7.5 When cover begins and ends

The Crisis Recovery Buy-back benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- the Crisis Recovery Buy-back Reinstatement Date (unless Crisis Reinstatement is purchased as a Rider Benefit to Crisis Recovery Buy-back)
- the date you are no longer eligible for Crisis Reinstatement (where Crisis Reinstatement is purchased as a Rider Benefit to Crisis Recovery Buy-back) (see Section 8.8.2)
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where Crisis Recovery Buy-back was taken as a Superannuation PLUS benefit)
- your passing away, or
- the Expiry Date of the benefit.

8.8 Crisis Reinstatement

Your optional benefit

Crisis Reinstatement automatically reinstates the Crisis Recovery Sum Insured that is reduced after the payment of a full Crisis Recovery claim or a restricted benefit for the diagnosis of Prostate Cancer. The Crisis Recovery Sum Insured is reinstated on the date 12 months after the payment of a Crisis Recovery Rider Benefit claim, or 30 days after the payment of a Crisis Recovery Stand Alone claim.

In this section

- 8.8.1 Benefit overview
- 8.8.2 Built-in Benefits
- 8.8.3 General terms and conditions
- 8.8.4 Limitations and exclusions
- 8.8.5 When cover begins and ends

Availability

Crisis Reinstatement can be purchased as a Rider Benefit to:

- Crisis Recovery Stand Alone cover (Ordinary Plan), and
- Crisis Recovery Buy-back cover (Ordinary Plan or Linked Benefit).

The Crisis Reinstatement benefit is not available where your Crisis Recovery is limited to one of the three Crisis Recovery modules as set out in Section 4.4 (i.e. Cancer and Coronary, Cancer Plus and Coronary Plus).

Cover type	Outside super	
Crisis Reinstatement	◆ Ordinary Plan	◆ Linked Benefit (Superannuation PLUS)

8.8.1 Benefit overview

Table 15 shows the benefits available under Crisis Reinstatement. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 15

Benefit availability ◆ Ordinary Plan ◆ Linked Benefit ● Superannuation Plan

Insurance cover		Premium options
Crisis Reinstatement		• Stepped • Level • Optimum • Term Level (if rider to Crisis Recovery Buy-back)
Built-in Benefits		Benefit availability Section
Crisis Reinstatement		
Automatically reinstates the Crisis Recovery Sum Insured amount that is reduced after we pay a full Crisis Recovery claim or a restricted benefit for the diagnosis of Prostate Cancer.		◆ ◆ 8.8.2
The Crisis Recovery Sum Insured is reinstated on the date 12 months after the payment a Crisis Recovery Rider Benefit claim, or 30 days after the payment of a Crisis Recovery Stand Alone claim.		
Benefit Indexation		
Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.		◆ ◆ 7.2

Built-in Benefits**Benefit availability** **Section****Premium Freeze**

Allows you to keep your premium the same for the following year by reducing your Sum Insured amount.
You must be at least 35 years old and paying Stepped premiums.



7.1

8.8.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Crisis Reinstatement as indicated in Table 15. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.8.3–5 and Section 10.2.

The rest of the benefits listed in Table 15 are not specific to Crisis Reinstatement and can apply to other insurance cover offered through this PDS. For information about those benefits, please refer to the sections indicated in the table.

Crisis Reinstatement

Crisis Reinstatement automatically reinstates the Crisis Recovery Sum Insured that was reduced after a full benefit is paid for Crisis Recovery, or a restricted benefit is paid for the diagnosis of Prostate Cancer (see 'Prostate Cancer – Restricted reinstatement' in this section).

Crisis Events

Your reinstated Crisis Recovery Sum Insured covers the Crisis Events shown in the table below, subject to the exclusions listed under 'Limitations and Exclusions' in Section 8.8.4.

Please refer to Section 4 for information about Crisis Recovery, including details of the Crisis Events covered under Cancer Events, Coronary Events and Other Serious Crisis Events.

If a Crisis Event benefit has been paid for a:	The reinstated Sum Insured covers the following Crisis Events, subject to the Exclusions listed under 'Limitations and Exclusions':
Cancer Event	- Coronary Events - Other Serious Crisis Events - Partial Benefit Payment for a second Cancer* (see Partial Benefit Payment in this section)
Coronary Event, other than Heart Attack	- Cancer Events - Other Serious Crisis Events
Heart Attack	- Cancer Events - Other Serious Crisis Events - Partial Benefit Payment for a second Heart Attack* (see Partial Benefit Payment in this section)
Other Serious Crisis Events	- Coronary Events - Cancer Events

*Available only if the Reinstatement Date falls before the Policy Anniversary prior to your 65th birthday.

Reinstatement Date

Crisis Reinstatement will automatically reinstate the Crisis Recovery Sum Insured on the Reinstatement Date, unless you notify us that you don't want the Crisis Recovery Sum Insured to be reinstated.

The Reinstatement Date for Crisis Recovery purchased as a Rider Benefit for Life Cover is the date 12 months after your claim was paid.

The Reinstatement Date for Crisis Recovery Stand Alone is the date 30 days after your claim was paid.

Reinstated Crisis Recovery Sum Insured amount

The reinstated amount is as follows:

Reinstatement Date	Reinstated Sum Insured amount
Before the Policy Anniversary prior to your 65th birthday	Crisis Recovery Sum Insured is automatically reinstated to the amount that applied under the policy before the Crisis Recovery claim was paid
On or after the Policy Anniversary prior to your 65th birthday	The reinstated Crisis Recovery Sum Insured amount is capped at \$10,000

Where Crisis Recovery is taken as a Rider Benefit to Life Cover, the total sum insured for Crisis Recovery and Crisis Extension cannot exceed the Life Cover Sum Insured at any time, including when Crisis Recovery is reinstated.

The premium for Crisis Recovery or Crisis Recovery Stand Alone after reinstatement will be based on the Crisis Recovery Sum Insured available after reinstatement.

Multiple Reinstatements

You can reinstate your Crisis Recovery Sum Insured twice, and in the case where a restricted benefit is paid for the diagnosis of Prostate Cancer (see 'Prostate Cancer – Restricted reinstatement' in this section) an additional third reinstatement on the retained amount is available.

Prostate Cancer – Restricted reinstatement

Where the Crisis Recovery Sum Insured is greater than \$500,000, the benefit payment for the diagnosis of Prostate Cancer at stage T1a is restricted to \$500,000 (see Prostate Cancer definition in Section 12.2).

Where a restricted benefit payment of \$500,000 is made due to diagnosis of Prostate Cancer, we will reinstate the \$500,000 Sum Insured.

The Crisis Recovery Sum Insured in excess of the \$500,000 restricted benefit payment is retained.

If there is a further diagnosis of Prostate Cancer of stage T1b by a Medical Practitioner, or if you undergo major interventionist therapy, the retained Sum Insured amount (in excess of the \$500,000 previously paid) will be paid under the Crisis Recovery benefit. We will also reinstate the retained Sum Insured amount.

Any reinstated Crisis Recovery Sum Insured will be subject to the exclusions listed under 'Limitations and Exclusions'.

Partial Benefit Payment

Where a Crisis Recovery benefit has been reinstated before the Policy Anniversary prior to your 65th birthday, and an exclusion for Cancer Crisis Events or Coronary Crisis Events has been applied to the reinstated cover (see 'Limitations and Exclusions'), we will pay a partial benefit for a second Cancer or Heart Attack Crisis Event that occurs after the reinstatement of the Crisis Recovery benefit.

The partial payment will be 10% of the Reinstated Crisis Recovery Sum Insured up to a maximum of \$50,000.

- The partial benefit is payable for:
- a second Cancer Crisis Event related to or caused by the same medical condition where a claim has already been paid in respect to a Cancer Crisis Event, or
 - a second Heart Attack related to or caused by the same medical condition where a claim has already been paid in respect to a Heart Attack.

After a partial payment is made in respect of a second Cancer Crisis Event, no further benefits are available for Cancer Crisis Events under your reinstated Crisis Recovery.

After a partial payment is made in respect to a second Heart Attack, no further benefits are available for Coronary Crisis Events under your reinstated Crisis Recovery.

The partial benefit is not available if the Reinstatement Date falls on or after the Policy Anniversary prior to your 65th birthday.

8.8.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B, C, CT, D, E	Home Duties	
Crisis Reinstatement	\$2 million	\$1 million	Maximum limit applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone (excluding Double Crisis Recovery and Crisis Extension) and other similar benefits under other policies with us and other insurers. Crisis Recovery Reinstatement cannot exceed the Life Cover Sum Insured.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Crisis Reinstatement	Stepped & Level	15 years	59 years
	Optimum	34 years	59 years
	5 Year Term Level	34 years	59 years
	10 Year Term Level	34 years	54 years
	15 Year Term Level	34 years	49 years

Expiry Date

The Expiry Date for Crisis Reinstatement is the Policy Anniversary prior to your 70th birthday.

8.8.4 Limitations and exclusions

The Crisis Reinstatement benefit is not available if Crisis Recovery is issued under special acceptance terms and cover restricted to a Crisis Recovery module (Cancer and Coronary, Cancer Plus or Coronary Plus), as set out in Section 4.4.

The Crisis Reinstatement benefit applies only to the Crisis Recovery Sum Insured. Where a Crisis Extension Rider Benefit is purchased with Crisis Recovery, Crisis Reinstatement will not reinstate the Crisis Extension Sum Insured following the payment of a claim.

If Crisis Reinstatement is purchased as a Rider Benefit to Crisis Recovery Buy-back, then the Life Cover Sum Insured and the Crisis Recovery Sum Insured will be reinstated at the same time in order that the Crisis Recovery Sum Insured not exceed the Life Cover Sum Insured at any time.

Benefit Indexation will not be applied to the reinstated Crisis Recovery Sum Insured.

Exclusions

The following exclusions apply to the reinstated Crisis Recovery Sum Insured:

- Any exclusions that applied to Crisis Recovery before the payment of the benefit that reduced the Crisis Recovery Sum Insured.
- Any Crisis Event that first occurred or was first diagnosed, or the symptoms of which were reasonably apparent, before the reinstatement of the Crisis Recovery Sum Insured.
- A Crisis Event (other than a second Cancer Crisis Event or a second Heart Attack eligible for a Partial Benefit Payment as per Section 8.8.2) which, as confirmed by an appropriate Medical Practitioner, arises in connection with, is a complication of, results from, or is a treatment for, a condition for which a claim under Crisis Recovery has been paid.
- Loss of Independence is not covered after reinstatement.
- Terminal Illness is not covered after reinstatement.
- Where the Crisis Recovery Sum Insured has been reinstated following the payment of a Cancer Crisis Event, all Cancer Crisis

Events (other than a second Cancer Crisis Event eligible for a Partial Benefit Payment as per Section 8.8.2), are excluded.

- Where the Crisis Recovery Sum Insured has been reinstated following the full payment of a Coronary Crisis Event, all Coronary Crisis Events (other than a second Heart Attack eligible for a Partial Benefit Payment as per Section 8.8.2) are excluded.
- Where the Crisis Recovery Sum Insured has been reinstated following the full payment of an Other Serious Crisis Event, all Other Serious Crisis Events are excluded.

8.8.5 When cover begins and ends

The Crisis Reinstatement benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- the date you are no longer eligible for Crisis Reinstatement (see Section 8.8.2)
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where taken as a Superannuation PLUS benefit)
- your passing away, or
- the Expiry Date of the benefit.

8.9 Double Crisis Recovery

Your optional benefit

Double Crisis Recovery will pay a lump sum if you are diagnosed with one or more of the Crisis Events listed in this section and we confirm the diagnosis.

Availability

- Double Crisis Recovery can be purchased as a Rider Benefit to Life Cover (Ordinary Plan or Linked Benefit).
- Double Crisis Recovery cannot be purchased in conjunction with Crisis Recovery, Crisis Extension, Double TPD, Double Universal TPD, or the Waiver of Premium benefit.
- The minimum Sum Insured for Double Crisis Recovery is \$50,000.

In this section

- 8.9.1 Benefit overview
- 8.9.2 Built-in Benefits
- 8.9.3 General terms and conditions
- 8.9.4 Limitations and exclusions
- 8.9.5 When cover begins and ends

Cover type	Outside super	
Double Crisis Recovery	◆ Ordinary Plan	◆ Linked Benefit (Superannuation PLUS)

8.9.1 Benefit overview

Table 16 shows the benefits available under Double Crisis Recovery. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 16

Benefit availability ◆ Ordinary Plan ◆ Linked Benefit ● Superannuation Plan

Insurance cover		Premium options	
Double Crisis Recovery		• Stepped • Level • Optimum	
Built-in Benefits		Benefit availability	Section
Crisis Events			
Pays a lump sum equal to the full Sum Insured if you are diagnosed with a listed Crisis Event after the applicable qualifying period.		 	8.9.2
No reduction of the Life Cover Sum Insured			
Your Life Cover Sum Insured is not reduced by a full payment of a Double Crisis Recovery benefit or after payment of a restricted benefit on diagnosis of Prostate Cancer.		 	8.9.2
Waiver of Life Cover Premium			
Waives premiums after a full Double Crisis Recovery benefit has been paid or after a restricted benefit on diagnosis of Prostate Cancer is paid.		 	8.9.2
Partial Payments			
Provides a partial payment for certain Crisis Events if you survive for 14 days after the date of diagnosis.		 	8.9.2
Conversion to Crisis Recovery			
Instead of your Double Crisis Recovery benefit expiring at the Expiry Date, we will convert the benefit to a Crisis Recovery benefit.		 	8.9.2
Complimentary Family Protection			
Pays a lump sum of \$20,000 per child if your Child passes away or is diagnosed with one of the listed Complimentary Family Protection Crisis Events between the ages of two and 17.		 	8.9.2
Benefit Indexation			
Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.		 	7.2
Premium Freeze			
Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Stepped premiums.		 	7.1
Financial Planning Reimbursement			
Pays up to \$3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies.		 	7.4
Complimentary Interim Accidental Crisis Recovery Cover			
Pays a lump sum in the event that you suffer a Crisis Event whilst we are assessing your application, solely as a result of an Accidental Injury.		 	13.3
This cover applies for up to 90 days from when we received your signed application.			
Rider Benefits – optional benefits at an additional cost			
Family Protection		 	8.10

8.9.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Double Crisis Recovery as indicated in Table 16. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.9.3–5 and Section 10.2.

The rest of the benefits listed in the table are not specific to Double Crisis Recovery and can apply to other insurance cover offered through this PDS. For information about those benefits, please refer to the sections indicated in the table.

1. Crisis Events

If you are diagnosed with one of the Crisis Events listed below which you are covered for under this benefit, and we confirm the diagnosis, we will pay a lump sum equal to the Double Crisis Recovery Sum Insured.

On the payment of a claim for the full Double Crisis Recovery Sum Insured in respect of a Crisis Event, the Double Crisis Recovery Rider Benefit will cease and no further Double Crisis Recovery benefit payment will be made for any subsequent Crisis Event under this benefit.

Crisis Events	
Cancer Events: - Cancer* (including sarcoma, lymphoma, leukaemia and other malignant bone marrow disorders) - Carcinoma in situ** - Skin Cancer** - Prostate Cancer*	Other Serious Crisis Events: - Accidental HIV Infection* - Alzheimer's Disease - Aplastic Anaemia - Bacterial Meningitis - Benign Brain or Spinal Cord Tumour** - Blindness - Chronic Liver Disease - Chronic Lung Disease - Coma - Dementia - Diplegia - Hemiplegia - Intensive Care - Kidney Failure - Loss of Hearing - Loss of Independence - Loss of Use of Limbs and/or Sight# - Loss of Speech - Major Burns - Major Head Trauma - Major Organ Transplant* - Motor Neurone Disease - Multiple Sclerosis - Muscular Dystrophy - Paraplegia - Parkinson's Disease - Pneumonectomy - Quadriplegia - Rheumatoid Arthritis# - Severe Diabetes* - Severe Rheumatoid Arthritis - Viral Encephalitis
Coronary Events: - Cardiomyopathy - Coronary Artery Angioplasty** - Coronary Artery Bypass Surgery* - Heart Attack* - Heart Valve Surgery* - Other Serious Coronary Artery Disease* - Out of Hospital Cardiac Arrest - Pulmonary Arterial Hypertension (Primary)* - Stroke* - Surgery to the Aorta*	

*Partial payments apply, refer to Partial Benefit Payments in this section or go to Section 12.2 Medical Definitions.

**Qualifying period applies (see below).

Qualifying period

Certain Crisis Events are subject to a qualifying period, as indicated above by the asterisk (*) symbol.

A Double Crisis Recovery benefit is not payable if, within 90 days after the benefit commences, is reinstated or increased (but only in relation to the increased amount), you suffer, or are diagnosed with, a condition that results in one of the Crisis Events indicated above.

We will waive this three-month qualifying period if:

- your Policy replaces another crisis recovery or trauma policy from us or a previous insurer,
- the Double Crisis Recovery Sum Insured under your Policy is the same as or lower than the sum insured for crisis recovery or trauma under the policy being replaced, and
- the full qualifying period under the replaced policy has elapsed.

Survival period

You must survive for a period of 14 days from the date of suffering the Injury or Sickness that directly or indirectly caused your Crisis Event.

Proof of positive diagnosis

Written proof of positive diagnosis of a Crisis Event must be provided to us within 90 days of the date of diagnosis. Please refer to Section 4.2 for details.

2. No reduction of the Life Cover Sum Insured

The Life Cover Sum Insured will not be reduced after a full Double Crisis Recovery benefit is paid, or where a restricted benefit is paid for the diagnosis of Prostate Cancer.

Where a restricted \$500,000 Double Crisis Recovery Sum Insured is payable as a result of diagnosis of Prostate Cancer at a stage of T1a (using the TNM classification system), the Life Cover Sum Insured amount will not be reduced.

We will then retain any benefit amount in excess of the \$500,000 amount paid as a restricted Double Crisis Recovery Sum Insured and premium payments will continue for the retained Double Crisis Recovery amount.

3. Waiver of Life Cover Premium

If we pay the full Double Crisis Recovery Sum Insured, we will Waive all future premiums for the linked Life Cover benefit, up until the Policy Anniversary prior to:

- your 65th birthday for Occupation Categories A1, A2, M, A3, A4, B, C, CT, D, Home Duties, or
- your 55th birthday for Occupation Category E.

Direct premium payments will then resume.

4. Partial payments

We will make a partial payment from your Double Crisis Recovery Sum Insured if we are able to confirm diagnosis of the applicable Crisis Event shown in the table below.

After any partial payment, the Sum Insured will be reduced by the payment made.

If you sustain another Crisis Event after a partial payment has been made, we will pay the reduced Sum Insured. This does not apply to the Chronic Diagnosis Advancement benefit.

Crisis Event	Partial amount paid
Carcinoma in situ (must be confirmed by histopathology) Carcinoma in situ of the breast where no mastectomy is performed and is confirmed by a biopsy. Carcinoma in situ – female cancers: - vagina, ovary, vulva and fallopian tube where the tumour must be classified as TIS according to the TNM staging method or FIGO Stage 0, and - cervix-uteri with a grading of either TNM stage TIS or CIN 3 or above. Carcinoma in situ – male cancers: - penis and testicle where the tumour must be classified as TIS according to the TNM staging method.	The greater of \$10,000 and 10% of the Sum Insured.
Skin Cancer Where diagnosed by an appropriate specialist Medical Practitioner, we will pay for any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion.	The greater of \$10,000 and 15% of the Sum Insured.
Benign Brain or Spinal Cord Tumour Where diagnosed by a consultant neurologist/neurosurgeon and gives rise to symptoms of neurological deficit.	25% of the Sum Insured up to a maximum of \$50,000.
Coronary Artery Angioplasty After any payment for coronary artery angioplasty, the Double Crisis Recovery Sum Insured will be reduced by the payment made. - Where one coronary artery is obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or the insertion of up to two stents. - Where two coronary arteries are obstructed and corrected with the use of either angioplasty, atherectomy or laser therapy, or, the insertion of more than two stents (regardless of the number of coronary arteries involved).	25% of the Sum Insured up to a maximum of \$25,000. 50% of the Sum Insured up to a maximum of \$50,000.
Loss of use of limbs and/or sight A one-time partial benefit will be paid in the event of the total and permanent loss of use of: one hand, one foot or sight in one eye (to the extent of 6/60 or less).	The greater of \$10,000 and 25% of the Sum Insured.
Rheumatoid Arthritis	25% of the Sum Insured up to a maximum of \$25,000.

Chronic Diagnosis Advancement benefit

The Chronic Diagnosis Advancement benefit is an advance payment of the Double Crisis Recovery Sum Insured and is payable when certain medical conditions have been diagnosed but have not yet met the definition of that Crisis Event. The payment is 25% of the Crisis Recovery Sum Insured up to a maximum of \$25,000 under all policies that we have issued to you, the Life Insured.

This benefit will be paid if an appropriate specialist Medical Practitioner confirms to our satisfaction that you have suffered or been medically diagnosed with one of the following medical conditions but have not yet met our definition of that Crisis Event:

- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy, or
- Parkinson's Disease.

If a Chronic Diagnosis Advancement benefit is paid, the applicable Crisis Recovery Sum Insured and Life Cover Sum Insured (where applicable) will be reduced by the amount paid.

If you subsequently qualify for the payment of a Crisis Recovery Sum Insured, the reduced Crisis Recovery Sum Insured will be paid.

We will only make a payment for the Chronic Diagnosis Advancement benefit once.

5. Complimentary Family Protection

If your Child passes away or is positively diagnosed with one of the listed Complimentary Family Protection Crisis Events, we will pay a lump sum of \$20,000 per Insured Child after the applicable qualifying period.

The Child must be aged from two to 17 years of age at the time of their passing away, or positive diagnosis, and we confirm the diagnosis.

Please refer to Complimentary Family Protection in Section 4.2 for details.

6. Conversion to Crisis Recovery

The Double Crisis Recovery benefit will convert to Crisis Recovery at the Policy Anniversary prior to:

- your 65th birthday for Occupation Categories A1, A2, M, A3, A4, B, C, CT, D and Home Duties, and
- your 55th birthday for Occupation Category E.

The Crisis Recovery benefit will then convert to Loss of Independence at the Policy Anniversary prior to your 70th birthday for all Occupation Categories.

8.9.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B, C, CT, D, E	Home Duties	
Double Crisis Recovery	\$2 million	\$1 million	Maximum limit applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone, Crisis Extension and Double Crisis Recovery and other similar benefits under other policies with us and other insurers. Crisis Recovery Reinstatement cannot exceed the Life Cover Sum Insured. The minimum sum insured for Double Crisis Recovery is \$50,000.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age			
		All occupations	A1, A2, M, A3, A4, B, C, CT	D	E	Home Duties
Double Crisis Recovery	Stepped & Level	15 years	59 years	54 years	49 years	59 years
	Optimum	34 years	59 years	54 years	49 years	59 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories		
	A1, A2, M, A3, A4, B, C, CT, D	E	Home Duties
Double Crisis Recovery	65th birthday	55th birthday	65th birthday

8.9.4 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below.

Limitations

A Double Crisis Recovery benefit is not payable if:

- a claim for Terminal Illness is in progress or has previously been paid by us or any other insurer, and
- you pass away within 14 days from the date you suffered the Injury or Sickness which directly or indirectly caused your Crisis Event.

After the Double Crisis Recovery benefit becomes payable, Benefit Indexation will not apply and cannot be exercised in respect of the corresponding Life Cover Sum Insured.

The maximum Double Crisis Recovery benefit payable in respect of all claims arising from cover under this benefit will not exceed the total Double Crisis Recovery Sum Insured.

After a Crisis Event for which the full Double Crisis Recovery Sum Insured has been paid, no further amount will be made under Double Crisis Recovery. The Double Crisis Recovery benefit does not cover any disease, sickness or incapacity other than a Crisis Event as defined by us that occurs during the period the Double Crisis Recovery remains in force.

There are limitations on the payment of a Double Crisis Recovery benefit where the Crisis Event relates to Skin Cancer, Carcinoma in situ, Prostate Cancer, a Coronary Artery Angioplasty, Benign Brain or Spinal Cord Tumour or Loss of Use of Limbs and/or Sight. Details of the partial payments that apply to these Crisis Events are listed in Section 8.9.2 above.

Exclusions

No Double Crisis Recovery benefit payment will be made in relation to:

- any Crisis Event or disablement, directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you, or
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you.

Benefit reductions

The Double Crisis Recovery Sum Insured will be reduced by the amount of any claim paid on the following Built-in or Rider Benefits (including any Linked Benefits attached to the Superannuation Life Cover Plan):

- Crisis Events
- Chronic Diagnosis Advancement
- Partial Payments
- Loss of Independence* (built-in benefit to TPD)
- Death or Terminal Illness (built-in benefit to Life Cover)
- TPD*
- Accidental TPD*
- Universal TPD*
- Partial and Permanent Disablement* (built-in benefit to TPD)
- Accidental Partial and Permanent Disablement* (built-in benefit to Accidental TPD), and
- Day 1 TPD* (built-in benefit to TPD).

The Double Crisis Recovery Sum Insured will also be reduced by the amount of any Final Expenses* claim paid to the extent necessary to ensure the Double Crisis Recovery Sum Insured is not higher than the Life Cover Sum Insured.

Following the payment of any benefits listed above, the premium for Double Crisis Recovery will be adjusted to reflect the reduction in the Sum Insured.

*The Double Crisis Recovery Sum Insured will not be reduced by a claim on these benefits where the TPD, Universal TPD or Accidental TPD (as applicable) is held as a Stand Alone benefit.

8.9.5 When cover begins and ends

The Double Crisis Recovery benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- payment of the full Life Cover Sum Insured
- payment of the full Double Crisis Recovery Sum Insured
- the date of any conversion to a Crisis Recovery benefit
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where taken as a Superannuation PLUS benefit)
- your passing away, or
- the Expiry Date of the benefit.

8.10 Family Protection

Your optional benefit

Family Protection will pay a lump sum if your Insured Child is diagnosed with one of the Crisis Events listed in this section, and we confirm the diagnosis.

Availability

Family Protection can be purchased as a Rider Benefit to:

- Life Cover
- Accidental Death under a Life Cover Plan only
- TPD Stand Alone or Accidental TPD Stand Alone cover
- Crisis Recovery, as Stand Alone cover or a Rider Benefit to Life Cover, and
- Double Crisis Recovery.

The Family Protection benefit is not available where your Crisis Recovery is limited to one of the three Crisis Recovery modules as set out in Section 4.4 (i.e. Cancer and Coronary, Cancer Plus and Coronary Plus).

In this section

- 8.10.1 Benefit overview
- 8.10.2 Built-in Benefits
- 8.10.3 General terms and conditions
- 8.10.4 Limitations and exclusions
- 8.10.5 When cover begins and ends

Cover type	Outside super	
Family Protection	◆ Ordinary Plan	◆ Linked Benefit (Superannuation PLUS)

8.10.1 Benefit overview

Table 17 shows the benefits available under Family Protection. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 17

Benefit availability ◆ Ordinary Plan ◆ Linked Benefit ● Superannuation Plan

Insurance cover		Premium options
Family Protection		• Stepped • Level
Built-in Benefits		Benefit availability Section
Crisis Events		
Pays a lump sum Family Protection benefit if your Insured Child is diagnosed with one of the listed Crisis Events.		◆ ◆ 8.10.2
Death benefit		
Pays a lump sum if your Insured Child passes away.		◆ ◆ 8.10.2
Terminal Illness benefit		
Pays a lump sum if your Insured Child is diagnosed with a Terminal Illness.		◆ ◆ 8.10.2
Conversion option		
If no claim has been made on the Family Protection benefit, your Insured Child can purchase their own Crisis Recovery insurance cover when the benefit expires at the Policy Anniversary prior to their 21st birthday.		◆ ◆ 8.10.2

Built-in Benefits	Benefit availability	Section
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.		7.2

8.10.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Family Protection, as indicated in Table 17. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.10.3–5 and Section 10.2.

The rest of the benefits listed in the table are not specific to Family Protection and can apply to other insurance cover offered through this PDS. For information about those benefits, please refer to the sections indicated in the table.

1. Crisis Events

We will pay a lump sum equal to the Family Protection Sum Insured after any applicable qualifying period, if your Insured Child is aged from two to 21 at the time of suffering one of the Crisis Events listed below.

The Insured Child must be your natural child, stepchild or adopted child.

You can insure up to 10 children under the one benefit. The maximum Sum Insured on the commencement of the benefit is \$200,000 per Insured Child.

Payment under the Family Protection benefit will not reduce the Sum Insured under any other benefit.

Crisis Events	
- Death - Terminal Illness - Cancer Events (excluding Carcinoma in situ of the Breast): - Cancer* (including sarcoma, lymphoma, leukaemia and other malignant bone marrow disorders) - Skin Cancer* - Coronary Events - Cardiomyopathy - Heart Attack* - Stroke*	- Other Serious Crisis Events - Accidental HIV infection* - Aplastic Anaemia - Bacterial Meningitis - Blindness - Coma - Kidney Failure - Loss of Hearing - Loss of Use of Limbs and/or Sight - Loss of Speech - Major Burns - Major Head Trauma - Major Organ Transplant* - Paralysis (Diplegia, Hemiplegia, Paraplegia and Quadriplegia) - Viral Encephalitis

*Qualifying period applies (see below).

Qualifying period

A Family Protection benefit is not payable if, within three months after the benefit commences, is reinstated or increased (but only in relation to the increased amount), the Insured Child suffers, or is diagnosed with, a condition that results in one of the Crisis Events indicated above.

Proof of positive diagnosis

Written proof of positive diagnosis of a Crisis Event must be provided to us within 90 days of the date of diagnosis. Please refer to Section 4.2 for details.

2. Death benefit

We will pay the Family Protection Sum Insured if your Insured Child passes away.

3. Terminal Illness benefit

We will pay the Family Protection Sum Insured if your Insured Child is positively diagnosed with a Terminal Illness.

4. Conversion option

If we have not paid a Family Protection claim, each Insured Child has the option to purchase Crisis Recovery Stand Alone cover within 30 days after the Expiry Date of the Family Protection benefit. The Expiry Date for Family Protection is the Policy Anniversary prior to the Insured Child's 21st birthday.

To exercise this option, the Insured Child must contact us to request a separate insurance Policy in their own name. We will issue it on standard terms and conditions and without evidence of health or insurability.

The Sum Insured amount on conversion can be up to the Sum Insured amount at the time of conversion.

8.10.3 General terms and conditions

Sum Insured limits

Benefit	Per Insured Child	Conditions
Family Protection	\$200,000	Maximum limit applies to the total sums insured for the Family Protection benefit under Crisis Recovery, Crisis Recovery Stand Alone and Double Crisis Recovery, Accidental Death, Life Cover, TPD Stand Alone, Accidental TPD Stand Alone and other similar benefits under other policies with us and other insurers. Family Protection cannot exceed the Crisis Recovery, Double Recovery, Accidental Death, Life Cover Crisis Recovery Stand Alone, TPD Stand Alone, or Accidental TPD Stand Alone Sum Insured. Maximum sum insured after indexation increases for all Family Protection benefits and similar benefits with other insurers is \$500,000. A maximum of 10 Insured Children is available per Policy.

Entry age

	Premium type	Minimum entry age	Maximum entry age
Life Insured (Adult)	Stepped & Level	15 years	59 years
Insured Child		2 years	15 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Life Insured (Adult)	70th birthday
Insured Child	21st birthday

8.10.4 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below.

Limitations

The maximum Family Protection benefit payable in respect of all claims arising from cover under this benefit cannot exceed in total the Family Protection Sum Insured for each Insured Child.

After a full Family Protection benefit payment is made for an Insured Child in respect of a Crisis Event, no further amount will be payable under the benefit for that Insured Child.

Exclusions

No Family Protection benefit will be payable in relation to:

- any disease, sickness or incapacity other than a Crisis Event as defined by us that occurs during the period the Family Protection Rider Benefit remains in force
- death from suicide in the first 13 months from the commencement or re-instatement of the benefit*
- an event intentionally caused by the Insured Child’s parent, guardian or relative, or someone who lives with or supervises the Insured Child, or
- any Crisis Event or disablement, directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you or the Insured Child.

Where an event is caused by a congenital condition, no benefit will be payable where the event occurs prior to the Insured Child’s 10th birthday.

*This exclusion will be waived in respect of any Life Cover under the Policy provided the Policy is replacing life cover from us or a previous insurer and the full suicide exclusion period under the in force policy to be replaced has elapsed. The waiver only applies to the amount of life cover that has been replaced by the Policy.

8.10.5 When cover begins and ends

The Family Protection benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- payment of the full Sum Insured under the benefit
- payment of the full Sum Insured under Life Cover, Accidental Death, TPD Stand Alone, Accidental TPD Stand Alone, or Crisis Recovery Stand Alone
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where taken as a Superannuation PLUS benefit)
- your or your Insured Child’s passing away, or
- the Expiry Date of the benefit.

8.11 Needlestick Injury

Your optional benefit

The Needlestick Injury benefit is designed for individuals in medical and allied occupations (e.g. doctors and dentists).

We will pay a lump sum if you accidentally become infected with occupationally acquired Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C whilst working in your normal occupation.

In this section

- 8.11.1 Built-in Benefits
- 8.11.2 General terms and conditions
- 8.11.3 Limitations and exclusions
- 8.11.4 When cover begins and ends

Availability

- Needlestick Injury can be purchased as a Rider Benefit to Life Cover.
- To be eligible to claim, you must be working in a medical or allied occupation at the time of the accident.
The only eligible Occupation Category is M.
- Level premiums apply.

Cover type	Outside super
Needlestick Injury	◆ Ordinary Plan ◆ Linked Benefit (Superannuation PLUS)

8.11.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Needlestick Injury. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.11.2–4 and Section 10.2.

We will pay a lump sum equal to the Needlestick Injury Sum Insured if, as a result of a needlestick injury, or a splash injury occurring during the course of carrying out the duties of your normal occupation, you become infected with HIV, Hepatitis B or Hepatitis C.

We will only pay an amount under this benefit once.

You must report the accident to us and the relevant licensing body within 30 days of the accident and have a negative HIV, Hepatitis B or Hepatitis C antibody test taken within seven days of the accident, with sero-conversion evidence to occur within six months of the accident.

If required we must be given access to independently test all blood samples used, and we retain the right to take further independent blood tests or other medically accepted HIV tests.

If 'Accidental HIV Infection' under Other Serious Crisis Events is payable in conjunction with a payment from the Needlestick Injury benefit, then both benefits will be paid up to a maximum of \$2 million in total.

Where the total payment under both benefits would exceed \$2 million, the full Needlestick Injury benefit will be paid first and a portion of the 'Accidental HIV Infection' under Other Serious Crisis Events will be paid to bring the total payment up to \$2 million.

Payment of the Needlestick Injury benefit does not reduce the Sum Insured of any other benefit under the Life Cover Plan.

Waiting Period (Needlestick)

The Waiting Period is shown on your Policy Schedule and is the number of days at the beginning of a Needlestick Injury benefit claim when no Needlestick Injury benefit is payable. The Waiting Period begins at the Date of Loss (Needlestick).*

*Date of Loss (Needlestick) is determined as the date that sero-conversion takes place. That is, the date on which you are diagnosed as HIV positive, Hepatitis B positive or Hepatitis C positive.

8.11.2 General terms and conditions

Sum Insured limits

Benefit	M Occupation Category only	Conditions
Needlestick Injury	\$1 million	Needlestick Injury cannot exceed the Life Cover Sum Insured.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Needlestick Injury	Level	17 years	59 years

Expiry Date

The Expiry Date for Needlestick Injury is the Policy Anniversary prior to your 70th birthday.

8.11.3 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below.

In order to claim a Needlestick Injury benefit, you must be in a medical or allied occupation (Occupation Category M) at the time of the accident.

Exclusions

- No Needlestick Injury benefit will be payable in relation to:
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you
 - infection in any other manner, caused directly or indirectly, including by an intentional self-inflicted act, sexual activity or recreational intravenous drug use
 - where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available prior to the accident giving rise to a claim, or
 - if you acquire HIV, AIDS, Hepatitis B or Hepatitis C from activities other than from performing the duties of your normal occupation.

Benefit reductions

Where the payment of any claim under TPD, Accidental TPD, Universal TPD, Crisis Recovery or Crisis Extension (after taking into account the exercise of any applicable Buy-back options) reduces the Life Cover Sum Insured to an amount lower than the Needlestick Injury Sum Insured, the Needlestick Injury Sum Insured will be reduced to the amount of the Life Cover Sum Insured.

8.11.4 When cover begins and ends

- The Needlestick Injury benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:
- payment of the full Sum Insured under the Needlestick Injury benefit
 - payment of the full Sum Insured under Life Cover
 - the lapse or cancellation of the benefit or Policy (see Section 10.2)
 - the lapse or cancellation of the Superannuation Life Cover Plan (where taken as a Superannuation PLUS benefit)
 - your passing away, or
 - the Expiry Date of the benefit.

8.12 School Fees Protector

Your optional benefit

School Fees Protector will reimburse you for your Insured Child's school tuition fees if you become Totally and Permanently Disabled, terminally ill or pass away.

This Rider Benefit can be selected for each eligible Child.

Availability

School Fees Protector can be purchased as a Rider Benefit to:

- Life Cover, and
- TPD, as Stand Alone cover or a Rider Benefit to Life Cover.

Cover type	Outside super
School Fees Protector	◆ Ordinary Plan

8.12.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to School Fees Protector. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.12.2–4 and Section 10.2.

If the full Sum Insured is paid for the main benefit that the School Fees Protector is linked to, we will reimburse your Insured Child's school tuition fees, subject to the maximum limits set-out in Section 8.12.2 below.

The main benefits that School Fees Protector is linked to are Life Cover, TPD and TPD Stand Alone.

School Fees Protector can be selected for each Insured Child.

Only one School Fees Protector claim can be made per Insured Child, regardless of the number of main benefits or policies that cover your Insured Child.

You must apply in writing for a child to be added to your Policy, and the application will be subject to our approval in relation to the Life Insured named on your Policy.

Payment of this benefit is subject to satisfactory evidence of the payment of the tuition fees, and will be made on a year-by-year basis in arrears.

We will pay this benefit until the earliest of:

- your Insured Child completing secondary school, or
- the end of the school year in which your Insured Child turns 18 years old.

Where a benefit payment is required for a part of a year, we will pay a pro-rata reimbursement for that part of the year's tuition fees.

In this section

- 8.12.1 Built-in Benefits
- 8.12.2 General terms and conditions
- 8.12.3 Limitations and exclusions
- 8.12.4 When cover begins and ends

If your Insured Child repeats a school year, we will pay 33% of the relevant tuition fees to repeat that year. If the Insured Child repeats the same school year again, no further benefit will be paid in respect of that school year.

The benefit amount will be determined at time of claim and is subject to the maximum annual limits set out in Section 8.12.2.

8.12.2 General terms and conditions

Sum Insured limits

Benefit	Primary school	Secondary school
School Fees Protector	Lesser of: • \$8,000 • The Child's tuition fees paid, and • 10% of the Sum Insured for the main benefit School Fees Protector is linked to.	Lesser of: • \$16,000 • The Child's tuition fees paid, and • 10% of the Sum Insured for the main benefit School Fees Protector is linked to.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Insured Child	Level only	2 years	15 years
Life Insured (Adult)	Same as Life Cover, TPD or TPD Stand Alone.		

Expiry Date

The Expiry Date is the Policy Anniversary prior to:

Insured Child	Your Insured Child completing secondary school or the end of the school year in which the Insured Child has their 18th birthday, whichever is earlier.
Life Insured (Adult)	Same as Life Cover, TPD or TPD Stand Alone.

8.12.3 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below.

Exclusions

No School Fees Protector benefit will be payable in relation to:

- death from suicide in the first 13 months from commencement or re-instatement of the benefit*
- any Crisis Event or disablement, directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by you, or
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you.

*This exclusion will be waived in respect of any Life Cover under the Policy provided the Policy is replacing life cover from us or a previous insurer and the full suicide exclusion period under the in force policy to be replaced has elapsed. The waiver only applies to the amount of life cover that has been replaced by the Policy.

8.12.4 When cover begins and ends

The School Fees Protector benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- the Insured Child completing secondary school
- the end of the secondary school year in which the Insured Child turns 18
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your or your Insured Child’s passing away
- cover ends for the main benefit School Fees Protector is linked to, or
- the Expiry Date of the benefit.

8.13 Forward Underwriting

Your optional benefit

Forward Underwriting allows you to increase your future cover if you experience specified Personal, Business or Other Events without having to provide additional information about your health or insurability.

Availability

- Forward Underwriting can be purchased as a Rider Benefit to:
 - Life Cover
 - TPD Stand Alone cover
 - Universal TPD Stand Alone cover, and
 - Crisis Recovery Stand Alone cover.
- The minimum sum insured for Forward Underwriting is \$100,000.

In this section

- 8.13.1 Built-in Benefits
- 8.13.2 General terms and conditions
- 8.13.3 Limitations and exclusions
- 8.13.4 When cover begins and ends

Cover type	Outside super
Forward Underwriting	◆ Ordinary Plan

8.13.1 Built-in Benefits

Future protection

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Forward Underwriting. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.13.2–4 and Section 10.2.

You can exercise the option to obtain new or additional cover within 60 days of the occurrence of a Personal Event, a Business Event, or an Other Event, up to the maximum limits set out in the table below.

The benefits covered under Forward Underwriting are Life Cover, TPD Stand Alone, Universal TPD Stand Alone and Crisis Recovery Stand Alone.

You will not need to provide any medical evidence of health at the time you decide to buy new or additional cover.

Any new or additional cover is subject to the terms and conditions of your Policy and is subject to our approval.

Events

Type of event	Maximum new or additional cover that can be purchased
Personal Events	
Marriage - Marriage as defined by us. - An option under this event can only be exercised once. - The event must not have occurred within six months of a permanent separation. - You, as the Life Insured, must be a party to the Marriage.	Up to 25% Forward Underwriting Cover Amount.
Permanent separation - A permanent separation of two parties to a Marriage. - An option under this event can only be exercised once. - The event must not have occurred within six months of the Marriage event. - You, as the Life Insured, must be a party to the permanent separation. - Permanent separation must be evidenced by an order of divorce or a statutory declaration signed by both parties.	Up to 25% Forward Underwriting Cover Amount.

Type of event	Maximum new or additional cover that can be purchased
Mortgage The registration of a mortgage in respect of property owned by you, as the Life Insured.	The lesser of: 50% Forward Underwriting Cover Amount, and - the value of the mortgage.
New Child Dependant - The birth or legal adoption of a Child. - The Life Insured must be a parent of the Child. - Adoption of a Child can be by same sex or heterosexual couples.	Up to 25% Forward Underwriting Cover Amount.
Child Dependant's education cost The Child must be registered for study at a private school or Tertiary Education institution (this includes university degrees).	The lesser of: 25% Forward Underwriting Cover Amount, and - Child Dependant's education cost: - number of years' future attendance at an institution multiplied by the first year's tuition fee, PLUS - number of years' future attendance at an institution multiplied by the first year's accommodation fees provided by the institution.
Child born with Spina Bifida The protrusion of a sac containing tissue, cerebrospinal fluid, nerves and part of the spinal cord through an opening in one or more of the vertebrae of the spinal column.	Up to 25% Forward Underwriting Cover Amount.
Child born with Cerebral Palsy The diagnosis of Cerebral Palsy by a neurologist or paediatrician.	Up to 25% Forward Underwriting Cover Amount.
Business Events	
Business Events covered are: - You start a new business. - You increase your personal liability for business debts. - Your shareholding/value in the business/value to the business increases.	The lesser of: 50% Forward Underwriting Cover Amount, and - the amount of increase in your monetary liabilities, shareholder value or value to business as a result of the business activity.
Other Event	
Every third anniversary of the Commencement Date of the Forward Underwriting Rider Benefit.	Up to 25% Forward Underwriting Cover Amount.

Forward Underwriting Cover Amount

The Forward Underwriting Cover Amount is the maximum additional cover that you can apply for over the lifetime of the benefit. This can be a new Priority Protection Policy, or an increase to an existing Priority Protection Policy, that you can purchase in the future.

This amount is selected at the commencement date of the benefit and is shown on the Policy Schedule.

8.13.2 General terms and conditions

Sum Insured limits

Benefit	All occupations	Conditions
Forward Underwriting	\$10 million	TPD and Crisis Recovery are capped at \$5m and \$2m respectively, depending on Occupation Category. Universal TPD is capped at \$1m. The minimum sum insured for Forward Underwriting is \$100,000.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Forward Underwriting	Stepped & Level	15 years	54 years
	Optimum	34 years	54 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

	Life Cover/Crisis Recovery All occupations AND TPD/Universal TPD Stand Alone except Occupation E	TPD/Universal TPD Stand Alone for Occupation E only
Forward Underwriting	65th birthday	55th birthday

8.13.3 Limitations and exclusions

Limitations and exclusions that apply to both Forward Underwriting and Business Safeguard Forward Underwriting are set out below:

- The application to buy cover must occur within 60 days after the occurrence of the 'Business Event' or 'Personal Event' or 'Other Event'.
- If you exercise an option to purchase cover under Crisis Recovery and/or Crisis Extension, payment of a benefit will not apply in respect of a Crisis Event or a Crisis Extension Event that first occurred or was first diagnosed or investigated, or the symptoms were reasonably apparent before the option was exercised.
- Only one option may be exercised in each policy year. Note for Forward Underwriting, this condition does not apply to the birth of a Child with Spina Bifida or Cerebral Palsy.
- When an option is exercised:
 - the minimum amount of cover that must be purchased is \$10,000
 - the rules and limitations of the benefits purchased will be applied
 - all benefits with us and other insurers will be taken into consideration, and
 - the minimum contractual premium at that time must be adhered to.
- Options can only be exercised up to the Policy Anniversary prior to your 65th birthday.
- Any options to purchase TPD, Universal TPD or Crisis Recovery can only be exercised if you have not exceeded the maximum Sum Insured limits for TPD, Universal TPD and Crisis Recovery, issued by us or other insurers. An option to purchase a TPD or Universal TPD benefit can only be exercised if you are:
 - not permanently disabled (total or partial), and
 - you have not made a claim or intend to make a claim on any insurance policy issued by us or any other insurer.
- If the Life Insured suffers a Crisis Event and a claim is made under a Crisis Recovery benefit that was purchased by the exercise of an option:
 - the exercise of any future options to purchase Crisis Recovery will be governed by the Crisis Reinstatement rules set out in Section 8.8, and
 - Crisis Extension can no longer be purchased via the exercise of any future option.
- The Forward Underwriting benefit cannot be exercised if the Business Safeguard Forward Underwriting benefit has been exercised for the same Business Event.

New policies

- When an option under an existing Priority Protection policy is exercised to purchase a new Priority Protection policy, the Life Insured on the new policy must be the same as the Life Insured under the existing policy.
- The new Priority Protection Policy will be on the same terms that apply to other new Priority Protection policies (or policies referable to other similar product as determined by us) available at the time the option is exercised.
- Any special conditions or exclusions that apply to the existing policy will also apply under the new policy.
- When an option under an existing Priority Protection policy is used to purchase a new Priority Protection policy, the new policy is subject to financial underwriting at the time the option is exercised.

Increasing existing cover

- When an option is exercised to increase cover under an existing Priority Protection policy, both the Policy Owner and the Life Insured must be the same as under the existing policy.
- The terms and conditions of the existing policy, including any existing special conditions and exclusions that apply to the existing policy, will also apply to the additional cover purchased.
- All increases in cover are subject to financial underwriting at the time the option is exercised.

8.13.4 When cover begins and ends

The Forward Underwriting benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- the date all cover purchased under the Forward Underwriting benefit is equal to the Forward Underwriting Cover Amount
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away, or
- the Expiry Date of the benefit.

8.14 Business Safeguard Forward Underwriting

Your optional benefit

Business Safeguard Forward Underwriting allows you to increase your future cover if you experience specified Business Events without having to provide additional information about your health and insurability.

Availability

- Business Safeguard Forward Underwriting can be purchased as a Rider Benefit to:
 - Life Cover
 - TPD Stand Alone cover
 - Universal TPD Stand Alone cover, and
 - Crisis Recovery Stand Alone cover.
- All Occupation Categories are eligible except for Home Duties.
- The minimum sum insured for Business Safeguard Forward Underwriting is \$100,000.

In this section

- 8.14.1 Built-in Benefits
- 8.14.2 General terms and conditions
- 8.14.3 Limitations and exclusions
- 8.14.4 When cover begins and ends

Cover type	Outside super
Business Safeguard Forward Underwriting	◆ Ordinary Plan

8.14.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Business Safeguard Forward Underwriting. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.14.2–4 and Section 10.2.

Future protection

You can exercise the option to obtain new or additional cover within 60 days of the occurrence of one of the following Business Events:

- increase in personal liability
 - increase in shareholder value
 - increase in your value to the business
- up to the maximum limits set out in the table below.

The benefits covered under Business Safeguard Forward Underwriting are Life Cover, TPD Stand Alone, Universal TPD Stand Alone and Crisis Recovery Stand Alone.

You will not need to provide any medical evidence of health at the time you decide to buy new or additional cover.

Any new or additional cover is subject to the terms and conditions of your Policy and is subject to our approval.

Type of Business Event	Maximum new or additional cover that can be purchased
You start a new business	The lesser of: • 50% Business Safeguard Forward Underwriting Cover Amount, and • the amount of increase in your monetary liabilities, shareholder value or value to the business as a result of the business activity.
You increase your personal liability for business debts	
Your shareholding/value in the business/value to the business increases	

Business Safeguard Forward Underwriting Cover Amount

The Business Safeguard Forward Underwriting Cover Amount is the maximum cover that you can apply for over the lifetime of the benefit. This can be a new Priority Protection Policy, or an increase to an existing Priority Protection Policy, that you can purchase in the future.

This amount is selected at the commencement date of the benefit and is shown on the Policy Schedule.

Exercising the option

To exercise the Business Safeguard Forward Underwriting option you must:

- complete the Business Safeguard Forward Underwriting form within 60 days of the Business Event and include relevant information (financial evidence and any other evidence that we may require) that demonstrates that the Business Event has occurred, and
- be actively at work in your usual occupation at the time of applying to exercise the option.

You will also need to provide the following evidence, along with any other evidence we may require at the time:

- for buy/sell, share purchase or business succession business insurance purposes – a written re-evaluation of the business from a qualified accountant or valuer
- for key person business insurance purposes – a written re-evaluation of your value to the business from a qualified accountant or valuer upon the occurrence of a Business Event
- for loan guarantee or debt protection business insurance purposes – the increase in the amount of the business loan and other particulars about the loan, and
- all existing exclusions and special conditions apply to the increased cover.

You cannot exercise the option to purchase new or additional cover if:

- an increase or reinstatement has been declined
- the Guaranteed Future Insurability or Forward Underwriting benefit has been previously exercised for the same Business Event, or
- you have made a claim or intend to make a claim on any insurance policy issued by us or any other insurer.

8.14.2 General terms and conditions

Sum Insured limits

Benefit	All occupations (excluding Home Duties)	Conditions
Business Safeguard Forward Underwriting	\$10 million	TPD and Crisis Recovery are capped at \$5m and \$2m respectively, depending on Occupation Category. Universal TPD is capped at \$1m. The minimum sum insured for Business Safeguard Forward Underwriting is \$100,000.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Business Safeguard Forward Underwriting	Stepped & Level	15 years	54 years
	Optimum	34 years	54 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

	All except TPD Stand Alone or Universal TPD Stand Alone Occupation E only	TPD Stand Alone or Universal TPD Stand Alone Occupation E only
Business Safeguard Forward Underwriting	65th birthday	55th birthday

8.14.3 Limitations and exclusions

Limitations and exclusions that apply to Business Safeguard Forward Underwriting are the same as Forward Underwriting set out in Section 8.13.3, except for the following limitations:

- The application to buy cover must occur within 60 days after the occurrence of the 'Business Event'.
- If you exercise an option to purchase cover under Crisis Recovery and/or Crisis Extension, payment of a benefit will not apply in respect a Crisis Event or a Crisis Extension Event that first occurred or was first diagnosed, or the symptoms were reasonably apparent before the option was exercised.
- Only one option may be exercised in each policy year.
- If the option to increase the Sum Insured has not been exercised at least once in any three-year period, then the option will be automatically cancelled. To extend or reinstate the Business Safeguard benefit, financial evidence must be provided within 60 days of the option being cancelled, demonstrating that no Business Event occurred to support an increase in the Sum Insured during the three-year period.

8.14.4 When cover begins and ends

The Business Safeguard Forward Underwriting benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- the date all cover purchased under the Business Safeguard Forward Underwriting benefit is equal to the Business Safeguard Forward Underwriting Cover Amount
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away, or
- the Expiry Date of the benefit.

8.15 Day 1 Accident

Your optional benefit

Day 1 Accident provides you with a benefit payment during the Waiting Period options of 30, 60 or 90 days.

Availability

- Day 1 Accident can be purchased as a Rider Benefit to:
 - Income Protection or Income Protection Accident Only as shown in the table below,
- Business Expenses – Ordinary Plan only.
- Day 1 Accident is not available if your Income Protection cover has a 14-day Waiting Period.

In this section

- 8.15.1 Built-in Benefits
- 8.15.2 General terms and conditions
- 8.15.3 Limitations and exclusions
- 8.15.4 When cover begins and ends

Cover type	Outside super	Inside super
Day 1 Accident	◆ Ordinary Plan	● Superannuation Plan

8.15.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Day 1 Accident. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.15.2–4 and Section 10.2.

If you are Totally Disabled as a result of Accidental Injury for the selected qualifying period, we will pay 1/30th of your Insured Monthly Benefit in arrears, for each complete day that you are Totally Disabled until the end of your selected Day 1 Accident Benefit Period.

Your Benefit Period options for Day 1 Accident are:

- 30 days
- 60 days, or
- 90 days.

Qualifying period

You can select a qualifying period of:

- 3 days – all Occupation Categories except for Occupation Category E, or
- 30 days – all Occupation Categories.

8.15.2 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories							Conditions
Day 1 Accident	Monthly Sum Insured limit							
Rider Benefit to Income Protection	A1, A2, M Entry Age 15–53	A1, A2, M Entry Age 54–59	A3, A4	B, C, CT	D	E	Home Duties	Maximum limit applies to the total sums insured for income protection with us and other insurers.
	\$60,000	\$40,000	\$30,000	\$22,500	\$15,000	\$10,000	N/A	Maximum limits also apply to the combined total Insured Monthly Benefit for Income Protection, Income Protection Accident Only and Business Expenses (see Section 5.3).
Rider Benefit to Business Expenses	A1, A2, M		A3, A4	B	C, CT, D	E	Home Duties	
	\$60,000		\$30,000	\$25,000	\$15,000	N/A	N/A	

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age			
Day 1 Accident		All occupations (N/A for Home Duties)	A1, A2, M, A3, A4, B	C, CT, D	E	Home Duties
Rider Benefit to Income Protection	Stepped & Level	15 years	59 years	54 years	49 years	N/A
	Optimum	34 years	59 years	54 years	49 years	N/A
		All occupations (N/A for E and Home Duties)	A1, A2, M, A3, A4, B	C, CT, D	E	Home Duties
Rider Benefit to Business Expenses	Stepped & Level	15 years	59 years	54 years	N/A	N/A
	Optimum	34 years	59 years	54 years	N/A	N/A

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Day 1 Accident	A1, A2, M, A3, A4 To Age 70 Benefit Periods	A1, A2, M, A3, A4 2 Year, 5 Year, To Age 65 Benefit Periods	B, C, CT, D	E	Home Duties
Rider Benefit to Income Protection	70th birthday	65th birthday	65th birthday	55th birthday	N/A
	A1, A2, M, A3, A4, B, C, CT, D	E, Home Duties			
Rider Benefit to Business Expenses	65th birthday	N/A			

8.15.3 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold cover through a Superannuation Plan, the conditions of release of the relevant fund will also need to be satisfied before a claim payment can be released to you (see Section 9).

Limitations

The Day 1 Accident Benefit Period (30, 60 or 90 days) cannot exceed the Waiting Period that applies to your Income Protection or Income Protection Accident Only cover.

Day 1 Accident is not available if your Income Protection cover has a 14-day Waiting Period.

Benefit reductions

Amounts payable under the Bed Confinement, Specified Injury or Crisis Recovery benefit will be deducted from the Day 1 Accident benefit amount.

Exclusions

No Day 1 Accident benefit will be payable in relation to:

- disablement due to intentional self-inflicted injury or any such attempt by you
- disablement due to you engaging in or taking part in service in the armed forces of any country, or
- normal pregnancy, uncomplicated childbirth or miscarriage.

8.15.4 When cover begins and ends

The Day 1 Accident benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away
- cover ending for the main benefit the Day 1 Accident is linked to, or
- the Expiry Date of the benefit.

8.16 Claim Escalation

Your optional benefit

Claim Escalation allows for your claim payments to be increased each year in line with the Consumer Price Index Increase (CPI Increase).

Availability

- Claim Escalation can be purchased as a Rider Benefit to Income Protection or Income Protection Accident Only as shown in the table below.

Cover type	Outside super	Inside super
Claim Escalation	◆ Ordinary Plan	● Superannuation Plan

In this section

- 8.16.1 Built-in Benefits
- 8.16.2 General terms and conditions
- 8.16.3 Limitations and exclusions
- 8.16.4 When cover begins and ends

8.16.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Claim Escalation. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.16.2–4 and Section 10.2.

If your Total Disablement or Partial Disablement claim has been payable continuously for 12 consecutive months, we will increase your monthly claim payments by the CPI Increase.

The Claims Escalation increase will commence at the end of the 12th consecutive month on claim and further increases will be made at the end of each 12-month period thereafter, until the end

of the Benefit Period, or when you are no longer on claim, whichever is earlier.

Only CPI increases will be applied. We won't make any adjustment to the claim payment pursuant to this rider benefit when there is a CPI decrease.

The Expiry Date for Claim Escalation under Income Protection/Income Protection Accident Only is the Policy Anniversary prior to:

- your 65th birthday for Occupations Categories A1, A2, M, A3, A4, B, C, CT and D, or
- your 55th birthday for Occupation Category E.

8.16.2 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories							Conditions
	Monthly Sum Insured limit							
	A1, A2, M Entry Age 15–53	A1, A2, M Entry Age 54–59	A3, A4	B, C, CT	D	E	Home Duties	
Claim Escalation	\$60,000	\$40,000	\$30,000	\$22,500	\$15,000	\$10,000	N/A	A maximum limit applies to the total sums insured for income protection with us and other insurers. Maximum limits also apply to the combined total Insured Monthly Benefit for Income Protection, Income Protection Accident Only and Business Expenses (see Section 5.3).

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age			
		All occupations (N/A for Home Duties)	A1, A2, M, A3, A4, B	C, CT, D	E	Home Duties
Claim Escalation	Stepped & Level	15 years	59 years	54 years	49 years	N/A
	Optimum	34 years	59 years	54 years	49 years	N/A

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

	A1, A2, M, A3, A4, B, C, CT, D	E	Home Duties
Claim Escalation	65th birthday	55th birthday	N/A

8.16.3 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold cover through a Superannuation Plan, the conditions of release of the relevant fund will also need to be satisfied before a claim payment can be released to you (see Section 9).

Benefit reductions

Under the Superannuation Income Protection Plan, the monthly benefit may be reduced so that it does not exceed 100% of your Pre-disablement Income. The amount of such reduction can be paid under a Linked Benefit (Super Extras) if relevant.

Exclusions

- No Claim Escalation benefit payment will be made in relation to:
- disablement due to intentional self-inflicted injury or any such attempt by you
 - disablement due to you engaging in or taking part in service in the armed forces of any country, or
 - normal pregnancy, uncomplicated childbirth or miscarriage.

8.16.4 When cover begins and ends

- The Claim Escalation benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
 - your passing away
 - cover ending for the main benefit the Claim Escalation is linked to, or
 - the Expiry Date of the benefit.

8.17 Income Protection Lump Sum

Your optional benefit

If you make a claim on your Income Protection insurance cover, you may be eligible for payment of a lump sum benefit of up to the lesser of \$3 million and 180 times your Insured Monthly Benefit.

Availability

- Income Protection Lump Sum can be purchased as a Rider Benefit to Income Protection as shown in the table below.
- You can only purchase this benefit if your Income Protection cover has:
 - a Benefit Period of 'To age 65' or 'To age 70', and
 - a Waiting Period of 90 days or less.
- Income Protection Lump Sum is not available if your Occupation Category is D, E or Home Duties.
- Income Protection Lump Sum cannot be purchased as a Rider Benefit to Income Protection Accident Only.

In this section

- 8.17.1 Built-in Benefits
- 8.17.2 General terms and conditions
- 8.17.3 Limitations and exclusions
- 8.17.4 When cover begins and ends

Cover type	Outside super	
Income Protection Lump Sum	◆ Ordinary Plan	◆ Linked Benefit (Super Extras)

8.17.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Income Protection Lump Sum. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.17.2–4 and Section 10.2.

If we are satisfied that your disablement meets the Total and Permanent Disablement definition for the purposes of this benefit, and we have accepted a claim on your Income Protection insurance cover, you may be eligible for payment of a lump sum benefit.

Total and Permanent Disablement for the purposes of this benefit means:

- a) you have suffered the total and irrecoverable loss of the:
- sight of both eyes,
 - use of two limbs, or
 - sight of one eye and use of one limb,
- or
- b) you have been absent from your own occupation **solely** as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months,
- are attending a Medical Practitioner and have undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness, and
 - at the end of the period of three months after the date of lodgement of the claim for Total and Permanent Disablement,

and after consideration of all the medical evidence and such other evidence as we may require, have become in our opinion incapacitated to such an extent as to render you unlikely ever to engage in your own occupation,

or

- c) you have suffered Loss of Independence.

The Income Protection Lump Sum benefit is calculated using the multiple based on your age after the date the claim was lodged for this benefit (as shown below) when we can first reasonably determine that you have met the Total and Permanent Disablement definition for the purposes of this benefit.

The lump sum payable depends on your age at time of making a claim.

Lump sum payable

The Income Protection Lump Sum benefit is calculated as the lesser of:

- \$3 million, and
- an annualised monthly benefit multiplied by a factor based on your age.

The annualised monthly benefit is 12 times your total Insured Monthly Benefit at the time we determine you are Totally and Permanently Disabled, including Claim Escalation benefit increases (if applicable), less any offsets that would have been applied to the monthly benefit if you had not chosen to receive the Income Protection Lump Sum benefit.

Factor your Annualised Monthly Benefit is multiplied by:	Your age range
15	38 or less
13	39 to 43
11	44 to 48
9	49 to 54
64 less your age when the Income Protection Lump Sum Benefit becomes payable	55 or older

If the lesser of the above amounts is nil or a negative amount, no Income Protection Lump Sum benefit is payable.

8.17.2 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories			
	A1, A2, M, A3, A4, B, C, CT	D	E	Home Duties
Income Protection Lump Sum	Lesser of: \$3 million, and - Insured Monthly Benefit x age factor (see table above)	N/A	N/A	N/A

Entry age

Benefit	Minimum entry age	Maximum entry age		
	All occupations	A1, A2, M, A3, A4, B	C, CT,	D, E, Home Duties
Income Protection Lump Sum	15 years	59 years	54 years	N/A

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories	
	A1, A2, M, A3, A4, B, C, CT	D, E, Home Duties
Income Protection Lump Sum	65th birthday	N/A

8.17.3 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below.

Limitations

The Income Protection Lump Sum Rider Benefit must be purchased at the same time as the Income Protection insurance cover and cannot be cancelled at a later date.

This benefit will not be paid in conjunction with the Specified Injury or the Severity benefit.

We will not pay an Income Protection Lump Sum benefit if in our opinion the Injury or Sickness causing the Total and Permanent Disablement will lead to you passing away within 12 months of the date we determine you to be Totally and Permanently Disabled.

If we pay you an Income Protection Lump Sum benefit, no further benefit under the Income Protection benefit will be payable and the Income Protection benefit will end.

Benefit reductions

If Total or Partial Disablement benefits have been paid under the Income Protection Plan beyond the date of determination of Total and Permanent Disablement, these amounts will be offset in their entirety from the Income Protection Lump Sum benefit payable.

Exclusions

No Income Protection Lump Sum Benefit payment will be made in relation to:

- disablement due to intentional self-inflicted injury or any such attempt by you
- disablement due to you engaging in or taking part in service in the armed forces of any country
- normal pregnancy, uncomplicated childbirth or miscarriage, or
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you.

8.17.4 When cover begins and ends

The Income Protection Lump Sum benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Income Protection Plan (where taken as a Super Extras benefit)
- your passing away
- cover ending for the main benefit the Income Protection Lump Sum is linked to, or
- the Expiry Date of the benefit.

8.18 Carer's Allowance

Your optional benefit

We will pay up to \$2,000 per month for up to six months if you are not earning any Income because your Insured Child becomes totally dependent on you **solely** and directly due to Accidental Injury or Sickness.

Availability

Carer's Allowance can be purchased as a Rider Benefit to Income Protection or Income Protection Accident Only, as shown in the table below.

Cover type	Outside super	
Carer's Allowance	◆ Ordinary Plan	◆ Linked Benefit (Super Extras)

In this section

- 8.18.1 Built-in Benefits
- 8.18.2 General terms and conditions
- 8.18.3 Limitations and exclusions
- 8.18.4 When cover begins and ends

8.18.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Carer's Allowance. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.18.2–4 and Section 10.2.

We will pay up to \$2,000 per month, for up to six months, if you are not earning any Income because your Insured Child becomes totally dependent on you for their essential everyday needs **solely** and directly due to Accidental Injury or Sickness.

The benefit payment will be 25% of your Insured Monthly Benefit (excluding any Retirement Optimiser) up to a maximum of \$2,000 per month.

For each Insured Child, this benefit is payable for a maximum of six months and is payable only once in any 12-month period.

Insured Child

This benefit can be purchased for your Children if they are aged from two to 15. The Insured Child must be your natural child, stepchild or adopted child.

This benefit will end at the Policy Anniversary prior to your Insured Child's 18th birthday.

You must apply in writing for an Insured Child to be added to the Policy, and their application will be subject to our approval.

You can cover up to 10 Insured Children and a separate benefit will apply to each Insured Child.

Benefit Period

We will pay this benefit in respect of an Insured Child until the earlier of:

- six monthly payments have been made, or
- the Insured Child is no longer totally dependent on you for their essential everyday needs.

Waiting Period

If the Insured Child suffers a Sickness, the Waiting Period is 30 days.

If the Insured Child suffers an Accidental Injury, the Waiting Period is 14 days.

The Waiting Period is the number of days from the date the insured Child is first confined to or near a bed at home or in hospital as certified by a Medical Practitioner.

We will begin payment of the benefit after completion of the Waiting Period.

8.18.2 General terms and conditions

Sum Insured limits

Benefit	All occupations (excluding Home Duties)
Carer's Allowance	\$2,000 per month

Entry age

	Minimum entry age	Maximum entry age			
	All occupations (N/A for Home Duties)	A1, A2, M, A3, A4, B	C, CT, D	E	Home Duties
Life Insured (Adult)	15 years	59 years	54 years	49 years	N/A
Insured Child	2 years	15 years			

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

	To Age 70 Benefit Period	2 Year, 5 Year, To Age 65 Benefit Periods	All Benefit Periods		
	A1, A2, M, A3, A4	A1, A2, M, A3, A4	B, C, CT, D	E	Home Duties
Life Insured (Adult)	70th birthday	65th birthday	65th birthday	55th birthday	N/A
Insured Child			18th birthday		

8.18.3 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below.

Exclusions

No Carer’s Allowance benefit payment will be made if disablement is due to intentional self-inflicted injury or any such attempt by the Insured Child.

8.18.4 When cover begins and ends

The Carer’s Allowance benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Income Protection Plan (where taken as a Super Extras benefit)
- your or your Insured Child’s passing away
- cover ending for the main benefit the Carer’s Allowance is linked to, or
- the Expiry Date of the benefit.

8.19 Retirement Optimiser

Your optional benefit

Retirement Optimiser allows you to continue superannuation contributions whilst you are receiving Income Protection benefit payments.

Availability

Retirement Optimiser can be purchased as a Rider Benefit to Income Protection or Income Protection Accident Only as shown in the table below.

Cover type	Outside super	Inside super
Retirement Optimiser	◆ Ordinary Plan	● Superannuation Plan

In this section

- 8.19.1 Built-in Benefits
- 8.19.2 General terms and conditions
- 8.19.3 Limitations and exclusions
- 8.19.4 When cover begins and ends

8.19.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Retirement Optimiser. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.19.2–4 and Section 10.2.

With Retirement Optimiser, you can insure up to 5% of your average monthly Income so that your nominated superannuation account will continue to accumulate contributions whilst you are being paid an Income Protection benefit.

This means that when we pay your Insured Monthly Benefit for Total Disablement or Partial Disablement, we will also pay an additional amount into your nominated superannuation account.

The amount we pay depends on whether your Income Protection/Income Protection Accident Only insurance cover is Agreed Value, Indemnity or Extended Indemnity (see below).

When the benefit is payable

We will pay the benefit amount into your nominated superannuation account when we pay a monthly benefit in relation to any one of the following:

- Total Disablement
- Partial Disablement
- Day 1 Accident benefit
- Specified Injury benefit, and
- Crisis Recovery.

If you have selected the Benefit Indexation and/or Claim Escalation Rider Benefits, these will also apply to the Retirement Optimiser benefit payment.

How the benefit is paid

We will pay the Retirement Optimiser benefit as a non-concessional contribution to a superannuation fund on your behalf.

You must provide us with your instructions and any information we request to enable us to pay this benefit.

If you are in the AIA Insurance Superannuation Scheme No2, the Retirement Optimiser Benefit Payment will be paid as a contribution to another complying superannuation fund nominated by you.

If you are a member of an SMSF or Approved Superannuation Fund, the Retirement Optimiser Benefit Payment will be paid to your account in the superannuation fund you have nominated to receive the benefit.

We cannot pay the Retirement Optimiser benefit to you in cash.

Under a Superannuation Income Protection Plan, the total monthly benefit for Income Protection, Income Protection Accident Only and Retirement Optimiser cannot exceed 100% of your Pre-disablement Income. If the total monthly benefit does exceed 100% of your Pre-disablement Income, we will reduce the benefits proportionately to comply with this rule.

The whole amount, including the Retirement Optimiser payment, is included in your annual tax statement as assessable income. You must declare the whole amount you receive on your annual tax return.

Indemnity

The Retirement Optimiser Benefit Payment will be the lesser of:

- the Retirement Optimiser Insured Monthly Benefit, adjusted for any applicable claim offsets, Benefit Indexation and Claim Escalation, and
- 5% of your Pre-disablement Income (Indemnity), adjusted for any applicable claim offsets.

Extended Indemnity

The Retirement Optimiser benefit payment will be the lesser of:

- the Retirement Optimiser Insured Monthly Benefit, adjusted for any applicable claim offsets, Benefit Indexation and Claim Escalation, and
- 5% of your Pre-disablement Income (Extended Indemnity), adjusted for any applicable claim offsets.

Note, the maximum amount payable including the Insured Monthly Benefit and Retirement Optimiser is shown on your Policy Schedule.

Agreed Value

The Retirement Optimiser benefit payment will be equal to the Retirement Optimiser Insured Monthly Benefit, subject to the rules in the definition of Agreed Value set out in Section 12.1 and adjusted for any applicable claim offsets, Benefit Indexation and Claim Escalation.

8.19.2 General terms and conditions

Sum Insured limits

Benefit	All occupations (excluding Home Duties)	Conditions
Retirement Optimiser	Insure up to 5% of your average monthly Income to your nominated super account.	Paid as a non-concessional contribution.

Entry age

Benefit	Minimum entry age	Maximum entry age			
	All occupations (N/A for Home Duties)	A1, A2, M, A3, A4, B	C, CT, D	E	Home Duties
Retirement Optimiser	15 years	59 years	54 years	49 years	N/A

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

	A1, A2, M, A3, A4, B, C, CT, D	E	Home Duties
Retirement Optimiser	65th birthday	55th birthday	N/A

8.19.3 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold cover through a Superannuation Plan, the conditions of release of the relevant fund will also need to be satisfied before a claim payment can be released to you (see Section 9).

Benefit reductions

If the monthly benefit payable is reduced because you have a claim offset, or have a Partial Disablement rather than a Total Disablement, then the Retirement Optimiser Benefit Payment will be reduced by the same proportion.

Exclusions

No Retirement Optimiser benefit payment will be made in relation to:

- death
- disablement due to intentional self-inflicted injury or any such attempt by you
- disablement due to you engaging in or taking part in service in the armed forces of any country, or
- normal pregnancy, uncomplicated childbirth or miscarriage.

8.19.4 When cover begins and ends

The Retirement Optimiser benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away
- cover ending for the main benefit the Retirement Optimiser is linked to, or
- the Expiry Date of the benefit.

8.20 Repayment Relief

Your optional benefit

A monthly benefit for up to three months to help cover minimum monthly home loan repayments if you've been Involuntarily Unemployed for more than 60 consecutive days.

Availability

- Available under an Ordinary Plan or Linked Benefit held through a separate policy as a separate contract of insurance.
- Available to those performing permanent Full-time Employment and Permanent Part-time Employees who are residing and working in Australia only.
- Repayment Relief can be purchased as a Rider Benefit to Life Cover, TPD Stand Alone or Universal TPD Stand Alone.
- Repayment Relief is not available if your Occupation Category is D, E or Home Duties.
- Only applies to home loans from a licenced loan provider in Australia.
- Only applies to owner occupier home loans. Repayment Relief is not available for investment home loans.

In this section

- 8.20.1 Built-in Benefits
- 8.20.2 General terms and conditions
- 8.20.3 Limitations and exclusions
- 8.20.4 When benefit payments cease
- 8.20.5 When cover begins and ends

Cover type	Outside super	
Repayment Relief	◆ Ordinary Plan	◆ Linked Benefit (Superannuation PLUS)

8.20.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Repayment Relief. Each benefit is subject to the general terms and conditions, limitations and terms around when benefit payments cease and when cover begins and ends set out in Sections 8.20.2–5 and 10.2.

With Repayment Relief, you can insure an amount equal to your Minimum Monthly Home Loan Repayment for up to 90 days (Benefit Period) in the event you become Involuntarily Unemployed for greater than 60 consecutive days (Waiting Period).

When the benefit is payable

We will pay the Repayment Relief benefit where you:

- have been employed for at least 180 consecutive days (Qualifying Period), and immediately after that period of employment, you are Involuntarily Unemployed for longer than the Waiting Period
- suffer a Terminal Illness, or
- pass away.

What benefit is payable

Involuntary Unemployment

We will pay 1/30th of your Repayment Relief Insured Monthly Benefit for each additional day you continue to be Involuntarily Unemployed after the Waiting Period. We pay this benefit monthly in arrears directly to your nominated bank account.

We will pay this benefit for a maximum of 90 days so long as you continue to be Involuntarily Unemployed.

Death/Terminal Illness

We will pay a lump sum equal to three times the Repayment Relief Insured Monthly Benefit if you are diagnosed with a Terminal Illness or pass away, in which instance the benefit will be paid directly to your estate. Once a Death/Terminal Illness benefit becomes payable, any Involuntary Unemployment benefit will cease. No further benefits will be payable once the Death/Terminal Illness benefit is paid.

Payments made under the Repayment Relief benefit will not reduce the Sum Insured of the Linked Benefit.

Waiver of Premium

If the Repayment Relief benefit is payable for Involuntary Unemployment we will waive the premiums you would otherwise pay for this benefit or reimburse you for such premiums paid from the start of the Waiting Period until the end of the Benefit Period or until the date the Repayment Relief benefit ceases (whichever occurs first).

For the avoidance of doubt, the Repayment Relief Waiver of Premium benefit does not waive premiums for any other benefit or Plan on your Policy. However, if you have cover under the Income Protection Plan or Superannuation Income Protection Plan, your Income Protection premiums (including any Rider Benefits attached to your Income Protection cover) may also be Waived for a period of up to three months. See 'Involuntary Unemployment Waiver of Premium' in Section 5.2.

Premium payments must recommence from the date on which the Waiving of premium ceases.

Please refer to the definition of Waive in Section 12.1.

Repayment Relief Insured Monthly Benefit

You will be required to provide proof of your Minimum Monthly Home Loan Repayment at the time of applying for this benefit. So long as you meet the conditions specified in 8.19.1–3 we will pay the Repayment Relief Insured Monthly Benefit regardless of whether you continue to hold a personal home loan or the Minimum Monthly Home Loan Repayment has changed at the time you become Involuntarily Unemployed, are diagnosed with a Terminal Illness or pass away.

Multiple periods of Involuntary Unemployment

After this benefit has been claimed once, we will not provide the benefit again unless you return to Full-time Employment or employment as a Permanent Part-time Employee, as applicable, for the Qualifying Period and you are then able to satisfy the definition of Involuntary Unemployment, Terminal Illness or you pass away.

If you become Involuntarily Unemployed within 180 days of the end of a previous period of Involuntary Unemployment, we will treat it as one continuous period. If you are diagnosed with a Terminal Illness or pass away within 180 days of the end of a previous period of Involuntary Unemployment, we will still pay a lump sum equal to three times the Repayment Relief Insured Monthly Benefit.

You can only claim the Involuntary Unemployment benefit four times during the life of your linked Life Cover Plan or Superannuation Life Cover Plan (as applicable).

If both disabled and unemployed

If you have cover under the Income Protection Plan, Superannuation Income Protection Plan or Business Expenses Plan and suffer both disablement (either total or partial disablement) and Involuntary Unemployment or Terminal Illness at the same time, we will pay both a total or partial disablement benefit (as applicable) as well as the Repayment Relief benefit.

In the event you pass away, we will pay any applicable Death benefit under your Income Protection Plan or Superannuation Income Protection Plan as well as the Repayment Relief benefit.

Increases to Minimum Monthly Home Loan Repayments

Where your Minimum Monthly Home Loan Repayment increases due to an increase to your home loan interest rate, you can apply to increase your Insured Monthly Benefit in line with the increase by providing us with evidence of your increased Minimum Monthly Home Loan Repayment within 60 days of that increase and confirmation that your employment status and occupation category still meet the eligibility criteria, and that you haven’t been diagnosed with Terminal Illness since inception of the original policy.

8.20.2 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories	
	A1, A2, M, A3, A4, B, C, CT	D, E, Home Duties
Repayment Relief	Lesser of: - Minimum Monthly Home Loan Repayment, and \$7,500 per month.	N/A

Entry age

Benefit	Minimum entry age	Maximum entry age	
	All occupations (N/A for D, E and Home Duties)	A1, A2, M, A3, A4, B, C, CT	D, E, Home Duties
Repayment Relief	18 years	59 years	N/A

Expiry Date

The Expiry Date is the Policy Anniversary prior to your 60th birthday.

8.20.3 Limitation and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below.

Limitations

Should your linked benefit under the Life Cover Plan or Superannuation Life Cover Plan end, cover under this benefit will also end.

If at any time after your application you become Self-employed, you will not be eligible for Involuntary Unemployment during the period of self-employment. However cover for Terminal Illness and Death will continue.

You can only have one Repayment Relief benefit at any one time. Multiple Repayment Relief benefits under different policies are not allowed.

Exclusions

No Repayment Relief benefit payment will be made in relation to:

- Any period of Involuntary Unemployment commencing within 180 days of policy commencement,
- you suffering unemployment, directly or indirectly, because:
 - a period of casual, seasonal or temporary work ends,
 - a fixed-term contract or specified period of work ends,

- of an unsuccessful probationary period or dismissal due to unsatisfactory performance,
- of deliberate or serious misconduct,
- of incarceration,
- of a loss of licence to perform some or all of the duties of your occupation, or
- you resign, accept voluntary redundancy, retire early or abandon your employment.
- Involuntary Unemployment which occurs while you are working outside of Australia,
- death from suicide in the first 13 months from the date this benefit commenced, was reinstated or increased (but only in relation to the increased amount), or
- an event directly or indirectly caused by intentional self-inflicted injury or any such attempt by you.

8.20.4 When benefit payments cease

Benefit payment will cease at the earlier of:

- the end of the Benefit Period (90 days), or
- you are no longer Involuntarily Unemployed.

8.20.5 When cover begins and ends

The Repayment Relief benefit will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- you cease to be a permanent Australian resident,
- the Expiry Date of the benefit,
- the linked Life Cover Plan or Superannuation Life Cover Plan ends (as applicable),
- we have paid this benefit four times during the life of your linked Life Cover Plan or Superannuation Life Cover Plan (as applicable),
- we have paid the full Benefit Period following your diagnosis with a Terminal Illness, or
- you pass away.

9. Superannuation Plans

This section provides information about structuring your Priority Protection insurance cover through superannuation. This applies where you have selected benefits under:

- a Superannuation Life Cover Plan, and
- a Superannuation Income Protection Plan.

A Superannuation Plan is not a superannuation savings plan, which means it doesn't have an investment component – its main purpose is to provide payment of a benefit for you or your beneficiaries if we pay a claim.

Availability

You can choose to structure your Priority Protection insurance through superannuation if:

- you are a member of an Approved Superannuation Fund or a member of a self-managed superannuation fund (SMSF), or
- you are a member of the AIA Insurance Superannuation Scheme No2 (the Scheme).

You can only structure your insurance through an SMSF where the trustee of your SMSF is able to pay insurance premiums to us from your superannuation account.

Information about the Scheme and how to apply for membership is provided in Section 9.5.

In this section

- 9.1 Insurance through Superannuation
- 9.2 Superannuation PLUS
- 9.3 Maximiser
- 9.4 Super Extras
- 9.5 AIA Insurance Superannuation Scheme No2

Important

As well as the information provided in this section, there is other important information in this PDS that applies to purchasing insurance cover. You should read this PDS in full before making a decision about acquiring the cover described in this section.

9.1 Insurance through superannuation

1. Purchasing your Superannuation Plan

Superannuation Plan benefits can only be purchased on your behalf by the trustee of an Approved Superannuation Fund, an SMSF or the Scheme. The owner of the Policy will be the trustee. As the trustee is the owner of the Policy, any insurance benefit that you may be entitled to will be paid to and held by the trustee for you.

The trustee can only pay the benefit to you (or your beneficiaries) if it is permitted to do so under the trust deed and superannuation law.

Insurance cover under your Superannuation Plan will commence once we accept your application and issue the Policy to the trustee.

2. Linked Benefits

When you purchase a Superannuation Plan, you can also purchase additional benefits under Superannuation PLUS, Maximiser, Super Extras or Repayment Relief. The benefits provided are attached to a separate insurance Policy issued to you as the Policy Owner, and linked to your Superannuation Plan. This allows you to purchase additional insurance cover that would not generally be available within superannuation, such as:

- Crisis Recovery (through Superannuation PLUS)
- Enhanced TPD definitions (through Superannuation PLUS or Maximiser)
- Income Protection benefits (through Super Extras), and
- Repayment Relief.

The Linked Benefits are not superannuation benefits – they are held outside of superannuation attached to a separate insurance Policy that is linked to your Superannuation Plan benefits.

Linked Benefits can only be purchased alongside a Superannuation Life Cover Plan or Superannuation Income Protection Plan, and any Linked Benefits you purchase will end when the Policy for the associated Superannuation Plan ends.

The table below shows the Linked Benefits available for each type of Plan.

	Super- annuation PLUS	Maximiser	Super Extras	Repayment Relief
If you have a Superannuation Life Cover Plan, you can link:	✓	✓	✗	✓
If you have a Superannuation Income Protection Plan, you can link:	✗	✗	✓	✗

Please refer to Sections 9.2, 9.3, 9.4 and 8.20 for information about each of the Linked Benefits and the types of additional insurance cover available.

In this section

1. Purchasing your Superannuation Plan
2. Linked Benefits
3. Differences between insurance inside and outside of super
4. Payment of premiums
5. Payment of benefits
6. Conversion options
7. Taxation inside super
8. Risks of holding insurance through superannuation
9. When cover begins and ends

3. Differences between insurance inside and outside of super

Before making a decision to acquire Priority Protection insurance cover through superannuation, you should consider the main differences between structuring insurance through an Ordinary Plan and acquiring insurance through a Superannuation Plan, as set out below.

- Some of the benefits available under an Ordinary Plan are not available under a Superannuation Plan (see Section 1 'Structuring your Priority Protection').*
- The insurance cover provided by some benefits may differ based on whether the relevant benefit is acquired under an Ordinary Plan or a Superannuation Plan. Where this applies to a benefit, the differences are detailed in the section of this PDS describing that benefit.
- Any Superannuation Plan benefit payments will be paid to the trustee of the relevant fund in the first instance, and the trustee may only pay the benefit to you (or your beneficiaries) in accordance with the fund's trust deed and superannuation law.
- Under superannuation law, the tax treatment of any claim proceeds may affect the amount of benefit you or your beneficiaries receive.
- If you cease to be a member of the relevant fund, the Policy/ies under which your Superannuation Plan benefits and any Linked Benefits are provided will end.
- If any premium refunds are payable, they will be paid to or at the direction of the trustee, not to you, and will be subject to preservation rules as required under superannuation law.

*Note that certain benefits that are not available within superannuation can be purchased as Linked Benefits attached to a separate insurance Policy linked to your Superannuation Plan.

4. Payment of premiums

Superannuation Plans

You will need to ensure that there are sufficient funds in your account in the relevant fund to meet each premium payment. If there are insufficient funds, the trustee of the relevant fund will not be able to pay your insurance premium and your Superannuation Plan may be cancelled.

Linked Benefits

You are responsible for paying insurance premiums directly to us for any Linked Benefits you have purchased.

5. Payment of benefits

Superannuation Plans

If we pay a benefit on the Policy under which your Superannuation Plan benefits (which does not include any Linked Benefits) are provided, we will pay the benefit amount to the trustee of the relevant fund as Policy Owner. The trustee will then distribute the proceeds of the claim in accordance with the superannuation law and the fund’s trust deed, which sets out the governing rules of the fund.

Superannuation law generally requires death benefits to be paid to one or more of your dependants or your legal personal representative (your estate). A summary of who death benefits may be paid to under superannuation law are included in the table below. The relevant fund’s trust deed may restrict who death benefits may be paid to.

For Income Protection benefits, we will typically pay the trustee of the relevant fund a monthly payment. However, where we have an arrangement with the trustee, we will pay Income Protection benefits directly to you on the trustee’s behalf.

A summary of eligible beneficiaries for superannuation purposes

Your dependants	• Your spouse and children (of any age) as defined under superannuation laws. – For this purpose, ‘spouse’ includes: > a person to whom you are legally married > a person (whether of the same or a different sex) who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple (such as a de facto spouse), or > a person (whether of the same or a different sex) with whom you are in a relationship that is registered under a relevant law of a state or territory. – For this purpose, ‘child’ includes: > an adopted child, stepchild or an ex-nuptial child of yours > a child of your spouse, and > a child of yours within the meaning of the <i>Family Law Act 1975</i> (such as a child born as a result of an artificial conception procedure or a surrogacy arrangement). • Someone who is in an interdependency relationship with you (as defined below). • Any other person who is financially dependent on you.
Your legal personal representative	The person acting as executor of your will or administrator of your deceased estate. If paid to your legal personal representative, a death benefit will form part of your deceased estate and be distributed according to your will (or the laws of intestacy if you don’t have a valid will).
A person in an interdependency relationship	The circumstances in which an interdependency relationship will exist include if you and the other person (whether or not related by family): • have a close personal relationship • live together, and • one (or both) of you provides the other with financial support, domestic support and personal care. This may include live-in adult carers of elderly parents and siblings living together. In addition to the above requirements, other circumstances are also taken into account when establishing whether an interdependency relationship exists. You and the other person will still have an interdependency relationship where you both have a close personal relationship but do not satisfy the other requirements of an interdependency relationship listed above because either or both of you suffer from a physical, intellectual or psychiatric disability or because you are temporarily living apart. For example, where one of you is temporarily working overseas, you will still be deemed to be in an interdependency relationship. Superannuation laws may prescribe other matters relevant to determining whether an interdependency relationship exists, which trustees must have regard to.

Permitted Condition of Release

The proceeds of any claim on the Policy for your Superannuation Plan benefits (which does not include the proceeds of any claim under Linked Benefits) cannot be paid to you by the trustee if, in the trustee's opinion, a condition of release has not been satisfied under the *Superannuation Industry (Supervision) Regulations 1994*.

Schedule 1 of the *Superannuation Industry (Supervision) Regulations 1994* sets out the conditions of release under which a superannuation benefit can be paid. All superannuation trustees must be satisfied that any insurance proceeds they are able to receive (and pay) from the relevant fund meet a prescribed condition of release. Trustees are prohibited from acquiring insurance benefits which may provide a payment in circumstances where a prescribed condition of release has not been met.

The prescribed conditions of release relevant to insurance provided by a Superannuation Plan are:

- death
- a terminal medical condition
- permanent incapacity, and
- temporary incapacity (income protection only).

What benefit is payable if I pass away?

If you pass away and a Superannuation Plan death benefit is paid, the trustee of the relevant fund will deal with the benefit in accordance with the rules of the superannuation fund and the applicable superannuation laws. Superannuation law generally requires the death benefit to be paid to one or more of your dependants, or to your legal personal representative, however the fund rules may include additional restrictions.

What is the definition of terminal medical condition under superannuation law?

Terminal medical condition means:

- A "terminal medical condition" exists in relation to a person at a particular time if the following circumstances exist:
- a) two registered Medical Practitioners have certified, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the certification period) that ends not more than 24 months after the date of certification
 - b) at least one of the registered Medical Practitioners is a specialist practicing in an area related to the illness or injury suffered by the person
 - c) for each of the certificates, the certification period has not ended.

What is the definition of permanent incapacity under superannuation law?

Permanent incapacity means:

- a member of a superannuation fund is taken to be suffering permanent incapacity if a trustee of the fund is reasonably

satisfied that the member's ill-health (whether physical or mental) makes it unlikely that the member will engage in gainful employment for which the member is reasonably qualified by education, training or experience.

What is the definition of temporary incapacity under superannuation law?

Temporary incapacity means:

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

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

What is the definition of gainfully employed under superannuation law?

Gainfully employed means:

employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

Linked Benefits

Linked Benefits are benefits which are held in a Policy owned by you outside of superannuation and linked to Superannuation Plan benefits that are held in a Policy owned by the relevant trustee.

If we pay a claim on the Policy under which your Linked Benefits are provided, we will pay the benefit amount directly to you.

Payments outside of superannuation (Linked Benefits)

• Superannuation PLUS

Any Superannuation PLUS benefits that meet our conditions for payment will be paid directly to you or your beneficiary(ies) as applicable. You will not be required to meet a condition of release as the payments are made outside of superannuation.

• Maximiser

Where the Maximiser benefit is selected and a total and permanent disablement claim is made, it will be assessed firstly under the Any Occupation definition. If the definition is met, a lump sum equal to the Sum Insured will be paid to the trustee of the relevant fund. If the definition is not met, the claim will then be assessed under the Own Occupation definition.

If the 'Own Occupation' definition is met, a lump sum equal to the Sum Insured will be paid directly to you under the Policy held outside of the relevant fund.

- **Super Extras**

Where the Super Extras benefit is selected, and an Income Protection claim is made, it will be assessed under the Superannuation Income Protection Plan. If the definition relevant to the claim is met, the Insured Monthly Benefit will be paid to the trustee of the relevant fund.

If any portion of the payment does not meet a Permitted Condition of Release, that portion will be paid directly to you under the Policy held outside of the relevant fund.

- **Repayment Relief**

Any Repayment Relief benefits that meet our conditions for payment will be paid directly to you or your beneficiary(ies) as applicable. You will not be required to meet a condition of release as the payments are made outside of superannuation.

6. Conversion option

Prior to age 75, the benefits associated with certain covers held by you under a Superannuation Life Cover Plan issued to the trustee of the relevant fund can be replaced with Ordinary Life Cover Plan benefits, under a Policy issued to you, without providing any medical evidence, subject to those benefits being offered by us under an Ordinary Life Cover Plan at that time.

The benefits that you can convert to an Ordinary Life Cover Plan are:

- Life Cover
- TPD
- TPD Buy-back, and
- Waiver of Premium (where held as a Rider Benefit to Life Cover or TPD).

The Sum Insured must be the same amount or less than the Sum Insured for the equivalent benefits under your Superannuation Life Cover Plan.

When you exercise your conversion option, you will be asking us to cancel your Superannuation Life Cover Plan.

7. Taxation inside super

Tax laws (and tax thresholds applicable under tax laws) can change from time to time. How the tax laws may affect you depends on your individual circumstances so you should obtain advice about your own tax situation.

This general information about the taxation of superannuation is based on tax laws effective as at the date of preparation of the PDS. Further information is available in Section 9.5 in relation to the Scheme and at ato.gov.au

Tax deductions for contributions

You may be able to claim a tax deduction on personal contributions paid to a superannuation fund if you meet eligibility criteria. Information about tax deductions for superannuation contributions

including lodging your intention to claim a tax deduction can be obtained online at ato.gov.au

Tax payable on benefits

- **Death benefit**

Superannuation lump sum death benefits paid to a tax dependant of the deceased will be tax-free. A person who is a dependant for superannuation purposes (see 'Payment of Benefits' above) may not be a tax dependant, and vice versa. For example, a child aged 18 or over who is a dependant for superannuation purposes and entitled to receive a death benefit will not be a tax dependant unless they are financially dependent on you or in an interdependency relationship with you. If that child is not financially dependent on you or is not in an interdependency relationship with you, the death benefit paid to that child will not be tax free. Further information about who is a dependant for superannuation and tax purposes can be obtained online at ato.gov.au.

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

Where a death benefit is paid to the legal personal representative of a deceased estate, tax is payable according to who is intended to benefit from the estate. It may be tax-free if the lump sum death benefit is payable from the estate to tax dependants of the deceased.

Otherwise it will be taxed as a benefit paid to non-tax dependants. Note: the Medicare levy will not apply to a lump sum death benefit that is paid to a non-tax dependant via the deceased estate.

Where required, tax payable on a death benefit may be withheld before an amount is paid from the superannuation fund.

- **Terminal Illness**

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

- **Total and Permanent Disablement**

Lump sum benefits received from a superannuation fund are divided into two components – a tax-free component and a taxable component. The tax-free component is always tax-free. The taxable component is taxed depending on the person's age and whether a taxed or an untaxed element exists. The taxation treatment of the taxable component is summarised below.

Age	Taxation treatment of taxable component (taxed element)+	Taxation treatment of taxable component (untaxed element)+
Under preservation age*	Lower of marginal tax rate° or 20%° on whole component	Lower of marginal tax rate° or 30%° up to \$1,565,000# 45%° over \$1,565,000#
Preservation age to age 59*	0% up to \$215,000^ Lower of marginal tax rate° or 15%° over \$215,000^	Lower of marginal tax rate° or 15%° up to \$215,000^ Lower of marginal tax rate° or 30%° over \$215,000^ up to \$1,565,000# 45%° over \$1,565,000#
Age 60 and above	Tax free	Lower of marginal tax rate° or 15%° up to \$1,565,000# 45%° over \$1,565,000#

* A person's preservation age ranges from age 55 to age 60, depending on the person's date of birth.

+ The components of your payment will generally be required to be taken in the same proportion as the components in your account at the time of the payment.

° Plus any applicable levies.

^ Low rate cap amount for the 2020/21 financial year. A different amount applies for the 2019/20 financial year. For details of the low rate cap amount for the 2019/20 financial year, go to ato.gov.au

Untaxed plan cap amount for the 2020/21 financial year. A different amount applies for the 2019/20 financial year. For details of the untaxed plan cap amount for the 2019/20 financial year, go to ato.gov.au

For information on how the different tax components and elements are calculated, go to ato.gov.au or consult a tax professional.

In the case of a Total and Permanent Disablement lump sum benefit, the tax-free component may be increased to reflect the period from the date of ceasing gainful employment due to disablement until the member's last retirement day (generally their 65th birthday).

Where required, tax payable on a Total and Permanent Disablement benefit may be withheld before an amount is paid from the superannuation fund.

• Income Protection

If an Income Protection benefit becomes payable, this will typically be treated as your personal assessable income for tax purposes and will be subject to tax at your marginal tax rate. PAYG tax is payable on Income Protection benefits and will be deducted where applicable, before the monthly benefit is paid to you by or on behalf of the trustee of the relevant fund.

Tax payable on contributions and rollovers

Depending on your individual circumstances, tax may be applicable to any contributions or rollovers made to your Approved Superannuation Fund, SMSF or the Scheme to cover the costs of insurance premiums for any insurance cover held through a Superannuation Plan. Further information about tax payable on contributions and rollovers is available in Section 9.5, in relation to the Scheme. You should consult your professional tax adviser about the taxation of superannuation contributions and rollovers.

Contribution caps

There are limits (caps) on the amount you can contribute to your superannuation each financial year to be taxed at lower rates. Contribution caps exist to limit the amount that you can contribute to your superannuation each financial year and still receive concessional tax treatment. If your contributions exceed these caps, you may have to pay extra tax.

There are two contribution caps – one that applies to concessional contributions and one that applies to non-concessional contributions. Concessional contributions include employer and personal contributions claimed as a tax deduction. Non-concessional contributions include personal (after tax) contributions for which you do not claim an income tax deduction.

If you are a member of more than one superannuation fund, all concessional contributions made to all your funds count towards your concessional contribution cap and all non-concessional contributions made to all your funds count towards your non-concessional contributions cap.

For information about these contribution caps, including the caps that apply each year and how contributions are counted towards the caps, go to ato.gov.au or see Section 9.5.

Collection of your Tax File Number (TFN)

Superannuation trustees are authorised under superannuation law to collect, use and disclose your TFN for superannuation purposes. By law, you do not have to provide your TFN to the trustee but you should be aware of the following before deciding whether or not to provide it.

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

You can obtain more information about TFNs by contacting us or visiting the ATO website (ato.gov.au) for general information. For additional information about TFNs relating to the Scheme, refer to Section 9.5.

8. Risks of holding insurance through superannuation

- **You will have no direct relationship with AIA Australia**

The owner of the policy under which your insurance benefits (which does not include any Linked Benefits) are provided will be the trustee of the relevant fund. As the Life Insured, you will have no direct legal relationship with us, unless you also purchase a Linked Benefit which is provided under a Policy issued to you.

- **Inability to access benefits unless you have met a condition of release**

You will be unable to access insurance cover which may pay a benefit in circumstances where a Permitted Condition of Release has not been satisfied. Additionally, if a benefit is paid in circumstances where the trustee determines that a condition of release has not been satisfied, that benefit payment may not be released.

- **Inconsistencies between your insurance policy and the trust deed or superannuation law**

Insurance benefits acquired through superannuation are subject to superannuation law and the governing rules of the relevant fund, as well as to the terms and conditions of the particular insurance benefits. If there is any inconsistency between the applicable insurance policy terms and conditions and the trust deed or superannuation law, the trust deed or superannuation law will prevail.

- **Refund of premiums not available**

If you change your mind about holding insurance through superannuation, you may not be entitled to receive any refund of premiums paid in cash, as superannuation preservation rules may require that the refund is paid to the relevant fund or rolled over to another superannuation product.

- **Additional tax may be payable**

Depending on your tax circumstances, the benefit may be subject to more tax than would otherwise apply if the benefit was paid from the same insurance held outside of superannuation.

- **Contribution limits apply to superannuation each year**

Any concessional or non-concessional contributions you make in order to pay premiums will reduce the amount of concessional or non-concessional contributions that may be contributed in a financial year to other superannuation accounts you hold that may be eligible for concessional tax treatment. If you exceed the applicable limits on concessional or non-concessional contributions in a year, you may incur additional tax and other penalties.

- **Reduced retirement savings**

Where you choose to pay premiums by rollover from another superannuation fund and do not make extra contributions to negate the premium cost, your retirement savings in that other superannuation fund will be reduced, which means you may have less available to you on retirement than otherwise may have been the case.

- **Changing superannuation and taxation laws**

Taxation or superannuation laws may change in the future, altering the suitability of holding insurance in superannuation.

- **A service change or interruption**

Risks also include the possibility of changes to the relevant fund, disruption of its systems or changes to the fund's internal operations, such as changes to key staff involved in the management of the fund.

- **Cover may be cancelled**

In certain circumstances, insurance cover that is held within a superannuation fund may have to be cancelled by the relevant trustee where required by law. For example, where your account in the relevant fund in relation to the insurance cover is inactive for a period of 16 months (that is, no contribution or rollover is made to the account for this period), superannuation law may require the trustee of the relevant fund to cancel the Policy under which your Superannuation Plan benefits are provided, unless you have provided an election to retain the cover.

9. When cover begins and ends

Insurance through a Superannuation Plan will begin on the commencement date shown on your Policy Schedule and end at the earliest of:

- your superannuation account in the relevant fund holds insufficient monies to pay the relevant premium
- the relevant fund ceases to be a complying superannuation fund
- you are no longer eligible to contribute to the relevant fund under superannuation law
- you cease to be a member of the relevant fund in which the Superannuation Plan benefits are held, or
- the relevant insurance cover or benefit ends.

9.2 Superannuation PLUS

Your optional benefit

Superannuation PLUS gives you the opportunity to purchase benefits that are generally not available through superannuation, such as Crisis Recovery and TPD (Own Occupation) cover.

Availability

Superannuation PLUS can be acquired by you outside super if the trustee of the relevant fund has purchased a Superannuation Life Cover Plan for you.

In this section

- 9.2.1 Benefit overview
- 9.2.2 How Superannuation PLUS works
- 9.2.3 Limitations
- 9.2.4 When cover ends

9.2.1 Benefit overview

Table 18 shows the benefits available under Superannuation PLUS. The brief descriptions given in the table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 18

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options	
Superannuation PLUS	• Level • Stepped • Optimum • Term Level (selected benefits)	
Linked Benefits available under Superannuation PLUS	Benefit availability	Section
Total and Permanent Disablement.	❖	3.1
Accidental Total and Permanent Disablement	❖	3.1
Universal Total and Permanent Disablement	❖	3.2
Crisis Recovery	❖	4
Total and Permanent Disablement Buy-back	❖	8.1
Double Total and Permanent Disablement	❖	8.2
Double Universal Total and Permanent Disablement	❖	8.3
Crisis Extension	❖	8.6
Crisis Recovery Buy-back	❖	8.7
Crisis Reinstatement	❖	8.8
Double Crisis Recovery	❖	8.9
Family Protection	❖	8.10
Waiver of Premium	❖	8.4
Needlestick Injury	❖	8.11

9.2.2 How Superannuation PLUS works

When you purchase Linked Benefits through Superannuation PLUS, it gives you access to benefits not generally available within your Superannuation Plan.

When a claim is payable on a benefit acquired through Superannuation PLUS, the monies will be paid directly to you as the Policy Owner or your beneficiaries, rather than under the Policy held by the trustee of the relevant fund.

The policy fee will be applied to the Superannuation Life Cover Plan where applicable.

Note: the TPD and Crisis Recovery Sum Insured amount cannot exceed the Life Cover Sum Insured.

If Premium Freeze and Benefit Indexation is applied to your Superannuation PLUS benefit, it must also be applied to the Superannuation Life Cover Sum Insured and vice versa.

9.2.3 Limitations

Benefit reductions

If a claim is payable under one of the Superannuation PLUS benefits, we will pay the Sum Insured amount directly to the Policy Owner of the Policy that provides the Superannuation PLUS benefit. The Sum Insured for Life Cover or any TPD benefit held under your Superannuation Life Cover Plan then reduces by the same amount.

Note: when a full claim is payable under Double TPD, Double Universal TPD or Double Crisis Recovery, the Life Cover Sum Insured does not reduce.

9.2.4 When cover ends

If cover ends under your Superannuation Life Cover Plan, your selected Superannuation PLUS cover will also end. See Section 9.1 for more information.

9.3 Maximiser

Your optional benefit

Maximiser provides access to enhanced TPD definitions that are not available within superannuation by splitting the cover and the cost across the Superannuation and Ordinary Plans Policy.

Availability

- Maximiser is available if you have purchased a Superannuation Life Cover Plan, and selected TPD or Double TPD cover under an 'Any Occupation' definition.
- Maximiser can be purchased as a Linked Benefit outside super to:
 - TPD as a Rider Benefit to Life Cover inside super
 - TPD Stand Alone inside super
 - Double TPD as a Rider Benefit to Life Cover inside super.
- All Occupation Categories are eligible except for Occupation Category D, E and Home Duties.

In this section

- 9.3.1 Benefit overview
- 9.3.2 How Maximiser works
- 9.3.3 Limitations
- 9.3.4 When cover ends

9.3.1 Benefit overview

Table 19 shows the benefits available under Maximiser. The brief descriptions given in the table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 19

Benefit availability  Ordinary Plan  Linked Benefit  Superannuation Plan

Insurance cover	Benefit availability	Premium options
Maximiser		• Level • Stepped • Optimum • Term Level
Linked Benefits available under Maximiser		Section
Total and Permanent Disablement (Own Occupation) Pays a lump sum equal to the Sum Insured if you are disabled according to the TPD Own Occupation definition.		3.1
Partial and Permanent Disablement Provides a partial payment from your Sum Insured if you suffer the permanent loss of the use of one arm, one leg, or sight in one eye. The advance payment is 25% of the Sum Insured up to a maximum of \$750,000. If you select the TPD Stand Alone benefit, you must survive for 14 days from the date of the loss to be eligible for this payment.		3.1
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.		7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Stepped premiums.		7.1

9.3.2 How Maximiser works

When you purchase Maximiser, it gives you access to enhanced TPD definitions not available within your Superannuation Life Cover Plan.

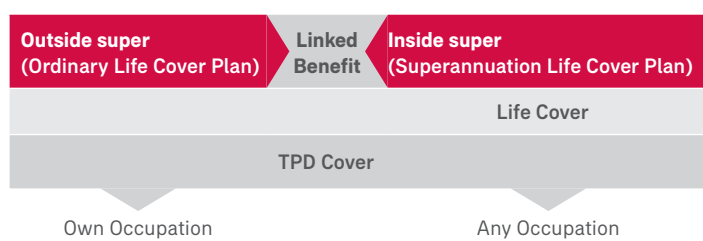
Maximiser gives you access to the enhanced TPD 'Own Occupation' definition outside of super and the TPD 'Any Occupation' definition inside super and splits the total cost across the two policies.

By linking the two definitions inside and outside of super, it means that we only pay the full TPD Sum Insured under one definition (never both).

Your claim will first be assessed under the TPD 'Any Occupation' definition within super and if this is not met your claim will then be assessed under the TPD 'Own Occupation' definition outside of super.

Note: under Maximiser the TPD Sum Insured must be the same amount inside and outside of super.

Example:



Under Maximiser, the Partial and Permanent Disablement benefit may be payable outside of super under an Ordinary Life Cover Plan.

Adding Superannuation PLUS Cover

Superannuation PLUS can be purchased with Maximiser at an additional cost if you have selected TPD or Double TPD as a Rider Benefit to Life Cover or TPD Stand Alone.

If you have selected TPD as a Rider Benefit under a Superannuation Life Cover Plan, the benefits available outside super under a Superannuation PLUS policy are:

- Crisis Recovery
- Crisis Extension
- Crisis Recovery Buy-back
- Crisis Reinstatement
- Family Protection
- Needlestick Injury (Occupation Category M only), and
- Waiver of Premium.

If you have selected Double TPD as a Rider Benefit to Superannuation Life Cover, then the above benefits are available through Superannuation PLUS, except for the Waiver of Premium benefit.

If a claim is paid for a Crisis Recovery or Crisis Extension benefit under such a Superannuation PLUS Policy, the applicable TPD or

Double TPD benefit and the Maximiser benefit will be reduced by the amount of the claim paid.

Where the Life Cover Purchase benefit has been selected as a Rider Benefit under the TPD Stand Alone benefit, the Life Cover Purchase is able to be exercised after a TPD Stand Alone or Maximiser claim.

9.3.3 Limitations

Benefit reductions

The insurance cover in your Superannuation Plan will be reduced by an amount equivalent to the Maximiser benefit paid.

The Maximiser Sum Insured will be reduced by the amount of any claim paid on the following Built-in or Rider Benefits:

- TPD or Accidental TPD (with an 'Any Occupation' definition only)
- Partial and Permanent Disablement
- Accidental Partial and Permanent Disablement
- Loss of Independence
- Day 1 TPD
- Crisis Events** (Built-in Benefit to Crisis Recovery and Double Crisis Recovery)
- Partial Payments** (Built-in Benefit to Crisis Recovery and Double Crisis Recovery)
- Crisis Extension Events** (Built-in Benefit to Crisis Extension)
- Chronic Diagnosis Advancement** (Built-in Benefit to Crisis Recovery), and
- Death or Terminal Illness* (Built in Benefit to Life Cover).

The Maximiser Sum Insured will also be reduced by the amount of any Final Expenses* claim paid to the extent necessary to ensure the Maximiser Sum Insured is not higher than the Life Cover Sum Insured.

The Partial and Permanent Disablement benefit is only payable within an Ordinary Life Cover Plan.

If the Sum Insured is reduced under one Policy, the same reduction will apply to the other linked Policy.

*The Maximiser Sum Insured will not be reduced by a claim on the above benefits where the TPD or Crisis Recovery cover (as applicable) is held as a Stand Alone benefit or, in the case of Crisis Extension cover, is held as a rider benefit to Crisis Recovery Stand Alone.

**When linked to TPD under Superannuation PLUS only.

Claims assessment

With Maximiser your TPD claim will first be assessed within the Superannuation Life Cover Plan to confirm if you meet the TPD 'Any Occupation' definition. If you meet the TPD 'Any Occupation' definition, a benefit payment is made to the trustee of the relevant fund.

If you do not meet the TPD 'Any Occupation' definition, your claim will then be assessed within the Ordinary Life Cover Plan to see if you meet the TPD 'Own Occupation' definition. If you meet the TPD 'Own Occupation' definition, a benefit payment is made to you.

Waiver of Premium

When the Waiver of Premium benefit is purchased as a Rider Benefit to Life Cover under a Superannuation Life Cover Plan, we will not Waive premiums for the Life Cover benefit when the Superannuation Life Cover Sum Insured has been reduced by a claim under Maximiser.

Benefits not available

The Superannuation PLUS benefits not available with Maximiser are:

- Double Crisis Recovery
- Universal TPD
- Double Universal TPD
- Accidental TPD, and
- TPD Buy-back.

9.3.4 When cover ends

If cover ends under your Superannuation Life Cover Plan, your selected Maximiser cover will also end and vice versa. See Section 9.1 for more information.

9.4 Super Extras

Your optional benefit

Superannuation law restricts the payment of certain benefits within Income Protection cover, so Super Extras allows you to set up your Income Protection cover inside and outside of super, giving you access to enhanced cover and optional benefits not available inside super.

It also allows you to pay part of your premium from super and structure your Income Protection cover in a tax-effective way. Speak to your financial adviser or tax adviser for further details.

In this section

- 9.4.1 Benefit overview
- 9.4.2 How Super Extras works
- 9.3.3 Limitations
- 9.3.4 When cover ends

Availability

- Super Extras is available if you have purchased Income Protection or Income Protection Accident Only cover under a Superannuation Income Protection Plan.
- To access the Advantage Optional, PLUS Optional benefits or Income Protection Lump Sum within Super Extras you must:
 - be in an Occupation Category other than Category E or Home Duties, and
 - be in Full-time Employment.

9.4.1 Benefit overview

Super Extras provides you with a non-superannuation version of each benefit you have selected under your Income Protection or Income Protection Accident Only Cover (as applicable), as well as built-in benefits which are available under Income Protection or Income Protection Accident Only cover (as applicable) when purchased under an Ordinary Income Protection Plan (see Sections 5.1–6).

Super Extras allows you to select a number of optional benefits. Table 20 shows the optional benefits available under Super Extras. The brief descriptions given in the table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 20

Benefit availability ♦ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Optional benefits available under Super Extras	Benefit availability	Income Protection	Income Protection Accident Only	Section
Advantage Optional • Total Disablement – Multi Definition • Partial Disablement – Multi Definition • Specified Injury	❖	✓	X	5.1
PLUS Optional • Total Disablement – Multi Definition • Partial Disablement – Multi Definition • Specified Injury • Crisis Recovery • Bed Confinement • Accommodation • Family Care • Home Care • No Claim Bonus • Relocation • Rehabilitation Incentive	❖	✓	X	5.1

Optional benefits available under Super Extras	Benefit availability	Income Protection	Income Protection Accident Only	Section
Income Protection Lump Sum	❖	✓	✗	8.16
Carer's Allowance	❖	✓	✓	8.17

9.4.2 How Super Extras works

By purchasing Super Extras as a Linked Benefit to your Superannuation Income Protection Plan, it allows you to access Income Protection cover inside and outside of super.

Income Protection benefits that cannot be paid within superannuation because they do not satisfy a Permitted Condition of Release (see Section 9.1) may be paid outside of the superannuation via Super Extras instead.

If an Income Protection claim is made, it will firstly be assessed under the Superannuation Income Protection Plan. If we accept the claim and we consider the benefit payment payable under superannuation law, the benefit will be paid to the trustee of the relevant fund. The trustee will then process the benefit according to the governing rules of the superannuation fund and superannuation law.

If we accept the claim and consider that the benefit payment is not payable under superannuation law, the benefit will be paid to you under your Super Extras Policy.

Outside super Linked Benefits	Inside super (Superannuation Income Protection Plan)
Owned by you through Super Extras cover	Owned by the trustee of the relevant fund
Pays benefits available under Super Extras (less any benefits payable inside super)	Pays benefits permitted under super law

The applicable policy fee will be applied to the Superannuation Income Protection Plan.

9.4.3 Limitations

Super Extras is only available as an Indemnity based cover, unless the Policy is replacing Agreed Value Super Extras from AIA Australia and the cancel and replace is being performed to facilitate a change of ownership or correct an administrative error affecting the existing policy.

The Insured Monthly Benefit amount and the cover type (e.g. Indemnity) under both your Income Protection Policies must be the same at all times.

The total benefit payable under both Policies cannot exceed the total Insured Monthly Benefit under the Superannuation Income Protection Plan.

Benefit reductions

If the Insured Monthly Benefit for your Income Protection benefit is reduced under either the Superannuation Policy or the Linked Benefit, the same reduction will apply to the other Policy. We may also reduce the Insured Monthly Benefit under the Superannuation Income Protection Plan so that it does not exceed 100% of your Pre-disablement Income. If this occurs, the amount of such reduction can be paid under a Linked Benefit (Super Extras), if applicable. See Section 5 for the exclusions that apply to all Income Protection cover.

9.4.4 When cover ends

If cover ends under your Superannuation Income Protection Plan, your selected Super Extras cover will also end and vice versa. See Section 9.1 for more information.

9.5 AIA Insurance Superannuation Scheme No2

1. Important information

This section only applies to you if you intend to acquire your Priority Protection insurance benefits via the AIA Insurance Superannuation Scheme No2 (**Scheme**). If you wish to do this, you will need to become a member of the Scheme. This section provides information about the Scheme, including applying for membership, making contributions and how benefits will be paid if you have a claim.

The Scheme is a risk only superannuation product issued out of the Aon Master Trust, which is a regulated superannuation fund under the *Superannuation Industry (Supervision) Act 1993* and is governed by a trust deed and superannuation law.

When you choose to structure your Superannuation Life Cover Plan or Superannuation Income Protection Plan through the Scheme, you will become a member of the Scheme and the Policy under which your selected insurance covers are provided will be owned by Equity Trustees Superannuation Limited (ABN 50 055 641 757, AFSL 229757) as the trustee of the Scheme. The trustee of the Scheme holds the Policy for your benefit. References to the 'trustee' in Section 9.5 of this PDS are references to the trustee of the Scheme.

There are risks associated with membership of the Scheme and any insurance cover obtained through the Scheme. For information about risks associated with Priority Protection insurance policies, see Section 10.1 of this PDS. For information about risks associated with insurance through superannuation, see Section 9.1.

The financial adviser that sells and advises you about Priority Protection insurance is not an agent or representative of the trustee of the Scheme. You should ensure you obtain advice that takes into account your personal situation, objective or needs when deciding whether to acquire Priority Protection insurance through the Scheme.

2. About the Scheme

The trustee has delegated administration of the insurance benefits within the Scheme to Insurance and Superannuation Administration Services Pty Ltd ABN 31 058 682 876 (ISAS or Scheme Administrator). The trustee has also delegated certain reporting and other functions relating to the Aon Master Trust, including the Scheme to Aon Solutions Australia Limited ABN 48 002 288 646 (Fund Administrator).

At the date of this PDS, each of ISAS and Aon Solutions Australia Limited have given and not withdrawn their consent to be named in the form and context in which they have been named in the PDS.

AIA Australia has agreed with the trustee to pay any costs and expenses of operating the Scheme that cannot be met from other Scheme monies, including costs payable to the service providers. The cost of any insurance cover obtained by you as a member of the Scheme is payable by you by transfer or contribution of money

In this section

1. Important information
2. About the Scheme
3. Membership of the Scheme
4. Tax File Number (TFN)
5. Membership fees and costs
6. Contributions and transfers
7. Withdrawing contributions
8. Payment of benefits
9. Nominating beneficiaries
10. Taxation
11. Transfer of Scheme monies
12. Privacy
13. Enquiries and complaints about the Scheme

into the Scheme. Information about the cost of insurance cover (including associated fees) is set out in Section 11.

If the Scheme is terminated, the trustee will consult with AIA Australia to make provision for the transfer of members' benefits in the Scheme to another arrangement within the superannuation system. Transfer could be by way of successor fund transfer to another regulated superannuation fund.

Website disclosures

The trustee is required to disclose certain information about the trustee and the Aon Master Trust on a website.

The trustee's website eqt.com.au contains information and documentation relevant to the Scheme, including the Aon Master Trust trust deed, this PDS, the trustee's most recent annual report, the names of each outsourced service provider to the Aon Master Trust and other disclosures that must be shown on a website under superannuation law.

3. Membership of the Scheme

If you want to obtain Priority Protection insurance benefits through superannuation, you can become a member of the Scheme. The trustee of the Scheme will be the owner of the Policy for the purposes of providing access to insurance benefits under a Superannuation Plan – either a Superannuation Life Cover Plan or Superannuation Income Protection Plan issued by AIA Australia, depending on the benefits you choose. Any insurance benefit due under a Superannuation Plan must be paid to, or on behalf of, the trustee of the Scheme. The trustee of the Scheme can only pay a benefit from the Scheme to you (or your beneficiaries) if it is permitted to do so under the trust deed governing the Scheme and superannuation law.

As a risk-only member of the Scheme, your only benefits in the Scheme will be any insurance benefits payable by AIA Australia under a Superannuation Plan. The trustee does not guarantee payment of any benefit, as any insurance benefits depend on you satisfying Policy criteria relevant to your claim.

Applying for membership

You apply to the trustee for membership of the Scheme at the same time as you apply to AIA Australia for insurance cover. While your application is being assessed, your initial or instalment premium will be held in a trust account held by the trustee until the Policy is issued by AIA Australia. Any interest earned on the account while your initial or instalment premium is held within that account will be retained by the trustee for Scheme purposes and will not be returned to you.

Your membership of the Scheme will not commence until AIA Australia has assessed your application for insurance cover and has agreed to issue the Policy you have applied for to the trustee of the Scheme.

To be eligible to apply for membership and to remain a member of the Scheme, you must meet the eligibility requirements required by the Scheme's trust deed and by superannuation law.

Importantly, you must be eligible to contribute to superannuation or have contributions made on your behalf, or be able to meet the cost of premiums by rolling over superannuation benefits from another complying superannuation fund. Generally, this will mean that you must be:

- under age 65, or
- age 65 or over and under age 75 and gainfully employed for at least 40 hours in a period of 30 consecutive days in the financial year in which the contributions are made (if premiums are made via contributions from your spouse you must be aged under 70). This is known as the 'work test' rule, or
- age 65 or over and paying the required premiums via rollover from another complying taxed superannuation fund.

Note: from 1 July 2019, if you are aged 65 to 74 and do not satisfy the 'work test' rule, you may make voluntary contributions (i.e. concessional or non-concessional contributions) to superannuation provided you:

- satisfied the work test in the financial year prior to the financial year in which the contributions are made
- have a total superannuation balance of less than \$300,000 at the end of the previous financial year,* and
- have not relied on this work test exemption to make voluntary contributions in any previous financial year.

*For details as to how your total superannuation balance is calculated, consult a financial adviser or go to ato.gov.au

If you qualify, this work test exemption applies for 12 months from the end of the financial year you last met the work test.

The trustee will require you to submit a work test declaration form, which confirms that you have met the work test requirements before the trustee can accept the contribution. The concessional and non-concessional contribution caps still apply.

Your membership of the Scheme will cease if you are no longer eligible to contribute to super or have contributions made on your behalf or pay the required premiums by rolling over superannuation benefits from another complying superannuation fund. Alternatively, you have the option to transfer your insurance benefits under the Scheme to an Ordinary Plan. You can do this up to the Policy Anniversary prior to your 75th birthday (see Conversion option in Section 9.1).

Note that by the Policy Anniversary prior to your 75th birthday any remaining insurance benefits on the Scheme will expire. Some benefits can continue for longer under an Ordinary Plan. Consider exercising the Conversion option before the Expiry Dates of each insurance benefit. For information on benefit Expiry Date and availability of the Conversion option see each benefit's corresponding section in this PDS.

For more information about your insurance needs, please speak to your financial adviser. For further information regarding the Work Test requirements, go to ato.gov.au

4. Tax File Number (TFN)

In order for the trustee to issue you with membership of the Scheme and accept contributions on your behalf, you must provide the trustee with your TFN. You don't have to provide your TFN, however if you do not provide your TFN, you cannot participate in the Scheme.

The trustee can only use your TFN to help identify your superannuation benefits and to help calculate any tax on those benefits and to report it to the ATO. If you transfer benefits to another complying superannuation fund or retirement savings account, the trustee can disclose your TFN to the trustee of that fund, unless you tell the trustee in writing not to. The trustee cannot disclose your TFN to anyone else except the ATO. For more information about TFNs, refer to Section 9.1.

5. Membership fees and costs

There are no fees or costs charged to you for Scheme membership other than the cost of insurance cover and any associated policy fee and premium frequency charges as set out in Section 11 and if your premiums are funded by non-concessional contributions, expenses associated with the Scheme are met from the benefit of any tax deduction that is not passed on to you. The only insurance premiums payable through the Scheme are premiums associated with insurance cover under a Superannuation Life Cover Plan or Superannuation Income Protection Plan. Premiums associated with insurance cover outside superannuation (including under Linked Benefits attached to your Superannuation Plan(s)) cannot be paid through the Scheme.

When calculating the cost of insurance cover payable by you through the Scheme (and the superannuation contribution or rollovers to the Scheme), you should note that the benefit of tax deductions that the trustee receives in relation to the premiums paid to AIA Australia is generally passed on to you (either by offsetting

tax payable by the trustee on concessional contributions or on untaxed rollovers, or by a rebate on taxed rollovers) unless your premium payment is funded by a non-concessional contribution in which case the benefit of any tax deduction is retained in the Scheme to meet expenses relating to the Scheme.

You will be notified in advance of any fee changes that are, or result in, an increase in fees or costs for you. AIA Australia may provide notification of insurance-related fees and costs to you directly.

To the extent commissions (and other monetary or non-monetary benefits) are given to financial advisers or others, the commissions or benefits are paid by AIA Australia out of the insurance premiums it receives from the Scheme. The commissions or other benefits are not given by the trustee. Your financial adviser should provide you with information about commissions or other benefits they receive, for example, in the Statement of Advice they provide you.

Cancellation of your insurance and Scheme membership

You can cancel some or all of your insurance cover through the Scheme. Where you cancel all your insurance cover, your membership of the Scheme will also cease, and vice versa. To cancel all your insurance cover and Scheme membership, or cancel some of your insurance cover, you will need to send your written cancellation request to the trustee of the Scheme (refer to Section 10.2 for further information about cancelling insurance cover including information about any refund of premiums and cancellation charges that may apply). If you send your cancellation request to AIA Australia, AIA Australia may need to confirm your request with the trustee of the Scheme.

The trustee of the Scheme will deal with any amounts refunded on cancellation of your insurance cover in accordance with superannuation tax and preservation rules. Any premium you paid as a superannuation contribution or by way of rollover into the Scheme (less allowable adjustments, for example, for taxes) must usually be preserved and cannot be refunded to you directly unless permitted under superannuation laws. You must provide details of another complying superannuation fund so that the trustee of the Scheme can transfer any preserved money into that fund.

Cancellation of Scheme membership within cooling-off period

The Scheme provides a cooling-off period of 28 days, commencing at the earlier of the day the trustee accepts your application for membership of the Scheme and the end of the 5th day after the date the trustee issues confirmation of your membership. During this period you can cancel your membership of the Scheme by sending your written cancellation request to the trustee of the Scheme and your insurance cover via the Scheme will also cease. Any premiums you have paid (including the policy fee) will be refunded to the Scheme and, after adjustment for any taxes payable by the trustee, will be dealt with by the trustee in accordance with superannuation tax and preservation rules. You will lose the right to cancel your Scheme membership under the cooling-off regime if you have exercised any right or power under the Scheme (including under

a Policy held through the Scheme). This means, for example, that premiums will not be refunded where you have made a claim and your Scheme membership will not cease until your claim (and any benefit payment, if applicable) is finalised. Otherwise the trustee of the Scheme will transfer any preserved money to the Scheme's nominated ERF or to the ATO – see 'Transfer of Scheme monies' in this section.

6. Contributions and transfers

The contributions paid by you or on your behalf to the trustee will be used for the purpose of paying the premiums for your insurance benefits under the Superannuation Plan. Contributions will not be invested on your behalf and will not earn investment returns.

You must fund the cost of the entire annual premium for the Policy by way of contribution to the Scheme or alternatively by way of a rollover or transfer from another complying superannuation fund.

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

Personal and spouse contributions can be made in various ways including by direct debit or credit card. For further information, contact the Fund Administrator (see contact details at the end of this PDS).

Your employer can make contributions to the Scheme while you are a member. Employer contributions (voluntary or compulsory) must be made using a SuperStream compliant method. SuperStream is a government reform aimed at improving the efficiency of the superannuation system. All contributions made to the Scheme will be reported as personal non-concessional unless a contribution remittance from your employer is received by the Scheme with each contribution made and complies with SuperStream standards.

Under superannuation legislation, the Scheme cannot accept certain types of contributions. For example, it cannot accept member contributions where the member does not satisfy the eligibility requirements noted above under the 'Membership of the Scheme' section. If the trustee inadvertently receives a contribution that it cannot accept, it must refund the amount after deducting any permissible charges and your Policy may lapse or be cancelled.

Please be aware that the Scheme is not an investment vehicle and does not accept contributions or rollovers in excess of the amount of annual premium due for the insurance cover you hold in the Scheme. Consequently, there is generally no accumulated money in your account and the Scheme will be unable to process any release authority issued by the ATO.

Government and downsizer contributions

The Scheme does not accept contributions from the government. If you are eligible for a government co-contribution or Low Income Superannuation Tax Offset, you will need to nominate another superannuation fund to the ATO so that it can pay your entitlement.

In addition, the Scheme does not accept downsizer contributions (i.e. in summary, contributions up to \$300,000 from the proceeds of selling your home if you are 65 or older and meet other eligibility requirements).

Transfer of money from other superannuation funds

As the Scheme is not an investment vehicle, the trustee will only accept transfers from other complying superannuation funds or superannuation funds that are exempt from complying status (e.g. constitutionally protected funds) if the transferred amount is less than or equal to the annual premium for your insurance cover.

If you fund the cost of a Superannuation Plan by rolling over or transferring amounts from a taxed complying superannuation fund yearly or half-yearly in advance, you will only need to rollover or transfer 85% of the premium requested by AIA Australia in connection with your cover. This is because you generally will be given the benefit of tax deductions that the trustee receives in respect of premiums paid by the trustee to AIA Australia. These deductions are in the form of a 15% rollover rebate which reduces the cost of your insurance that needs to be funded by you.

This rebate may be withdrawn or changed and you will be notified if this occurs.

If you fund the cost of a Superannuation Plan by rolling over or transferring amounts from an untaxed superannuation fund that is exempt from complying status (e.g. constitutionally protected funds) yearly or half-yearly in advance, you will need to rollover or transfer 100% of the premium requested by AIA Australia in connection with your cover. This is because the trustee must pay tax on your untaxed roll-in/transferred amount, which is offset by the tax deduction available to the Scheme for the premiums paid by the trustee to AIA Australia, however there is no resulting tax credit amount able to be passed on to you.

Contribution caps

There are limits (caps) on the amount you can contribute to your superannuation each financial year to be taxed at lower rates. Contribution caps exist to limit the amount that you can contribute to your superannuation each financial year and still receive concessional tax treatment. If your contributions exceed these caps, you may have to pay extra tax. See Section 9.1 for further information regarding these caps.

7. Withdrawing contributions

Under superannuation law you cannot usually withdraw contributions once they have been paid, as superannuation contributions are preserved until you meet a condition of release under superannuation law including, for example, a Permitted Condition of Release (see Section 9.1).

8. Payment of benefits

The trustee can only pay benefits paid to it under a Superannuation Plan to you, your beneficiaries or legal personal representative if it is permitted to do so under the Scheme's trust deed and superannuation law.

The trustee does not guarantee the payment of any benefit, as any insurance benefits depend on you satisfying Policy criteria relevant to your claim.

If you pass away, AIA Australia will pay a lump sum equal to the insured amount under the Life Cover, Term Cover, Accidental Death and/or Income Protection benefits (as applicable under a Plan relevant to your account in the Scheme), to the trustee who will deal with the benefit in accordance with the Scheme's trust deed and superannuation law. Superannuation law generally requires death benefits to be paid to one or more dependants or to your legal personal representative. These terms are explained in Section 9.1.

You can nominate the beneficiaries of your death benefit when you complete your application for membership of the Scheme (see 'Nominating beneficiaries' in this section). You may only nominate beneficiaries who are your dependants (as defined by superannuation law) or your legal personal representative.

Under the Scheme's trust deed, the Trustee may pay interest on the amount of an insured benefit received by the Trustee pending its payment or application, to or in respect of a member of the Scheme, at a rate of interest determined by the Trustee. The payment of interest is at the sole discretion of the Trustee. Interest will only be payable where the Trustee considers that there has been an unreasonable or exceptional delay in the payment or application of insured benefits by the Trustee.

The trustee may request information or evidence to establish a person's eligibility before making a death benefit payment from the Scheme.

9. Nominating beneficiaries

You can make either a non-lapsing binding nomination or a non-binding nomination in the Scheme at the time you apply for membership of the Scheme, or at a later time, by using the relevant form. If the trustee has not received a binding nomination that is valid and effective at the date of your death, the benefit may be paid to one or more of your spouse, other dependant or your legal personal representative.

If you submit a nomination of beneficiary as part of your application for membership of the Scheme, that nomination of beneficiary will also apply to any Complimentary Interim Accidental Death Cover benefit payment AIA Australia makes directly to you (outside the Scheme).

If you do not submit any nomination of beneficiary (either a non-lapsing binding nomination or a non-binding nomination) to the trustee of the Scheme, any Complimentary Interim Accidental Death cover benefit will be paid by AIA Australia to your legal personal representative (your estate).

Non-lapsing Binding Nomination

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

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

Conditions applying to non-lapsing binding nominations are as follows:

- To be valid, a non-lapsing binding nomination must be in writing in the approved form. It must also be signed and dated by you in the presence of two witnesses who must each sign and date the declaration where indicated and set out their full name and date of birth. Each witness must be 18 years of age or over and must not be one of your nominated beneficiaries.
- The nomination must specify the proportion of the benefit to be paid to each nominated beneficiary and the total nomination must add up to 100%.
- You can only nominate beneficiaries who are either your dependants (as defined by superannuation law, see Section 9.1) or your legal personal representative.
- A nomination is effective only when it is received and consented to by the trustee.
- You may revoke or change your nomination at any time by completing a new, valid non-lapsing binding nomination and lodging it with the trustee. You may also change your nomination from binding to non-binding at any time.
- A valid non-lapsing binding nomination is valid and effective for the entire term you are a member, unless one or more of the nominated beneficiaries is not an eligible beneficiary at the time of payment (in which case the non-lapsing binding nomination is not valid and effective in relation to the nomination of non-eligible beneficiaries only), or another nomination (whether binding or non-binding) is lodged with the trustee or the nomination is revoked by you.

Non-binding Nomination

If you provide a non-binding nomination to the trustee, the trustee will take your wishes into account, along with all other available information, but has complete discretion in deciding who will receive the benefit payable from the Scheme on your death.

The trustee may pay the death benefit to one or more of your dependants in whatever proportions the trustee decides or may pay some or all of a death benefit to your legal personal representative to be distributed as part of your deceased estate.

Conditions applying to non-binding nominations are as follows:

- A non-binding nomination does not need to be witnessed to be a valid nomination.

- A non-binding nomination is effective only when it is received by the trustee.
- A non-binding nomination is valid for the entire time that you are a member of the Scheme, unless you lodge another valid nomination with the trustee.
- You may revoke or change your non-binding nomination at any time by completing a new, valid non-binding nomination and lodging it with the trustee. You may also change your nomination from non-binding to binding at any time.

Who can receive the benefit if I pass away?

You can nominate the beneficiaries to receive your death benefit from the Scheme in your application for membership of the Scheme or, at a later time, by completing a Nomination of Beneficiary Membership Application (AIA Insurance Super Scheme No2). You may only nominate beneficiaries who are your dependants (as defined by superannuation law) or your legal personal representative. These terms are explained in Section 9.1. The trustee may request information or evidence to establish eligibility before making a death benefit payment from the Scheme.

10. Taxation

Tax laws (and tax thresholds applicable under tax laws) can change from time to time. How the tax laws may affect you depends on your individual circumstances so you should obtain advice about your own tax situation.

This general information about the taxation of superannuation is based on tax laws effective as at the date of preparation of the PDS. Further information, including updated information about tax thresholds, such as limits for concessional and non-concessional contributions or concessionally taxed benefits, is available at ato.gov.au. See Section 9.1 of this PDS for more information.

Tax payable by the Scheme

Concessional contributions to superannuation funds and rollovers from untaxed sources can currently be taxed up to 15%, payable by the trustee. However, since the trustee is able to claim a tax deduction for premiums paid to AIA Australia under a Superannuation Life Cover Plan and a Superannuation Income Protection Plan, there is generally no tax payable by the Scheme on your concessional contributions or untaxed rollovers because the benefit of the tax deduction received offsets any tax payable (this is subject to change if tax deductions are not obtained).

An extra 15% tax is payable where an individual's income (for surcharge purposes) plus concessional contributions exceeds \$250,000. The tax is payable on the lesser of the individual's concessional contributions (minus any excess concessional contributions) and the excess over \$250,000. This additional tax is assessed by the ATO and payable by the individual personally.

Benefits payable from the Scheme may also be subject to tax, depending on the nature of the benefit and taxation components (see Section 9.1).

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

Is there a tax deduction for superannuation contributions?

It may be possible for an individual to claim a tax deduction (in the individual's tax return) on personal contributions paid to the Scheme if the individual meets the eligibility criteria under taxation law. For information about the eligibility criteria, go to ato.gov.au

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

- the day the person lodges their tax return for the financial year in which the contribution was made, or
- the end of the financial year after the year in which the contribution was made,

and the trustee must acknowledge a deduction notice. Contributions for which a tax deduction is obtained by an individual are concessional contributions, and subject to the limit on concessional contributions the individual can make in a financial year.

Note: you can only submit a deduction notice while you are a Scheme member. Also, a deduction notice covering a contribution may not be valid in certain circumstances, for example, where the individual is no longer a member of the Scheme or the trustee no longer holds all or part of the contribution because an amount has been withdrawn or rolled over to another superannuation fund.

All employer contributions are generally tax deductible for/to the employer when made on behalf of employees to a complying superannuation fund:

- on or before the day that is 28 days after the end of the month in which the employee turns 75
- where the contribution reduces the employer's Superannuation Guarantee charge percentage, or
- where the employer was required to make the contribution by an Australian law, industrial award, determination or notional agreement preserving State awards that is in force.

11. Transfer of Scheme monies

If money is held for you in the Scheme, it can, in some circumstances, be transferred to an Eligible Rollover Fund (ERF) or the ATO, where it will be held until it can be paid to you, a fund you nominate, or (if a death benefit) to your beneficiary or legal personal representative.

The circumstances in which money held for you can be transferred to an ERF or the ATO include:

- if the Superannuation Life Cover Plan or Superannuation Income Protection Plan Policy is cancelled and the trustee is holding contributions or rollovers/transfers into the Scheme that have not yet been applied towards payment of premiums

- the cancellation results in a refund of premiums by AIA Australia to the trustee of the Scheme, or
- the trustee is unable to pay your insured benefit to you because you do not meet a condition of release.

The trustee will transfer your money in the Scheme (after giving you prior written notice of its intention to do so) if you do not inform the trustee of an alternative superannuation fund within the time frame set out in the notice. Your consent to the transfer is not required.

If your money in the Scheme is transferred to the ATO:

- you will have ATO-held super, from where it may be claimed once you've met certain conditions or transferred to another complying superannuation fund in which you are a member
- the ATO will not be able to accept any ongoing contributions from you or your employer, however other amounts from other superannuation funds may also be transferred to your ATO-held super, and
- the ATO-held super does not provide insurance benefits. Any insurance cover you had as part of the Scheme will lapse on transfer to the ATO (if it has not previously ceased for some other reason).

You can find information about ATO-held super at ato.gov.au or through a myGov account linked to the ATO.

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

- you will become a member of the ERF, which means that your money will be governed by the
- ERF's rules, including the ERF's fee structure
- the ERF may not be able to accept any ongoing contributions from you or your employer, but rollovers from other superannuation funds may be permitted, and
- an ERF does not offer insurance benefits. Any insurance cover you had as part of the Scheme will lapse on transfer to an ERF (if it has not previously ceased for some other reason).

12. Privacy

The information below relates to the Scheme trustee's Privacy Policy. Please refer to Section 10.4 for information about AIA Australia's Privacy Policy.

When you apply for membership of the Scheme, you will be asked to provide information that is needed to admit you as a member of the Aon Master Trust (Fund), administer your benefits, identify when you may become entitled to your benefits, and to comply with Australian taxation laws and other applicable laws and regulations.

Equity Trustees Superannuation Limited and/or any related bodies corporate under EQT Holdings Limited (the EQT Group), will collect this personal information about you. If the information requested is not provided, the EQT Group may be unable to process your application or administer your benefits, or your benefits may be restricted.

You should refer to the EQT Group Privacy Policy for more detail about the personal information the EQT Group collects and how the EQT Group collects, uses and discloses your personal information.

The policy is available at eqt.com.au/global/privacystatement and can also be obtained by contacting the EQT Group's Privacy Officer by phone on (03) 8623 5000 or by email to privacy@eqt.com.au.

A copy of the Fund Administrator's Privacy Statement is available online at smartmonday.com.au/privacy.aspx

Use and disclosure

The information that you provide may be disclosed to certain organisations to which the EQT Group has outsourced functions, or which provide advice to the EQT Group and/or to government bodies, including but not limited to:

- organisations involved in providing administration and custody services for the Fund, the Fund's insurers, accountants, auditors, legal advisers, and/or those that provide mailing and/or printing services
- doctors and other experts – the insurer may be required to disclose information about you to these parties for the purposes of assessing your claim
- the ATO, APRA, ASIC, AUSTRAC, Centrelink and/or other government or regulatory bodies, and
- those where you have consented to the disclosure and/or as required by law.

In some cases, these organisations may be situated in Australia or offshore, though it is not practicable to list all of the countries in which such recipients are likely to be located.

Access and correction

Subject to some exceptions allowed by law, you can ask for access to your personal information. The EQT Group will give you reasons if it denies you access to this information. The EQT Group Privacy Statement outlines how you can request access and seek the correction of your personal information.

Direct marketing

The EQT Group may from time to time provide you with direct marketing and/or educational material about products and services the EQT Group believes may be of interest to you. If you do not wish to receive this information from the EQT Group (including by email or electronic communication), you have the right to opt out by advising the EQT Group by phone on (03) 8623 5000 or by email to privacy@eqt.com.au.

Privacy complaints

The EQT Group Privacy Policy contains information about how you can make a complaint if you think the EQT Group has breached your privacy and about how EQT will deal with your complaint.

13. Enquiries and complaints about the Scheme

If you are a member of the Scheme and have any questions about the Scheme (including insurance cover obtained from AIA Australia via the Scheme), please contact the Scheme Administrator on 1800 333 613.

If you have a complaint, please contact the Scheme Complaints Officer below:

Complaints Officer
ISAS
PO Box 1305
South Melbourne, VIC 3205
Phone: 1800 333 613

The trustee (or other person acting on the trustee's behalf) will respond to any questions or complaints as soon as possible. Complaints or enquiries will generally be handled within 90 days as required under superannuation law.

You may also wish to lodge your complaint to Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers. Time limits may apply to complain to AFCA and so you should act promptly or otherwise consult the AFCA website to find out if or when the time limit relevant to your circumstances expires.

Australian Financial Complaints Authority (AFCA)

GPO Box 3
Melbourne VIC 3001
Email: info@afca.org.au
Phone: 1800 931 678
afca.org.au

10. Important information about your Policy

10.1 Risks

There are some significant risks associated with life insurance provided by AIA Australia.

Selection of wrong product

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

Inadequate amount of insurance

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

Inability to obtain an increase in cover

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

Insurance cover may cease to meet your needs

Your changing circumstances may result in your insurance cover ceasing to meet your needs. Additionally, some of your insurance benefits may operate differently as you get older. For example, where you select a Total and Permanent Disablement benefit, the conditions that need to be satisfied in order to validly claim on that benefit may change once you reach a certain age. You should review your insurance needs on an ongoing basis.

Premium rates

Notwithstanding the premium rates guarantee (see Premiums in Section 11.2), your premiums may be varied from time to time.

Late payment of premiums

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

In this section

- 10.1 Risks
- 10.2 General terms and conditions
- 10.3 Taxation
- 10.4 Privacy
- 10.5 Complaints in relation to your Policy

Electing to freeze premiums

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

Duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, which may affect our decision to insure you and on what terms. See 'Getting Started' at the beginning of this document.

Holding insurance within superannuation

There are risks associated with structuring your insurance cover through superannuation. See Section 9.1 for further information.

10.2 General terms and conditions

Your Priority Protection Policy

Your Policy is your contract of insurance with us in respect of the insurance cover you have selected. We hold a copy of this PDS and your Policy Schedule on our systems as evidence of your Policy.

The contract is one of offer and acceptance, and is based completely on the accuracy of your application and any supporting documents. Your Policy commences when we accept your application (or you accept any additional or varied terms that we have offered) and we issue your Policy Schedule.

Together with your application for cover, this PDS and your Policy Schedule constitute the entire agreement between us and the Policy Owner in relation to your insurance cover.

Policy ownership

The Policy Owner is noted on the Policy Schedule in relation to the applicable Policy. If there is more than one Policy Owner, they hold the Policy as joint owners unless otherwise stated on the Policy Schedule.

Guaranteed renewable

Provided you pay the appropriate premium in full within 60 days of the premium due date, each benefit under the Policy is guaranteed renewable until the Expiry Date of that benefit regardless of changes in the Life Insured's health, occupation or pastimes, and in the case of the Income Protection Plan and the Business Expenses Plan, whether a claim has been made.

Fees and charges

Cover under your Policy is subject to payment of the fees and costs payable in relation to your Policy, as set out in your Policy Schedule (including any endorsements thereto) and the renewal statement we provide to you annually.

See Section 11 for further information regarding the fees and charges payable in connection with a Policy.

Renewal statement

Each year you will receive a renewal statement showing the level of your selected benefits under the Policy. Any change to the fees and charges and to the taxation treatment of the Policy and any other matter relevant to the Policy over the preceding year will also be shown in the renewal statement.

If there are any material changes to the circumstances described in this PDS, you will be notified of these in the renewal statement. However, any material change related to fees and charges will be notified in writing prior to the change taking effect.

Increasing or decreasing your cover

Any change to your cover which is initiated by you will be confirmed in writing by us, and instructions from you may need to be confirmed by the trustee if the trustee is the Policy Owner.

Increasing cover

You can increase your Sum Insured and/or Insured Monthly Benefit each policy year in line with the Benefit Indexation Increase for that year as set out in Section 7.2.

You can also select a voluntary increase in your Sum Insured and/or Insured Monthly Benefit. Any voluntary increase will be subject to underwriting and maximum Sum Insured and Insured Monthly Benefit rules.

Decreasing cover

You can decrease the Sum Insured and/or Insured Monthly Benefit of an eligible benefit under the Policy at any premium due date providing the reduced Sum Insured, Insured Monthly Benefit or premium are not below the appropriate minimums in force at the time of the decrease.

Where the Sum Insured and/or Insured Monthly Benefit is decreased, any Benefit Indexation will continue based on the reduced Sum Insured and/or Insured Monthly Benefit.

Cancelling your Policy (other than during a cooling-off period)

You or the trustee, as applicable, can cancel your Policy or individual benefits within the Policy at any time. The Policy may also be cancelled by us in accordance with the provisions of the *Life Insurance Act 1995 (Cth)* or any relevant legislation. Any request to cancel the Policy must be made in writing and signed by the Policy Owner.

If premiums have been paid in advance, or a claim has been paid and the Policy or benefit within the Policy is then cancelled, we may refund the unexpired portion of the premium less any cancellation charges to the Policy Owner. The cancellation charge to which you are subject will include an amount of up to 8% of the premium charged to you in respect of the period for which premiums have been paid in advance, to reflect the premium frequency charge which you would have been subject to had your premiums not been pre-paid.

Where a Policy provides a Linked Benefit (i.e. Superannuation PLUS, Maximiser, Super Extras or Repayment Relief) and the Policy held within superannuation to which the first Policy is linked has been cancelled, the Policy providing the Linked Benefits will automatically be cancelled from the same effective date.

If a Superannuation Plan was obtained as a member of the AIA Insurance Superannuation Scheme No2, you will need to provide the details of another complying superannuation fund to enable the trustee to transfer any premium refund provided upon cancellation.

If you are a member of the Scheme and the cancellation of the Policy means you cease to have any Superannuation Plans through the Scheme, your Scheme membership will also cease.

Lapse and reinstatement of your Policy

If premiums are not paid within 60 days of the premium due date, your Policy will lapse and your cover will cease. You or the trustee (where applicable) can apply for your Policy to be reinstated after it has lapsed. However, you may be required to provide evidence of continued good health and eligibility prior to reinstatement of your Policy.

You will also need to pay any unpaid premiums or premiums with compound interest as we determine.

Reinstatement can occur within 90 days from the premium due date for the first unpaid premium.

After reinstatement without any further medical evidence, the Policy will not cover any event where the symptoms leading to that event were apparent after the Policy lapsed and prior to reinstatement.

You may not reinstate a Policy if a Linked Benefit is selected unless the applicable Superannuation Life Cover Plan or Superannuation Income Protection Plan that the Policy is linked to, is also reinstated from the same effective date.

Pre-existing Condition

Your Policy will not provide cover in respect of any Pre-existing Condition that you knew about or should reasonably have known about and have not disclosed in full to us before a benefit commences, is reinstated or increased (as shown on the Policy Schedule).

Making a claim

You or your beneficiaries must notify us at the earliest possible opportunity of any claim or potential claim against the Policy. All conditions necessary to entitle a claim must be met whilst the Policy is in force.

Following our receipt of your written notice of a claim, we will provide you with the appropriate forms so that proof of your claim can be filed with us. The forms can also be obtained by contacting our Claims Department on 1800 333 613.

The completed claim forms and any other particulars we reasonably request as proof of any entitlement to claim must be provided to us and the trustee, where applicable, before we can begin processing your claim. All certificates and evidence required by us will be at your expense, within 30 days of the written notice, and will be in the form and of the nature as we may request.

Where appropriate, and at our discretion, you may need to be medically examined by our Medical Practitioner or undergo other medical examination (including blood tests and other tests) when and as often as is reasonable in connection with your claim.

If your claim is under a Superannuation Plan, we will notify the trustee of the claim.

Payment of a Sum Insured or Insured Monthly Benefit may not be made for any period more than one month prior to us having received written notice of the claim.

For Superannuation Plans, all claim payments will be paid to the trustee. If directed, we will pay the full claim amount directly to you and you will be responsible for paying the appropriate amount of tax to the Australian Taxation Office.

Where premiums have been paid in advance, as determined by us, we may refund the unexpired portion of the premium, less any charges to you.

Nomination of beneficiaries

Ordinary Plans

You may nominate beneficiaries to receive all death claim proceeds payable under an Ordinary Plan. Any such nomination or any revocation or amendment of such nomination must be made in writing to us, and in a form acceptable to us, subject to the following:

- Contingent nominations cannot be made.
- You may change a nominated beneficiary or revoke a previous nomination at any time prior to the occurrence of an event giving rise to a claim.
- The nominated beneficiary will receive any money payable under the Policy. If the nominated beneficiary passes away before the occurrence of an event giving rise to a claim under the Policy, and no change in nomination has been made, any money payable will be paid to the nominated beneficiary's legal personal representative.
- If ownership of the Policy is assigned to another person or entity, any previous nomination is automatically revoked.
- A nominated beneficiary has no rights under the Policy, other than to receive the Policy proceeds after a claim has been admitted by us. The nominated beneficiary cannot authorise or initiate any policy transaction.
- The nomination, change or removal of a beneficiary must be advised in writing and sent to us.

If you submit a nomination of beneficiary as part of your non-superannuation insurance application, that nomination of beneficiary will also apply to any Complimentary Interim Accidental Death Cover benefit payment we make. If you do not submit a nomination of beneficiary, the benefit will be paid to your estate.

Your valid written nomination will ensure your death claim proceeds are paid directly to the nominated beneficiaries and in the designed portions in your nomination, and will not be paid to your estate.

Superannuation Plans

Where the Policy is held by the trustee of the relevant fund, you can nominate beneficiaries direct to the trustee, subject to the rules controlling the nomination of beneficiary facility, as set out in the fund's trust deed.

If you submit a nomination of beneficiary as part of your application for membership of the AIA Insurance Superannuation Scheme No2, that nomination of beneficiary will also apply to any Complimentary Interim Accidental Death Cover benefit payment we make. If you do not submit a nomination of beneficiary, the benefit will be paid to your estate.

Please refer to Section 9.5 for further information about nominated beneficiary arrangements as a member of the AIA Insurance Superannuation Scheme No2.

Policy upgrades

From time to time we will review the benefits provided under the Policy. If we improve the benefits under the Policy and such improvements result in no increase in premium rates (and, in the case of Superannuation Plans, the improvements are consistent with superannuation laws), we will automatically add these benefit improvements to your existing Policy.

These benefit improvements will be effective from the first date that a new Priority Protection Policy can be purchased from us containing these improvements.

The benefit improvements will not apply to the assessment of claims which relate to any health conditions that you already had when the improvement took place.

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

Incorrect declarations

Misstatement of age

If your actual age at issue of the Policy is different from that stated in your application, the sum payable under the Policy will be reduced to the amount which the premium paid would have purchased based on the correct age. The Sum Insured or Insured Monthly Benefit will never be increased pursuant to this condition. The Expiry Date for the applicable benefits will also be amended accordingly.

Non-smoker status

Where it is declared that you are a Non-smoker (as defined in Section 12) and we have charged a premium based on that declaration, it is a condition of this insurance that if an incorrect non-smoker declaration has been made, the sum payable under the Policy will be reduced to the amount which the premium paid would have purchased had a correct declaration been made.

Lost or destroyed policy documentation

If your policy documentation is lost or destroyed, we will replace it, but we may charge to recover the costs involved.

This charge is currently not greater than \$100 and covers the cost of reissuing the lost document, including advertising the loss, which is a statutory requirement in some circumstances. We may vary this charge from time to time. We may also require you to sign a statutory declaration to the effect that the policy documentation has been lost or destroyed.

Transfer of ownership (assignment)

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

If your Policy is owned by a superannuation trustee, you may request a transfer of ownership of that Policy from the current trustee to the trustee of an Approved Superannuation Fund, an SMSF or the AIA Insurance Superannuation Scheme No2. The transfer is subject to the agreement of the trustee of the relevant fund.

Please contact us for further information and the Memorandum of Transfer form you will need to complete. The form must be signed by us and will be annexed to the Policy.

You should also be aware that by assigning the Policy, the Policy Owner forfeits all rights to benefits payable under the Policy, and that the transfer may have tax implications. An assignment of the Policy will result in the revocation of any previous nomination of beneficiary.

No assignment of the Policy or the benefits under it shall bind us unless and until the transfer has been registered by us. We take no responsibility as to the validity of any transfer of ownership.

All Plans

The Ordinary and Superannuation Plans are not savings plans, and are without profit. Their primary purpose is to provide a benefit payment in the event of death, Sickness or Injury, as applicable to each type of insurance cover.

Statutory fund

All Policies will be written in the AIA Australia Statutory Fund No 1. The Policies do not participate in bonus distributions.

Currency

All amounts under the Policy, whether payable by you or us, are payable in Australian currency.

Economic sanctions

We are subject to certain laws and economic sanctions (both local and international) which may prohibit us from completing some financial transactions and/or dealings with the Policy Owner, the Life Insured and any beneficiaries. We will not deal with the Policy Owner or the Life Insured or complete a financial transaction under the terms of the Policy if we are prohibited from doing so by law (including a law relating to sanctions).

How to apply

Priority Protection is sold through financial advisers who hold an Australian Financial Services Licence (AFSL), or who are authorised to provide financial advice by a holder of an AFSL. AIA Australia does not employ financial advisers or authorise them to provide financial advice under any licence held by it.

Your financial adviser will provide you with a quotation detailing the benefits you wish to purchase and the initial premiums for those benefits and assist you with the application process. You should

ensure that any advice you obtain takes into account your personal situation, objective or needs when deciding whether to acquire insurance.

The availability and operation of a number of benefits provided under the Priority Protection plans depends on your Occupation Category. Your financial adviser can provide you with information regarding your Occupation Category. Occupation Categories are defined in Section 12. We may ask you to authorise your financial adviser to progress and finalise your insurance application on your behalf and to arrange for the Policy to be issued without further involvement from you. Please see the application form for further information. In these circumstances we require financial advisers to agree that they will only exercise their authority in accordance with your instructions.

Financial Adviser Authority

You have the option to appoint your financial adviser to provide us with instructions relating to your insurance Policies (including policies relating to a Superannuation Plan held by the trustee of the Scheme) and any associated AIA Vitality memberships on your behalf. If you provide your financial adviser with this authority and your adviser accepts this appointment, your adviser will be able to instruct us to make changes to your Policy/Policies or AIA Vitality membership and we will be authorised to accept those instructions.

Under the terms of the authority, the Policy Owner (excluding Equity Trustees Superannuation Limited, where it is a Policy Owner in respect of a Superannuation Plan acquired for a member of the Scheme) and the Life Insured will generally be responsible for the financial adviser's conduct, and we will not generally be responsible for such conduct (subject to applicable law).

For more information (including in relation to the type of instructions your financial adviser will be able to provide) and to establish the financial adviser authority, refer to the Financial Adviser Authority section in the application form or the Financial Adviser Authority form available from us. All Policy Owners (other than the Policy Owner of Superannuation Plans acquired through the AIA Insurance Superannuation Scheme No2 and any Approved Superannuation Fund), Lives Insured and your financial adviser will need to complete the relevant sections of the Financial Adviser Authority.

If required, you should obtain your own legal or other professional advice before completing the Financial Adviser Authority.

Health and other information required

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

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

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

Also in some cases we may offer cover to you in modified terms and may modify your initial premium. You will be notified in writing and will need to agree to such modified terms before cover is issued. A financial adviser authorised to progress your application and arrange your cover may agree to such modified terms on your behalf.

Policy Schedule

If you have cover under an Ordinary Plan, we will send a copy of your Policy Schedule directly to you as the Policy Owner.

If your cover is under a Superannuation Plan, we will send a copy of your Policy Schedule to:

- you, if you are a member of the Scheme or if your insurance is through an Approved Superannuation Fund, or
- the trustee if your insurance is held through an SMSF.

10.3 Taxation

Ordinary Plans

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

The tax treatment of premiums and benefits for insurance held outside superannuation is set out below.

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

*Income tax including capital gains tax may apply in some situations.

Superannuation Plans

Information about the tax treatment of superannuation is provided in Section 9.

10.4 Privacy

Your privacy is important to us, and we are bound by the privacy principles which apply to private sector organisations under the *Privacy Act*, and other laws which protect your privacy.

We may need to collect information from you and other sources so that we can process your insurance application, administer your Policy and manage your claims. We may not be able to do these things without your Personal Information. The reasons we collect, use and disclose personal and sensitive information (Personal Information) and the persons from which we may collect Personal Information and to whom we may disclose Personal Information, are set out in full in our Privacy Policy which can be obtained online at aia.com.au or by contacting us on 1800 333 613.

Our Privacy Policy also sets out your right to access the Personal Information we hold about you, and how you can request the correction of your Personal Information if it is inaccurate, incomplete or out of date or make a complaint in relation to our use of your Personal Information.

If you have any questions or concerns about your Personal Information, please contact us in writing to: The Compliance Manager, AIA Australia, PO Box 6111, Melbourne VIC 3004 or by phone on 1800 333 613.

10.5 Complaints in relation to your Policy

If you have any questions or concerns about your Policy, you should firstly contact your financial adviser.

You can also contact us directly in writing to AIA Australia Complaints Coordinator, PO Box 6111, Melbourne VIC 3004, by email to au.complaints@aia.com or by phone on 1800 333 613.

We will promptly investigate your matter and, if necessary, refer your matter to our Internal Dispute Resolution Committee. Internal complaints are normally resolved within 45 days.

You may also wish to lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers.

You can contact AFCA online at afc.org.au, by email to info@afc.org.au, by mail to Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001, or by phone on 1800 931 678.

For information regarding how you can make a complaint in relation to your membership of the Scheme, see Section 9.5 of this PDS.

11. The costs of insurance

All the costs of your Policy, including fees, charges and premiums are described in this section. We will not apply any other costs without your specific consent.

However, we retain the right to vary any fees and charges. We will advise you in writing at least 30 days prior to any change as set out under 'Changes to fees and charges' in this section.

11.1 Fees and charges

Premiums

The premiums you pay for your insurance cover are based on premium rating factors such as your age, sex, occupation, state of health, and whether you are a smoker or non-smoker. Premium rates also take into account the level of cover and the optional benefits you choose and appropriate government charges.

Premium rates allow for the cost of insurance and our expenses, including commission payable to a financial adviser. A table of premium rates is available on request.

The minimum premium is \$300 per year per Policy, inclusive of any discounts, loadings, policy fees and stamp duty. We will let you know your premiums before we issue your Policy and before you become a member of the Scheme, as applicable.

The premium applicable to your Policy is input taxed for the purposes of GST. You do not have to pay GST on your premiums or on any benefits you receive.

See Section 11.2 for detailed information about premiums, including premium structures and payment methods.

Policy fee

As of the date of this PDS, the policy fee is \$85.60 per year, per Life Insured regardless of the number of plans, benefits or Policies purchased under Priority Protection.

If you have cover under a Superannuation Plan and you have also purchased Linked Benefits that are held under a separate Policy, the policy fee will be applied to the Superannuation Plan.

The policy fee is charged in addition to the premiums applicable per benefit and any other fees and charges that apply to your Policy, and will be subject to any premium frequency charge and stamp duty applicable to your Policy.

From time to time we may vary the method and rules we use to determine the timing and amount of any change in the policy fee, including indexing of the fee. You will be notified of any variations as required by law.

In this section

- 11.1 Fees and charges
- 11.2 Premiums

The policy fee will automatically increase each year effective from 1 October by the percentage increase in the CPI over the 12 months ending on 30 June prior to the effective date of the increase in the policy fee (1 October).

There will be no more than one policy fee increase in a year.

Each year the applicable policy fee on your Policy will increase at the Policy Anniversary on or after the date of the policy fee increase (1 October).

Premium rate guarantee

The premium rates under all Plans are guaranteed for a minimum of two years from the commencement of the Policy.

Any increase in a table of Stepped, Level, Optimum or Term Level premium rates will not take effect in respect of a benefit until the second anniversary of the Policy Commencement Date or the next Policy Anniversary following the latest increase in the table of premium rates for that benefit, if later.

This guarantee does not apply to any standard increases such as age-based or CPI increases, alterations, premium frequency charge increases or reductions in discounts. It also does not apply to a policy that is cancelled and replaced.

We may vary premium rates from time to time after the two-year period.

Changes to fees and charges

We retain the right to vary any fees and charges at our discretion. Future government charges may also vary, and this may affect your premium.

We will advise you in writing at least 30 days prior to any change (except changes to government charges) that results in increased fees or costs to you. Your Policy will not be singled out for any increase in fees or charges.

To the extent not prohibited by law, we may also adjust the amount we charge in respect of a premium payment due to rounding.

Where we become liable for any tax or other imposts levied by any Commonwealth, state or territory government, authority or body in connection with the Policy, we may reduce, vary or otherwise

adjust any amounts (including but not limited to premiums, charges and benefits) under the Policy in the manner and to the extent we determine to be appropriate to take account of the tax or impost.

Stamp duty

Stamp duty is a government charge that can vary from 0% to 11% depending on the state or territory in which you live and the type of benefit you select.

For some Rider Benefits, the amount of stamp duty payable is included in the premium and is not an additional charge to you. For other benefits, it is not included in the premium and is an additional charge to you. Your financial adviser can provide you with a personalised premium quotation showing the amount of any stamp duty that is payable as an additional charge under the Policy.

If the amount of the stamp duty payable is increased or decreased by a state or territory, the stamp duty charged under the Policy may be changed accordingly for future premium payments.

Commissions

We may pay commission payments to your financial adviser. You will not incur any additional costs for commission over and above the premium payable by you in respect of the Policy.

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

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

Your financial adviser should provide you with information about commissions or other benefits they receive, for example, in the Statement of Advice they provide you.

Amounts due and payable

Where payments are received by us and those payments are not due, or the amount received is greater than or less than the amount due, AIA Australia intends to treat those payments as follows:

- Where payment is received by us and payment is not due, we may hold the amount received in an offset account and apply it to future amounts due.
- Where payment is received by us and the amount received is greater than the amount due, we may apply a portion of the amount received to cover the amount due and hold the remaining amount in an offset account and apply it to future amounts due.
- Where payment is received by us and the amount received is less than the amount due, we may hold the amount received in an

offset account until the outstanding amount is received and then may apply the total amount received to the amount due.

The offset functionality does not apply to any superannuation contributions received by the trustee of the AIA Insurance Superannuation Scheme No2.

AIA Australia will only apply amounts held in an offset account to fees related to AIA Vitality where AIA Australia, in its sole discretion, determines that the amount was intended to be used for this purpose.

These offset functionality changes are applicable to the extent not otherwise prohibited or restricted by law.

11.2 Premiums

You can choose how to structure your premiums, how often to pay and the payment method. Premiums for a benefit will cease at the Expiry Date of the benefit.

This section provides information about these options, along with other important premium-related information.

Premium structure

All premiums will vary each year in line with the benefit amounts under your policy.

In addition, you can choose to vary your premiums by age each year (Stepped premiums) or remain the same based on your age at the start of the Policy for a set period of time (Level premiums). You can also choose Term Level and Optimum premium structures, each of which provides some flexibility across Stepped and Level premium structures. Different Plans under your Policy can have different premium structures. However, Rider Benefits must have the same premium structure as the Plan they are attached to, unless a benefit is only offered with a Stepped or Level premium structure.

The premium structures available for each insurance cover are set out in the relevant sections.

Stepped

Your premiums will be based on the current premium rate applicable at your age at each Policy Anniversary. This means that the actual premium payable by you will increase each year.

Level

The Level premium option means your premiums will be based on the current premium rate applicable to your age at the start of the Policy and this will remain the same until the Policy Anniversary prior to your 65th or 70th birthday. Your premiums will then convert to Stepped and be payable until the Expiry Date of the benefit.

Term Level

The Term Level premium option means your premiums will be based on the current premium rate applicable to your age at the start of the Policy and remain the same for an initial 5, 10 or 15 year term. Your premiums will then convert to Stepped (which includes a loyalty discount) and be payable until the Expiry Date of the benefit.

Optimum

The Optimum premium option means your premiums are Stepped from the commencement of the Policy and automatically convert to Level at the Policy Anniversary when the Stepped premium amount becomes greater than the Level premium amount based on the age of the Life Insured at the start of the Policy.

When the premiums convert to Level, it means premiums will be based on the current premium rate applicable to your age at the start of the Policy and this will remain the same until the earlier of the Policy Anniversary prior to your 65th birthday or the Expiry Date of the benefit. After that, Stepped premiums are payable until the Policy/benefit ends.

A premium loading applies from the commencement of the Policy until the earlier of the Policy Anniversary prior to your 65th birthday or the Expiry Date of the benefit.

Level premiums may change

Your premiums under the Level, Term Level or Optimum premium structure may remain the same for a period of time, despite increases to your age, but they can still change in certain circumstances, including where we adjust the applicable premium rates. See for example 'Benefit Indexation' in Section 7.2 and 'Changes to your premiums' below.

Changing your premium structure

You may be able to alter your premium structure without needing to cancel-and-replace your Policy except in the following instances:

- switches to and from Term Level, including switches from Term Level to another Term Level premium structure (for example, 5-year Term Level to another 5-year Term Level or a 10-year Term Level), and
- switches between 'Level to Age 65' and 'Level to Age 70'.

Premiums will be subject to the rates applicable to your age at the time of the alteration in premium structure.

Premium frequency and payment method

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

Initial and subsequent premiums can be paid monthly, half-yearly or yearly by Mastercard, Visa Card, Diners Card and American Express or via Direct Debit from your financial institution.

BPAY and POSTbillpay are only available for subsequent half-yearly and yearly premium payments.

We may have premium frequency payment agreements with an Approved Superannuation Fund or SMSF that limit the premium frequency options. For example, the premiums may only be able to be paid monthly or yearly.

The payment of premiums for insurance cover via the AIA Insurance Superannuation Scheme No2 is subject to superannuation laws, including SuperStream requirements applicable to employer contributions.

Any interest earned by AIA Australia during the period premiums are held in trust will be retained by us.

Premium frequency charge

Monthly and half-yearly payments are subject to a premium frequency charge that will be included in the premium amount. The premium frequency charge also applies to the policy fee.

The charge is calculated as a percentage of the yearly premium as follows:

- Yearly – 0%
- Half-yearly – 5%
- Monthly – 8%.

We will notify you in writing of any change in the amount of this charge prior to the change taking effect.

If you cancel your Policy and we apply a pro rata refund of premiums, a premium frequency charge will be deducted.

Changes to your premiums

Premium rates under all Plans may be reviewed and varied from time to time, and we will notify you in writing of any increase or decrease prior to the change taking effect. We will not apply the change until your next Policy Anniversary. A table of premium rates is available on request.

Premium rates can only be altered for all policies in a group; rates may not be altered individually and your Policy cannot be singled out for an increase.

Your premiums will also change if:

- you change your Sum Insured or Insured Monthly Benefit, or
- you choose to have your Sum Insured or Insured Monthly Benefit automatically increased each year to keep pace with inflation (see 'Benefit Indexation' in Section 7.2).

If we don't receive a premium payment

It is important to maintain payment of your premiums so that your Policy does not lapse. If your Policy does lapse, you will not be covered for any of the benefits you have selected.

We allow 60 days from the premium due date for the payment of each premium by you, or by the trustee if you have a Superannuation Plan. During this time your Policy (and any Linked Benefits, if applicable) will remain in force.

If premiums are not paid in full within the 60-day period, your Policy will lapse and all cover provided under your Policy will end.

If you have a Superannuation Plan and have acquired Maximiser or Super Extras under a separate Policy issued to you, and cover ends due to non-payment of premiums under Maximiser or Super Extras, cover will also end under the other Policy.

Premium adjustments

Stepped and Optimum (during the Stepped premium phase) premiums will be adjusted to allow for the higher Sum Insured/ Insured Monthly Benefit and your age at that time.

Where Level and Optimum (during the Level premium phase) premiums are being paid, your age at the time that benefit was first issued (provided that the benefit was not subsequently cancelled) is used to calculate the premiums payable on the increase.

Where Term Level premiums are being paid, your age at the time that benefit was first issued (provided that the benefit was not subsequently cancelled) is used to calculate the premiums payable on the increase for the initial term only. At the end of the initial term, and once the premiums convert to Stepped, indexation increases will be adjusted to allow for the higher Sum Insured and your age at that time.

You can opt out of indexation increases on your application form or before a Policy Anniversary by contacting us.

Premium discounts

This section describes the Premium discounts that may apply to your Policy. Premium discounts are not guaranteed. We will notify you if the premium discounts described in this PDS are withdrawn.

Initial selection discount

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

You can choose to not have this discount applied at the time you take out your Policy. If you opt out of a discount, the discount will not apply to your Policy and cannot be selected at a later date. Please note that the Initial Selection Discount is applicable to new insurance cover only (not cover that is cancelled and replaced), whether under an Ordinary Plan or a Superannuation Plan. The Initial Selection Discount percentage will appear on your quote.

Loyalty discount (Term Level premiums only)

All benefits purchased on a Term Level premium basis will receive a loyalty discount at the end of their initial term, when the premiums convert to Stepped. The discount varies depending on the length of the initial term selected, as follows:

- Initial term of 5 years – 2.5%
- Initial term of 10 or 15 years – 5%.

The discount will apply to that benefit until its Expiry Date, and is transferable to any replacement Policy.

Only one loyalty discount will apply at any time.

The loyalty discount will not apply to any new benefits added or any increases in risk or Sums Insured (excluding Benefit Indexation increases) after the initial term.

Bundled discount

If your Policy includes:

- one or more Required Income Protection Plans (as listed below) with a total combined premium of \$700 or more per year, and
- one or more Eligible Lump Sum Plans (as listed below) with a total combined premium of \$700 or more per year then the Eligible Lump Sum Plan premium will receive the Bundled Discount of 12.5%.

The \$700 annual premium threshold excludes stamp duty, policy fees, and the AIA Vitality contribution fee and AIA Vitality discount.

Only one of either the Lump Sum Bundled discount or the Bundled discount will apply at any time.

The discount will end if:

- a Required Income Protection Plan or Eligible Lump Sum Plan is cancelled, expires, or is otherwise terminated, leaving only one Plan, or
- the premiums from the Required Income Protection Plans or Eligible Lump Sum Plans fall below the required \$700 annual premium threshold.

Required Income Protection Plans

- Income Protection
- Business Expenses
- Superannuation Income Protection – including Super Extras.

Eligible Lump Sum Plans

- Life Cover
- Crisis Recovery Stand Alone
- Superannuation Life Cover – including Superannuation PLUS and Maximiser.

Lump Sum Bundled discount

If the life insured holds all of the Lump Sum covers (as listed below), each with a premium of \$400 or more per year, then the Lump Sum cover premiums will receive the Lump Sum Bundled discount of 7.5%.

The \$400 annual premium threshold excludes stamp duty, policy fees, the AIA Vitality contribution fee and AIA Vitality discount.

Only one of either the Lump Sum Bundled discount or the Bundled discount will apply at any time.

The discount will end if:

- A Lump Sum cover is cancelled, expires, or is otherwise terminated, or
- The premiums fall below the required \$400 annual premium threshold.

Lump Sum covers (inside super, outside super or as linked benefits):

- Life Cover,
- Total and Permanent Disablement (TPD) as Stand Alone or Rider Benefit; and
- Crisis Recovery as Stand Alone or Rider Benefit.

AIA Vitality membership discount

If the Life Insured is a member of the AIA Vitality program (AIA Vitality) provided by AIA Australia, the premium in relation to your Policy may be discounted. Not all lives insured, types of premiums or Plans may be eligible for membership or premium discounts.

Fees and charges may apply to AIA Vitality membership, and premium discounts are not guaranteed.

Whether the premium is discounted, and the extent of those discounts, will depend on our rules that govern such discounts, the Life Insured's activity and the terms and conditions of AIA Vitality. Please refer to the 'AIA Vitality Premium Adjustment Rules' available at aiavitality.com.au for rules governing discounts.

We may vary or withdraw the rules from time to time. The Policy Owner will be required to pay fees associated with AIA Vitality on behalf of the Life Insured (in respect of the Ordinary Plans where the Policy Owner is a natural person), unless otherwise agreed with us and to the extent permitted by law.

You can also speak to your financial adviser for further information about these discounts or to obtain a copy of the rules governing these discounts.

For Superannuation Plans, membership of AIA Vitality will need to be established and paid for by you outside of the superannuation fund.

For further information, please contact AIA Vitality by mail to PO Box 6111, Melbourne VIC 3004, by email to queries@aiavitality.com.au or by phone on 1800 VITALITY.

Large Sum Insured discount

You may be eligible for a premium discount at the time you take out your Policy, depending on your Sum Insured, as set out in the table below.

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

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

Benefit	Sum Insured Monthly Benefits	Large Sum Insured discount for all ages
Life Cover and Term Cover	Up to \$249,999	0%
These discounts are not available for Accidental Death.	\$250,000 to \$499,999	10%
	\$500,000 to \$749,999	20%
	\$750,000 to \$999,999	26%
	\$1 million or greater	30%
TPD Rider Benefit	Up to \$999,999	0%
These discounts also apply to Accidental TPD and Universal TPD Rider Benefits.	\$1 million or greater	5%
TPD Stand Alone	Up to \$499,999	0%
These discounts also apply to Accidental TPD Stand Alone and Universal TPD Stand Alone.	\$500,000 to \$999,999	5%
	\$1 million or greater	10%
Crisis Recovery Stand Alone	Up to \$299,999	0%
These discounts are based on the combined Crisis Recovery Stand Alone and any attached Crisis Extension Sum Insured and are applied to the premiums for both benefits.	\$300,000 to \$499,999	3%
	\$500,000 or greater	5%
Income Protection, Superannuation Income Protection and Business Expenses Plans	Up to \$3,999 per month	0%
The same large sum insured discounts will apply to the Claim Escalation, Advantage Optional, PLUS Optional, Income Protection Lump Sum, Day 1 Accident and to all benefits provided under Super Extras when selected.	\$4,000 to \$9,999 per month	7.5%
	\$10,000 per month or greater	10%

Health and Life discount

If the Life Insured is also insured under an eligible AIA Health Insurance or myOwn policy, the premium in relation to your Policy (exclusive of stamp duty, premium frequency charge, health loadings and policy fee) may be discounted by 5% as long as AIA Vitality remains attached to the AIA Health Insurance or myOwn policy. An AIA Health Insurance or myOwn policy is a private health insurance policy issued by AIA Health Insurance Pty Ltd (ABN 32 611 323 034), which is packaged with a separate entitlement to the AIA Vitality program.

This discount will be applied to premiums under your Policy that fall due on a date on which you are insured under, and have paid your first premium for, an AIA Health Insurance or myOwn policy.

Policies issued by AIA Health Insurance Pty Ltd under a brand other than AIA Health Insurance or myOwn may not be eligible for the Health and Life membership discount.

The Health and Life membership discount is not guaranteed for the life of your Policy and may be withdrawn or varied by us from time to time at our discretion.

Other discounts

We may from time to time provide other discounts on the Premium payable under your Policy. Please speak to your financial adviser for details of any other discounts that you may be entitled to receive.

How discounts are applied

Where more than one type of discount applies to your premium, the discount percentages are applied one at a time. This means that each discount after the first will be applied to the premium already reduced by the previous discount.

12. Definitions

This section sets out the meanings of the capitalised terms used in this PDS.

General Definitions are included in Section 12.1 and Medical Definitions are shown in Section 12.2. References to 'you', 'we', 'us', 'our', 'insurer', 'AIA Australia' and 'trustee' (and each of their derivatives) have the meaning set out in the 'Defined Terms' section on the inside front cover of this PDS.

If you need to make a claim on your Policy, we will rely on the relevant definitions when assessing your claim.

12.1 General Definitions

Accidental Death means that death is a result of a physical injury which is caused **solely** and directly by violent, external and unexpected means that is not traceable, even indirectly, to your state of mental or physical health before the event. Death resulting from a Sickness does not constitute 'Accidental Death'.

Accidental Injury means a physical injury which is caused **solely** and directly by violent, accidental, external and visible means, and which occurs entirely independently of a health condition or any other cause whilst the benefit is in force. Sickness resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Accidental Injury'.

Activities of Daily Living means the following activities:

Bathing

Means the ability for you to wash yourself either in the bath or shower or by sponge bath without the assistance of another person. You will be considered to be able to bathe yourself even if the above tasks can only be performed by using equipment or adaptive devices.

Dressing

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

Eating

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

Toileting

Means the ability to get to and from and on and off the toilet and to maintain a reasonable level of personal hygiene without the assistance of another person. You will be considered able to

toilet yourself even if you have an ostomy and are able to empty it yourself, or if you are able to use a commode, bedpan or urinal and are able to empty and clean it without the standby assistance of another person.

Transferring

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

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

Agreed Value means:

- the Insured Monthly Benefit is agreed with you at the time of application and is based on your Income at that time
- the Insured Monthly Benefit is guaranteed subject to receipt by us of financial evidence in relation to your application. That evidence must be satisfactory to us. If financial evidence in relation to your application is not provided to us at time of application, that evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply (see Section 5.4), and
- cover on an Agreed Value basis is available only to Occupation Categories A1, A2, M, A3, A4, B, C and CT.

Inside Super

In addition, if you select Agreed Value under the Superannuation Income Protection Plan, it is a requirement under superannuation legislation that you cannot receive more than your Pre-disablement Income. Consequently you will not be able to receive more than the Pre-disablement Income (Agreed Value) from all sources while you are being paid a benefit for Temporary Incapacity within the superannuation environment. Therefore, regardless of any other terms in this PDS, we will reduce any benefit we pay you inside the superannuation environment so that the total of all Income you receive from all sources, except interest, dividends and other similar investment income, does not exceed 100% of your Pre-disablement Income (Agreed Value).

If the Agreed Value monthly benefit payable under the Superannuation Income Protection Plan is reduced due to this cap, the amount of such reduction can be considered under a Linked Benefit (Super Extras), if applicable.

- **Agreed Value (Verified)**

If your Policy Schedule shows that a benefit written on an Agreed Value basis is Agreed Value (Verified), then in the event of a claim, we will only ask the income questions in the AIA Australia claim form. We will not require any additional financial evidence at the time of the claim except in relation to the assessment of a Partial Disablement benefit or where a financial or income offset has been applied to the Policy.

- **Agreed Value (Unverified) and Agreed Value (Partially Verified)**

If your Policy Schedule shows that a benefit written on an Agreed Value basis is Agreed Value (Unverified) or Agreed Value (Partially Verified), then in the event of a claim we will require additional financial evidence to verify the Insured Monthly Benefit.

Approved Superannuation Fund means a superannuation fund that is a complying fund, and which has an arrangement with us to purchase one or more of the life insurance benefits under the Superannuation Plans for one or more of its fund members as the insured persons. Note that the AIA Insurance Superannuation Scheme No2 is not an Approved Superannuation Fund for this purpose. A list of Approved Superannuation Funds can be obtained by calling us on 1800 333 613.

Benefit Indexation means an annual increase in the Sum Insured and/or the Insured Monthly Benefit pursuant to the Benefit Indexation benefit described in Section 7.2 of this PDS.

Benefit Period is stated on the Policy Schedule and is the maximum period during which an Insured Monthly Benefit is payable.

Child/ren means your natural child/ren, stepchild/ren or legally adopted child/ren.

Commencement Date means the date on which insurance cover begins, as shown on your Policy Schedule.

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

Crisis Event means a condition that is listed under the relevant insurance benefit. Crisis Events are defined in Section 12.2 under our medical definitions section.

Crisis Extension Event means a condition that is listed under the relevant insurance benefit. Crisis Extension Events are defined in Section 12.2 under our medical definitions section.

Date of Loss (Needlestick) is determined as the date that sero-conversion takes place (i.e. the date upon which you are diagnosed as HIV positive, Hepatitis B positive or Hepatitis C positive).

Dependant means:

Outside Super

- your Spouse (including a de facto Spouse and certain same sex partners), or
- your Children (including Children of same sex partners), or
- a person who is financially dependent on you.

Inside Super

For Superannuation Plans, 'dependant' is defined in Section 9 of this PDS.

Employee means you are paid for time worked and are required to perform the prescribed duties and work hours of your position set by an employer for at least 20 weeks per year. You cannot be Self-employed, an employee of your own company, partner in a partnership or a trustee of a trust, or an Employee of any immediate family member. As an employee you have no ownership interest in the business or practice by whom you are employed, directly or indirectly (except as a shareholder in a publicly listed company).

Expiry Date for a benefit means the premium expiry date shown on the Policy Schedule for that benefit.

Extended Indemnity

- The monthly benefit payable in the event of Total Disablement is the lower of the Insured Monthly Benefit under the Income Protection benefit and 75% of the first \$26,667 of your monthly Pre-disablement Income (Extended Indemnity) at the start of the Total Disablement plus 50% of the next \$20,000 of your monthly Pre-disablement Income (Extended Indemnity) plus 20% of the next \$150,000 of your monthly Pre-disablement Income (Extended Indemnity)
- The Insured Monthly Benefit is not guaranteed
- Financial evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply (see Section 5.4), and
- Cover on an Extended Indemnity basis is available to Occupation Categories A1, A2, M, A3, A4, B, C, CT, D and E.

Inside Super

In addition, if you select Extended Indemnity under the Superannuation Income Protection Plan (when available), it is a requirement under superannuation legislation that you cannot receive more than your Pre-disablement Income. Consequently you will not be able to receive more than the Pre-disablement Income (Extended Indemnity) from all sources while you are being paid a benefit for Temporary Incapacity within the superannuation environment. Therefore, regardless of any other terms in this PDS, we will reduce any benefit we pay you inside the superannuation environment so that the total of all income you receive from all sources, except interest, dividends and other similar investment income, does not exceed 100% of your Pre-disablement Income (Extended Indemnity) as at the date of disablement.

If the Extended Indemnity monthly benefit payable under the Superannuation Income Protection Plan is reduced due to this cap, the amount of such reduction can be considered under a Linked Benefit (Super Extras), if applicable.

Full-time Employment

Full-time Employment has two different meanings depending on the type of cover:

- Means working a minimum of 20 hours per week, 48 weeks per year, excluding public holidays, for the following benefits:
 - TPD and TPD Stand Alone
 - Double Total and Permanent Disablement
 - Accidental TPD and Accidental TPD Stand Alone
 - Waiver of Premium under Life Cover, and
 - Repayment Relief.
- Means working a minimum of 25 hours per week, 48 weeks per year, excluding public holidays, for the following benefits:
 - Income Protection and Income Protection Accident Only, and
 - Business Expenses.

Guaranteed Future Insurability

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

- Permanent Separation:
 - a permanent separation of two parties to a Marriage as defined above
 - an option under the Permanent Separation event can only be exercised once. The event must not have occurred within six months of the Marriage event, as defined above
 - you must be a party to the Permanent Separation, and
 - the permanent separation to be evidenced by an order of divorce or a statutory declaration signed by both parties.
- First anniversary of Marriage.
- First anniversary of Permanent Separation.
- Death of a Spouse.
- Becoming a Carer (for the first time):
 - you must become a full-time carer for the first time, who continuously provides constant in-home care for at least 20 hours per week, 48 weeks per year, to a Dependant. The Dependant requires assistance due to their disability or medical condition or due to being frail aged.
- Birth or adoption of a Child:
 - the birth or legal adoption of a Child
 - you must be a parent of the Child, and
 - adoption of a Child can be by same sex or heterosexual couples.
- Dependant Child commences Tertiary Education.
- Effecting a first mortgage on the purchase of a home, or increasing an existing first mortgage for the purpose of building or renovation works on the home:
 - the mortgage must be on your principal place of residence with a mortgage provider.

Limits apply to benefit amount increases available under Guaranteed Future Insurability (see Section 7.3).

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

Income means for:

- **Employed Person**

The total pre-tax remuneration paid to an Employed person including salary, commission, bonuses, overtime, fringe benefits and superannuation contributions (statutory and/or voluntary). This does not include income which is not derived from the Life Insured's personal exertion or activities, such as interest or dividend payments.
- **Self-employed Person**

Income that you generate and receive from your business or practice due to your personal exertion or activities, less your share of necessarily incurred business expenses, for the last financial year. Income does not include other unearned income such as dividends, interest, rental income or proceeds from the sale of assets, or royalties.

Indemnity

- The monthly benefit payable in the event of Total Disablement is the lower of the Insured Monthly Benefit under the Income Protection benefit and 75% of the first \$26,667 of your monthly Pre-disablement Income (Indemnity), at the start of the Total Disablement plus 50% of the next \$20,000 of your monthly Pre-disablement Income (Indemnity) plus 20% of the next \$150,000 of your monthly Pre-disablement Income (Indemnity)
- The Insured Monthly Benefit is not guaranteed
- Financial evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply (see Section 5.4), and
- Cover on an indemnity basis is available to Occupation Categories A1, A2, M, A3, A4, B, C, CT, D and E.

Inside Super

In addition, if you select Indemnity under the Superannuation Income Protection Plan, it is a requirement under superannuation legislation that you cannot receive more than your Pre-disablement Income. Consequently you will not be able to receive more than the Pre-disablement Income (Indemnity), from all sources while you are being paid a benefit for Temporary Incapacity within the superannuation environment. Therefore, regardless of any other terms in this PDS, we will reduce any benefit we pay you inside the superannuation environment so that the total of all income you receive from all sources, except interest, dividends and other similar investment income, does not exceed 100% of your Pre-disablement Income (Indemnity) as at the date of disablement.

If the Indemnity monthly benefit payable under the Superannuation Income Protection Plan is reduced due to this cap, the amount of such reduction can be considered under a Linked Benefit (Super Extras), if applicable.

Injury means a physical injury which occurs entirely independently of a health condition or any other cause whilst the Policy is in force. The injury must result in disablement within one year of the date of your physical injury. Sickness resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Injury'.

Insured Child/ren means your natural child/ren, stepchild/ren or the legally adopted child/ren whose life is insured under the Policy.

Insured Monthly Benefit means;

For Agreed Value policies:

Your Insured Monthly Benefit is agreed with you at the time of your application based on your Income at that time and will be stated on the Policy Schedule[^]. The monthly benefit we will pay may be subject to claim offsets (see Section 5.4).

The amount of financial evidence that you will be required to provide on your Income at time of claim is based on whether you have **Agreed Value (Verified)**, **Agreed Value (Unverified)** or **Agreed Value (Partially Verified)**.

The type of Agreed Value cover that you hold will be shown on your Policy Schedule.

For further details on the monthly benefit calculation where Agreed Value has been selected, see the Agreed Value definition in Section 12.1.

Agreed Value Income Protection insurance cover is only available if the Policy is replacing an existing Priority Protection Agreed Value Income Protection insurance cover from AIA Australia and the cancel and replace is being performed to facilitate a change of ownership or correct an administrative error affecting the existing policy. Agreed Value Income Protection insurance cover is not available for new business policies or when an existing Agreed Value Income Protection insurance cover with AIA Australia is being cancelled and replaced for any other reason than stated above.

Agreed Value is only available with a Superannuation Plan where you have purchased Super Extras as a Linked Benefit attached to a separate Policy. If your monthly benefit amount exceeds 100% of your Pre-disablement Income, the amount of the excess will be paid under Super Extras.

[^]Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or which have been imposed by us and notified to the Policy Owner such as any applicable Benefit Indexation.

For Indemnity and Extended Indemnity policies:

Your Insured Monthly Benefit (subject to applicable claim offsets) is the lesser of:

- your monthly benefit stated on the Policy Schedule[^], and
- 75%^{^^} of your monthly Pre-disablement Income (Indemnity/Extended Indemnity) at the time of becoming Totally Disabled.

Any amount of the Sum Insured shown on your Policy Schedule relating to Retirement Optimiser will be ignored for all income protection benefits except Retirement Optimiser.

[^]Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or which have been imposed by us and notified to the Policy Owner such as any applicable Benefit Indexation.

^{^^}75% of your monthly Pre-disablement Income (Indemnity/Extended Indemnity) is calculated as follows:

- 75% of the first \$26,667 of your monthly Pre-disablement Income (Indemnity/Extended Indemnity) at the start of the Total Disablement
- plus 50% of the next \$20,000 of your monthly Pre-disablement Income (Indemnity/Extended Indemnity),
- plus 20% of the next \$150,000 of your monthly Pre-disablement Income (Indemnity/Extended Indemnity).

See Section 12.1 for the Indemnity and Pre-disablement Income (Indemnity/Extended Indemnity) definitions.

Note: under the Superannuation Income Protection Plan, the monthly benefit may be reduced so that it does not exceed 100% of your Pre-disablement Income. The amount of such reduction can be paid under a Linked Benefit (Super Extras) if applicable.

For Business Expenses Insurance policies:

The Insured Monthly Benefit is the lesser of:

- your monthly benefit stated on your Policy schedule as the Sum Insured[^], and
- the Business Expenses (as per Section 6.2.2) actually incurred that relate to the period of your Total Disablement, less amounts reimbursed from elsewhere.

The monthly benefit we pay may be subject to claim offsets (see Section 6.4).

You must provide financial evidence before we can assess any claim.

[^]Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or which have been imposed by us and notified to the Policy Owner such as any applicable Benefit Indexation.

Involuntary Unemployment/Involuntarily Unemployed has two different meanings depending on the type of cover:

- means, for Income Protection and Income Protection Accident Only, you:
 - (a) are no longer employed or working in an occupation that generates Income through no choice or fault of your own and due to factors outside your control
 - (b) have registered with a recognised employment agency
 - (c) are actively seeking employment, and
 - had Full-time Employment and your employer terminated your employment
 - you were made redundant (this does not include an unsuccessful probation period, dismissal due to unsatisfactory performance or unacceptable behaviour, resignation or a voluntary redundancy).
 - you were Self-employed and you stopped work because your business permanently ceased trading for reasons outside of your control, or
 - your fixed term contract stopped before the end of the contract (except in the circumstance where a project was completed early).
- means, for Repayment Relief, you:
 - (a) are no longer employed or working in an occupation that generates Income through no choice or fault of your own and due to factors outside your control
 - (b) have registered with a recognised employment agency
 - (c) are actively seeking employment, and
 - had permanent Full-time Employment or you were a Permanent Part-time Employee and your employer terminated your employment, or
 - you were made redundant (this does not include an unsuccessful probation period, dismissal due to unsatisfactory performance or unacceptable behaviour, resignation or a voluntary redundancy).

Requirements (b) and (c) above are waived where you suffer disablement (either total or partial disablement) or Terminal Illness and involuntary unemployment at the same time.

Interim Cover means one or more of Complimentary Interim Accidental Death Cover, Complimentary Interim Total and Permanent Disability Cover, Complimentary Interim Crisis Recovery Cover or Complimentary Interim Income Protection Cover.

Life Insured means the individual whose life is insured under an insurance policy.

Linked Benefits means Superannuation PLUS, Maximiser, Super Extras or Repayment Relief.

Loss of Independence means:

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

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

Inside Super

Under the Superannuation Life Cover Plan, you must also become in our opinion incapacitated as a result of your ill health to such an extent as to render you unlikely ever to gainfully engage in any business, profession or occupation for which you are reasonably suited by education, training or experience. To assist in our determination, at least two Medical Practitioners will need to certify that you have satisfied this definition.

Marriage means:

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

Medical Practitioner means a legally qualified and registered medical practitioner acceptable to us, other than the Policy Owner or you, or a family member, business partner, Employee or employer of either the Policy Owner or you.

Minimum Monthly Home Loan Repayment means the minimum required repayment amount, converted to a monthly amount, for a personal home loan in your name as evidenced by a statement of account by the loan provider dated within 6 months prior to the date you apply for Repayment Relief cover.

The Minimum Monthly Home Loan Repayment amount is agreed with you at the time of your application.

Needlestick Injury Benefit Calculation

Needlestick Injury Benefit Amount (Agreed Value, Indemnity or Extended Indemnity) will be:
 $(A - B) / A \times C$,
where
A = Pre-needlestick Injury Income (Agreed Value, Indemnity or Extended Indemnity),
B = Monthly Income after Date of Loss (Needlestick), earned during the assessed period, and
C = Insured Monthly Benefit

If your monthly Income whilst the Needlestick Injury benefit is being paid is negative, we will treat 'B' above as zero.

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

The amount of benefit payable in a month may be reduced by any claim offsets (see Section 5.4).

Indemnity and Extended Indemnity

The aggregate of the Needlestick Injury Benefit Amount, your earnings in that month from personal exertion and any other payments received by you (see (i) and (ii) of the 'claim offset' condition in 5.4) where applicable, cannot exceed the lower of the Insured Monthly Benefit under the Needlestick Injury Benefit Amount and 100% of your Pre-needlestick Injury Income for Indemnity or Extended Indemnity.

See the definitions for Date of Loss (Needlestick), Waiting Period (Needlestick) and Pre-needlestick Injury Income (Agreed Value, Indemnity or Extended Indemnity). Different definitions apply to Agreed Value, Indemnity and Extended Indemnity.

Non-smoker means that, at a point in time, not having smoked tobacco or any other substance for a continuous period of 12 months prior to that point in time.

Normal Domestic Duties means the household duties normally performed by a person who remains at home completing full-time unpaid domestic duties. It does not include a person working in a regular occupation including part time and/or paid voluntary work that provides an Income.

- Normal domestic duties specifically include:
- cooking and preparing meals – meaning the ability to prepare meals using kitchen appliances
 - cleaning the home – meaning the ability to carry out the basic internal household chores using domestic equipment such as a vacuum and mop
 - washing clothes – meaning the ability to do the household's laundry to a basic standard
 - shopping for groceries – meaning the ability to purchase general household grocery items, and
 - caring for Children – meaning the ability to care for and supervise Children (where applicable).

You will not be considered to be unable to carry out all Normal Domestic Duties if you are able to perform any one of these duties.

Occupation Category means the classification of your occupation as follows: A1, A2, M, A3, A4, B, C, CT, D, E and Home Duties. Your occupation class is shown in your Policy Schedule.

Occupation Category	Description
A1	• For professionals, executives and senior management earning more than \$120,000 per annum over the last two years and in an office-based management role. • Or, for professionals, executives and senior management whose income is less than \$120,000 per annum over the last two years, then they must have a tertiary qualification* related to their current occupation and they must work in an office-based environment. *Tertiary qualification means a Bachelor's degree, Master's degree or PhD granted by a recognised third level institution.
A2	• Primarily for Science and IT Professionals that are office and/or laboratory based. This category also includes select Engineering professionals that may not be solely office bound. Includes Civil Engineers, Research Chemists, and Computer Programmers.
M	• Select highly qualified medical professionals requiring membership of a professional or government body in order to practise that occupation. • Includes Doctor (medical), Anaesthetist, and Cardiologist. This category excludes allied health professionals such as chiropractors, osteopaths and physiotherapists.
A3	• White collar occupations that involve clerical and administrative work only, who are not working in a warehouse, manufacturing or industrial environment. Includes data entry operators, clerks, and copywriters.

Occupation Category	Description
A4	Select white collar occupations that are not strictly office or deskbound and whose roles may include a degree of driving or travel. This category is also for select allied health professionals whose roles may require some clinical hands-on duties. Includes Interior Designers, Osteopaths and Agricultural Consultants.
B	- Occupations not classified as white collar, involving some light manual work, including supervisors and persons in a totally administrative job within a warehouse, manufacturing or industrial environment. - The working environment may present slight injury or sickness risk.
C	- People who perform predominantly light manual work (more than 10% of their time) in various industries and environments with an increased accident or sickness risk. - Selected skilled tradespeople such as chefs or bakers, or occupations such as qualified care workers or retail butchers. - Supervisors of manual workers with only minimal light manual work involvement (less than 10%).
CT	- Selected qualified tradespeople from various industries which have a moderately high accident or sickness risk, and perform moderately heavy manual work as part of their occupation, and - Have successfully completed apprenticeship resulting in relevant trade certification and licensing, and - Currently working in that trade.
D	Semi-skilled workers and unqualified tradespersons, who perform heavy manual work – e.g. fencing contractor, plasterers, cleaners.
E	- Unskilled workers who perform extra heavy manual work – e.g. concreters, earth-moving workers, carpet layers. - The working environment may present a significant injury or sickness risk.
Home Duties	Where you are wholly engaged in full-time unpaid domestic duties in your own residence.

Ordinary Plan means Life Cover Plan, Crisis Recovery Stand Alone Plan, Income Protection Plan or Business Expenses Plan not owned by a superannuation fund. Where the context requires, Ordinary Plan also refers to any Linked Benefits not owned by a superannuation fund.

Partial and Permanent Disablement means you have suffered a permanent loss of:

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

Partially Disabled/Partial Disablement means the relevant Partial Disablement definition that applies to you.

Partial Disablement (Business Expenses) means that **solely** due to Injury or Sickness, you are:

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

Where you are capable of working in a reduced capacity in any occupation but are not working, we may deem you to be entitled to a Partial Disablement benefit.

Partial Disablement (Income Protection) means:

Outside Super

that **solely** due to Injury or Sickness, you are:

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

Inside Super

that **solely** due to Injury or Sickness you are:

- unable to work in your own occupation at full capacity
- working in a reduced capacity in any occupation
- earning a monthly Income which is less than your Pre-disablement Income
- under the regular care of and following the advice of a Medical Practitioner, and
- at the time of the making of the claim, disabled in a manner consistent, in our opinion, with the Temporary Incapacity condition of release under the *Superannuation Industry (Supervision) Regulations 1994*.

Partial Disablement – Income Protection Capability Clause

Partial Disablement benefit amount (Agreed Value, Indemnity or Extended Indemnity) will be:

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

where

A = Pre-disablement Income (Agreed Value)

Pre-disablement Income (Indemnity)

Pre-disablement Income (Extended Indemnity),

B = Monthly Income while Partially Disabled, and

C = Insured Monthly Benefit

If your monthly Income while Partially Disabled is negative, we will treat it as zero. If there is a delay between the time you generate the monthly Income and when you actually received it, we will deem the Income to have been received in the month in which it was actually generated and this Income will form the basis of our calculation of 'B'.

If you are Partially Disabled and are not working to the extent of your capability, or working in a reduced capacity which is less than your capability, as a result of causes other than Injury or Sickness, and this situation continues for at least two months, then 'B' will be calculated based on what you could reasonably be expected to earn if you were working to the extent of your capability.

In determining what you could reasonably be expected to earn if you were working to the extent of your capability, we will take into account available medical evidence (including the opinion of your Medical Practitioner) and any other relevant considerations directly related to your medical condition (including information provided by you).

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

If you are unable to perform the important Income-producing duties of your usual occupation for more than 10 hours per week then we will not change how we calculate 'B'.

The amount of benefit payable will be adjusted for any claim offsets (see condition 5.4).

Outside Super

Under an Ordinary Plan only, if you are earning 25% or less of Pre-disablement Income (Agreed Value), Pre-disablement Income (Indemnity) or Pre-disablement Income (Extended Indemnity), during any of the first three months immediately after the end of the Waiting Period, we will pay the Total Disablement benefit for that month.

Partial Disablement – Multi Definition

Applicable only if the Advantage Optional or PLUS Optional benefit is selected.

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

- you are working for more than 10 hours per week in your usual occupation, or a gainful occupation
- your monthly Income is more than 20% of your Pre-disablement Income but less than 100% of your Pre-disablement Income
- you are working in a reduced capacity in your usual occupation or a gainful occupation
- you are not Totally Disabled, and
- you are under the regular care of, and following the advice of, a Medical Practitioner.

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

If the Advantage Optional benefit or the PLUS Optional benefit is selected, this Partial Disablement – Multi Definition will be applicable to:

- Business Expenses when Business Expenses is selected as a Rider Benefit under an Income Protection Plan, and
- Business Expenses Stand Alone.

Permanent Part-time Employee has two different meanings depending on the type of cover:

- Means, for the following insurance covers, a person who is employed to undertake identifiable duties for at least three days a week and for a minimum of 15 hours per week, for 48 weeks per year (excluding public holidays), and with paid sick and holiday leave entitlements:
 - TPD Stand Alone
 - Accidental TPD Stand Alone
 - Universal TPD Stand Alone, and
 - the following when selected as Rider Benefits to Life Cover under a Life Cover Plan or Superannuation Life Cover Plan
 - > TPD and Double TPD
 - > Accidental TPD
 - > Universal TPD and Double Universal TPD, and
 - > Repayment Relief.
- Means, for the following insurance covers, a person who is employed to undertake identifiable duties for at least three days a week and for a minimum of 20 hours per week, for 48 weeks per year (excluding public holidays), and with paid sick and holiday leave entitlements:
 - Income Protection and Income Protection Accident Only, and
 - Business Expenses.

People who are Self-employed are not eligible to be considered as a Permanent Part-time Employee.

Permitted Condition of Release

The proceeds of any claim on the Policy under which your Superannuation Plan benefits are provided cannot be paid to you by the trustee if, in the trustee's opinion, a condition of release has not been satisfied under the *Superannuation Industry (Supervision) Regulations 1994*.

Schedule 1 of the *Superannuation Industry (Supervision) Regulations 1994* sets out the conditions of release under which a superannuation benefit can be paid. All trustees must be satisfied that any insurance proceeds they receive can be paid from the relevant fund under a prescribed condition of release, and trustees are prohibited from acquiring benefits which may provide a payment in circumstances where a prescribed condition of release has not been met.

The prescribed conditions of release relevant to life insurance are:

- death
- a terminal medical condition
- permanent incapacity, and
- temporary incapacity (income protection only).

Policy means an insurance policy providing Ordinary Plan or Superannuation Plan benefits, the terms of which are set out under:

- this PDS
- the Policy Schedule, including any endorsements and conditions specified in or attached to that schedule, and
- the application for the Policy, including any declaration and statements relating to the Policy in that application.

These documents constitute the entire agreement between AIA Australia and the Policy Owner in respect of the Policy. To the extent that this PDS describes your rights and obligations as a member of a superannuation fund (including as a member of the Scheme), these rights and obligations are not terms of a Policy that is acquired on your behalf by the trustee of the relevant fund.

Any variation of the Policy must be evidenced in writing bearing the signature of one of our authorised officials.

Policy Anniversary means an anniversary of the due date of the first premium shown on the Policy Schedule.

Policy Owner means the person or entity who legally owns an insurance policy, including the trustee of a superannuation fund when a Superannuation Plan is issued.

Policy Schedule means the schedule provided to the Policy Owner when we accepted your application for insurance cover. The schedule sets out the cover specific to your Policy. The Policy Schedule (including any endorsements or conditions specified in it) the PDS and the application for the Policy, together make up the Policy.

Pre-disablement Income means the relevant Pre-disablement Income definition that applies to you.

Pre-disablement Income (Agreed Value) is your highest average monthly Income for any financial year since the date two years before the commencement date of the Income Protection benefit up to the commencement of disablement.

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

Inside Super

Under the Superannuation Income Protection Plan, your Pre-disablement Income (Agreed Value) is the greater of your average monthly income for the:

- 12 consecutive months preceding the commencement of disablement, and
- latest financial year preceding the commencement of disablement.

If the monthly benefit payable under the Superannuation Income Protection Plan is reduced due to this definition, the amount of such reduction can be paid under a Linked Benefit (Super Extras), if relevant.

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

Pre-disablement Income (Extended Indemnity) is your highest average monthly income for any consecutive 12 months over the three years prior to disablement.

During disablement the Pre-disablement Income (Extended Indemnity) amount will be increased every 12 months, following the date of disablement, by the Consumer Price Index Increase (CPI Increase).

Pre-disablement Income (Indemnity) is the greater of your average monthly income for:

- the 12 consecutive months preceding the commencement of disablement, and
- the latest financial year preceding the commencement of disablement.

During disablement the Pre-disablement Income (Indemnity) amount will be increased every 12 months, following the date of disablement, by the Consumer Price Index Increase (CPI Increase).

Pre-existing Condition means in relation to a claim under an insurance benefit for either you or your Insured Child, you did not fully disclose to us:

- a health condition that was diagnosed or investigated, or
- symptoms related to a health condition that would cause a reasonable person to seek diagnosis, care or treatment from a Medical Practitioner or other health professional, that occurred prior to the commencement, reinstatement or increase of the benefit as shown on your Policy Schedule.

This includes circumstances or symptoms which you (or a reasonable person in the same position) were aware of, or should have been aware of, including the need to consult a Medical Practitioner or other health professional.

Pre-needlestick Injury Income (Agreed Value) is your highest average monthly income for any financial year since the date two years before the commencement date of the Needlestick Injury benefit up until the Date of Loss (Needlestick).

Whilst the Needlestick Injury benefit is being paid, the Pre-needlestick Injury Income (Agreed Value) amount will be increased every 12 months, following the date of commencement of claim payments for the Needlestick Injury benefit, by the Consumer Price Index Increase (CPI Increase).

Pre-needlestick Injury Income (Indemnity and Extended Indemnity) is the greater of your average monthly income:

- for the 12 consecutive months preceding the Date of Loss (Needlestick), and
- for the latest financial year preceding the Date of Loss (Needlestick).

Whilst the Needlestick Injury benefit is being paid, the Pre-needlestick Injury Income (Indemnity or Extended Indemnity) amount will be increased every 12 months, following the date of commencement of claim payments for the Needlestick Injury benefit, by the Consumer Price Index Increase (CPI Increase).

Priority Protection means the Priority Protection and Priority Protection for Platform Investors insurance products the subject of this PDS.

Reinstatement Date refers to the date on which the Life Cover Sum Insured or the Crisis Recovery Sum Insured is automatically reinstated under a Crisis Recovery Buy-back, TPD Buy-back or Crisis Reinstatement Rider Benefit.

Rider Benefit refers to any optional benefit that can be added to another benefit.

Self-employed means working for payment or reward (other than as an employee) in a business or an enterprise over which you have power or control either because you own it or you are a partner in the partnership that owns it.

Sickness means an illness or disease which manifests itself after the Policy is in force with respect to symptoms that would cause a reasonable person to seek diagnosis, care or treatment, or receive medical advice, care or treatment from a Medical Practitioner.

Spouse means:

- a person to whom you are legally married, or
- a person (whether of the same or a different sex) who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple (de facto), or
- a person (whether of the same or different sex) with whom you are in a relationship that is registered under a relevant law of an Australian state or territory.

Sum Insured means the Sum Insured applicable to that benefit as shown on the Policy Schedule adjusted by any benefit alterations the Policy Owner has effected, or which have been imposed by us and notified to the Policy Owner, such as any applicable Benefit Indexation.

Superannuation Plan means Superannuation Life Cover Plan or Superannuation Income Protection Plan.

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

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

Terminal Illness means the diagnosis of an illness which in the opinion of an appropriate specialist Medical Practitioner, is likely to result in you passing away within 24 months of the diagnosis regardless of any treatment that may be undertaken.

Inside Super

Under a Superannuation Plan, two Medical Practitioners, one of whom must be a specialist Medical Practitioner in your condition, must certify that the condition is likely to result in you passing away within 24 months of the date of the certificate (certification period) and for each of the certificates, the certification period must not have ended.

Tertiary Education means a person's education through an accredited *university or a technical and further education institution*, except where such education is in connection with that person's enlistment, training or service in the armed forces of any country.

Totally Disabled/Total Disablement means the relevant Total Disablement definition that applies to you.

Totally and Permanently Disabled/Total and Permanent Disablement means the total and permanent disability according to relevant TPD or Loss of Independence definition that applies to you.

Total and Permanent Disablement (Any Occupation) means that:

- a) you have suffered the total and irrecoverable loss of the:
 - sight of both eyes
 - use of two limbs, or
 - sight of one eye and use of one limb,

or

- b) • you have been absent from employment **solely** as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months
- are attending a Medical Practitioner and have undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness, and
- at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, have become in our opinion incapacitated to such an extent as to render you unlikely ever to engage in any business, profession or occupation for which you are reasonably suited by education, training or experience,

or

- c) you have suffered Loss of Independence.

You will be deemed to be on 'Home Duties' if wholly engaged in full-time domestic duties in your own residence at the time of disablement.

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

Outside Super

If your applicable definition under an Ordinary Plan is 'Any Occupation' and you return to work in your own occupation or perform any other reasonable occupation and if your earning capacity is permanently restricted due to your disablement to the extent that the Income you generate in the 12-month period following a return to work is less than 25% of the Income you generated in the previous 12 months of performing your own occupation, we will pay the TPD benefit.

Inside Super

Under the Superannuation Life Cover Plan, in order to meet the definitions of a), b) or c), you must also become in our opinion incapacitated as a result of your ill health to such an extent as to render you unlikely ever to gainfully engage in any business, profession or occupation for which you are reasonably suited by education, training or experience. At least two Medical Practitioners will need to certify that you have satisfied this definition.

Total and Permanent Disablement (Home Duties) means that:

- a) you have suffered the total and irrecoverable loss of the:
 - sight of both eyes,
 - use of two limbs, or
 - sight of one eye and use of one limb,

or

- b) you were wholly engaged in full-time unpaid domestic duties in your own residence and:
 - have been unable to perform all Normal Domestic Duties and engage in any employment for an uninterrupted period of at least three consecutive months **solely** as a result of Injury or Sickness
 - are attending a Medical Practitioner and have undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness, and
 - at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, have become in our opinion incapacitated to such an extent as to render you likely to require indefinite ongoing medical care and unable ever to perform all Normal Domestic Duties and engage in any form of employment,

or

- c) you have suffered Loss of Independence.

Inside Super

Under the Superannuation Life Cover Plan, in order to meet the definitions of a), b) or c), you must also become in our opinion incapacitated as a result of your ill health to such an extent as to render you unlikely ever to gainfully engage in any business, profession or occupation for which you are reasonably suited by education, training or experience. At least two Medical Practitioners will need to certify that you have satisfied this definition.

Total and Permanent Disablement (Loss of Independence) means that you have suffered Loss of Independence.

Total and Permanent Disablement (Own Occupation) means that:

- a) you have suffered the total and irrecoverable loss of the:
 - sight of both eyes,
 - use of two limbs, or
 - sight of one eye and use of one limb,
- or
- b) • you have been absent from your own occupation **solely** as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months
 - are attending a Medical Practitioner and have undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness, and
 - at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, have become in our opinion incapacitated to such an extent as to render you unlikely ever to engage in your own occupation,

or

- c) you have suffered Loss of Independence.

Total and Permanent Disablement (Universal) means **solely** as a result of Injury or Sickness, you have suffered Loss of Independence.

Inside Super

Under the Superannuation Life Cover Plan, the Loss of Independence definition requires that you must also become in our opinion incapacitated as a result of your ill health to such an extent as to render you unlikely ever to gainfully engage in any business, profession or occupation for which you are reasonably suited by education, training or experience. At least two Medical Practitioners will need to certify that you have satisfied this definition.

Total Disablement (Business Expenses) means that, **solely** as a result of Injury or Sickness, you are:

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

Total Disablement (Income Protection) means that, **solely** as a result of Injury or Sickness, you are:

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

Outside Super

For Ordinary Plans only, if you have been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection) means that, **solely** as a result of Injury or Sickness, you are:

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

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

Inside Super

For Superannuation Plans only, you must also at the time of the making of the claim, be disabled in a manner consistent, in our opinion, with the Temporary Incapacity condition of release under the *Superannuation Industry (Supervision) Regulations 1994*.

Total Disablement (Income Protection – Occupation E) means that, **solely** as a result of Injury or Sickness, you are:

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

Outside Super

For Ordinary Plans only, if you have been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection – Occupation E) means that, **solely** as a result of Injury or Sickness, you are:

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

Inside Super

For Superannuation Plans only, you must also at the time of the making of the claim, be disabled in a manner consistent, in our opinion, with the Temporary Incapacity condition of release under the *Superannuation Industry (Supervision) Regulations 1994*.

Total Disablement – Multi Definition

Applicable only if the Advantage Optional or PLUS Optional benefit is selected.

- a) If you are employed, or have been unemployed or on maternity or paternity leave for less than 12 consecutive months immediately before your disablement started, we will consider you to be Totally Disabled if, **solely** as a result of Injury or Sickness, you are:

- unable to perform one or more of the important Income-producing duties of your usual occupation for more than 10 hours per week
- not working more than 10 hours per week in your usual occupation or any gainful occupation, and
- under the regular care of, and following the advice of, a Medical Practitioner.

However, if you have been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately before your disablement started, we will consider you to be Totally Disabled if, **solely** as a result of Injury or Sickness, you are:

- unable to perform the important Income-producing duties of any occupation for which you are reasonably suited by education, training or experience for more than 10 hours per week
- not working more than 10 hours per week in any gainful occupation, and

- under the regular care of, and following the advice of, a Medical Practitioner.

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

Or,

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

However, if you have been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately before your disablement started, we will consider you to be Totally Disabled if, **solely** as a result of Injury or Sickness, you are:

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

Or,

- c) We will consider you to be Totally Disabled if, **solely** as a result of Injury or Sickness, you are:
- unable to perform one or more duties of your usual occupation that is important or essential in producing Income
 - under the regular care of, and following the advice of, a Medical Practitioner, and
 - earning 20% or less of your Pre-disablement Income in your usual occupation or any gainful occupation.

However, if you have been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately before your disablement started, then we will consider you to be Totally Disabled if, **solely** as a result of Injury or Sickness, you are:

- unable to perform any occupation for which you are reasonably suited by education, training or experience
- under the regular care of, and following the advice of, a Medical Practitioner, and
- earning 20% or less of your Pre-disablement Income in any occupation for which you are reasonably suited by education, training or experience.

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

Total Disablement – Multi Definition will also be applicable to Business Expenses when selected together with the Advantage Optional or the PLUS Optional benefit under the Income Protection Plan.

Waiting Period is stated on the Policy Schedule and means the number of days at the beginning of a period of disablement in respect of which no Total or Partial Disablement benefit is payable.

The Waiting Period begins on the earlier of the day:

- of your first consultation with a Medical Practitioner about the condition that is causing the disablement, and
- that you first cease work due to the condition that is causing the disablement as long as it is not more than seven days before you first consult a Medical Practitioner about the condition and the Medical Practitioner provides reasonable medical evidence about when the disablement began.

You can return to work at any time during the Waiting Period, without the Waiting Period recommencing, subject to the following criteria being satisfied:

Occupation Category	Waiting Period	
	14 days, 30 days, 60 days or 90 days	1 year or 2 years
A1, A2, M, A3, A4	• You are Totally Disabled or Partially Disabled for the duration of the Waiting Period.	• You are Totally Disabled or Partially Disabled for the duration of the Waiting Period, and • Any return to Full-Time Employment was for 10 or less consecutive days.
B, C, CT, D and E	• You are Totally Disabled for at least seven out of 12 consecutive days during the Waiting Period, and • You are Totally Disabled or Partially Disabled for the balance of the Waiting Period.	• You are Totally Disabled for at least seven out of 12 consecutive days during the Waiting Period • You are Totally Disabled or Partially Disabled for the balance of the Waiting Period, and • Any return to Full-Time Employment was for 10 or less consecutive days.

Note: group salary continuance

Where:

- the Waiting Period under your Policy is two years, as stated on the Policy Schedule
- you are insured by us under a current group salary continuance with a two-year benefit period, and
- you return to work on a full-time basis following payment of a disablement benefit under a group salary continuance policy and the same or related disablement recurs within 12 months of returning to work,

then the Waiting Period under your Policy in respect of the recurring disablement will not recommence.

If you return to work for more than 12 months, then the Waiting Period applicable to you in respect of recurring disablement will restart from the day after the last day worked.

In relation to the Carer's Allowance benefit, the Waiting Period is the number of days from the date the Insured Child is confined to or near a bed at home or in a hospital in respect of which no Carer's Allowance benefit is payable.

Waiting Period (Needlestick) is stated on the Policy Schedule and means the number of days at the beginning of a Needlestick Injury benefit claim (applicable to Occupational Category M only) in respect of which no Needlestick Injury benefit is payable.

The Waiting Period begins at the Date of Loss (Needlestick).

Waive/Waives/Waived, where it specifically relates to the Waiver of Premium or Involuntary Unemployment Waiver of Premium benefits, means to waive or refund premiums in respect of the relevant period.

12.2 Medical Definitions

The medical terms listed below are used in this PDS and will also be relied on by us if you make a claim on your Policy.

- Accidental HIV Infection
- Advanced Invasive Cancer
- Alzheimer's Disease
- Aplastic Anaemia
- Bacterial Meningitis
- Bacterial Meningitis with significant functional impairment
- Benign Brain or Spinal Cord Tumour
- Benign Brain or Spinal Cord Tumour with significant functional impairment
- Blindness
- Cancer (including Skin Cancer, Prostate Cancer and Carcinoma in situ)
- Cardiomyopathy
- Cardiomyopathy with Class IV impairment
- Chronic Liver Disease
- Chronic Lung Disease
- Coma
- Coronary Artery Angioplasty
- Coronary Artery Bypass Surgery
- Coronary Artery Bypass Surgery (open heart)
- Dementia
- Diplegia
- Heart Attack (myocardial infarction)
- Heart Attack (severe) with impaired cardiac function
- Heart Valve Surgery
- Heart Valve Surgery (open heart)
- Hemiplegia
- Intensive Care
- Kidney Failure
- Loss of Hearing
- Loss of Speech
- Loss of Use of Limbs and/or Sight
- Major Burns
- Major Head Trauma
- Major Head Trauma with significant functional impairment
- Major Organ Transplant
- Motor Neurone Disease
- Multiple Sclerosis
- Multiple Sclerosis with significant functional impairment
- Muscular Dystrophy
- Muscular Dystrophy with significant functional impairment
- Occupationally Acquired Hepatitis B or Hepatitis C Infection
- Open Abdominal Surgery*
- Open Heart Surgery*
- Other Serious Coronary Artery Diseases
- Out of Hospital Cardiac Arrest
- Paraplegia
- Parkinson's Disease
- Parkinson's Disease with significant functional impairment
- Pneumonectomy

- Pulmonary Arterial Hypertension (Primary)
- Pulmonary Arterial Hypertension (Primary) with Class IV impairment
- Quadriplegia
- Rheumatoid Arthritis
- Severe Diabetes
- Severe Rheumatoid Arthritis
- Severe Rheumatoid Arthritis with significant functional impairment
- Stroke
- Stroke with significant functional impairment
- Surgery to the Aorta
- Surgery to the Aorta (open heart or open abdominal)
- Viral Encephalitis
- Viral Encephalitis with significant functional impairment

*Open Heart Surgery and Open Abdominal Surgery are not covered events in themselves. These are defined terms used for reference in the definitions of Coronary Artery Bypass Surgery (open heart), Heart Valve Surgery (open heart) and Surgery to the Aorta (open heart or open abdominal).

Accidental HIV Infection means infection with the Human Immunodeficiency Virus (HIV) acquired by accident or violence during the course of your normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within six months of the accident and must be verified by an appropriate Medical Practitioner.

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

Any accident giving rise to a potential claim must be reported to us within 30 days and be supported by a negative HIV antibody test taken within seven days after the accident. We must be given access to test independently all blood samples used, if we require.

We retain the right to take further independent blood tests or other medically accepted HIV tests.

Advanced Invasive Cancer means:

- Cancer at a stage III or greater using the TNM classification
- Acute Myeloid Leukaemia or Acute Lymphocytic Leukaemia
- Chronic Lymphocytic Leukaemia or Small Lymphocytic Lymphoma at stage III or stage IV using the Rai staging system or stage C using the Binet staging system.
- Hodgkin's/Non-Hodgkin's lymphoma stage III or IV using the Lugano (Ann Arbor with Cotswold Modification) staging system.
- Multiple Myeloma Stage III using the Revised International Staging System.
- Any blood cancer requiring bone marrow transplant for treatment
- Squamous Cell Carcinoma or Basal Cell Carcinoma of the Skin
 - with extensive cortical or medullary bone involvement; or
 - with invasion of the base of the cranium; or
 - with any distant spread to another organ; or

- measuring greater than 4cm or with erosion of the muscle, cartilage, bone, lymphatics or peri neural invasion.
- Brain tumours classified as grade III or grade IV using the World Health Organization grading for tumours of the central nervous system.

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

Aplastic Anaemia means a definite diagnosis of a chronic persistent bone marrow failure, confirmed by bone marrow biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

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

Bacterial Meningitis means you are diagnosed with bacterial meningitis. The meningitis must give rise to symptoms of permanent neurological deficit and results in either;

- the total and permanent inability to perform any one of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment (Guides)*.

Diagnosis must be confirmed by a consultant neurologist.

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

Bacterial Meningitis with significant functional impairment means diagnosis of with bacterial meningitis. The meningitis must give rise to symptoms of permanent neurological deficit and results in either;

- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment (Guides)*.

Diagnosis must be confirmed by a consultant neurologist.

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

Benign Brain or Spinal Cord Tumour means a non-cancerous tumour on the brain or spinal cord. 100% of the Sum Insured will be paid if the Benign Brain or Spinal Cord Tumour gives rise to symptoms of permanent neurological deficit and results in either;

- the total and permanent inability to perform any one of the Activities of Daily Living; or

- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

The requirements above will be waived if the Benign Brain or Spinal Cord Tumour is surgically removed on the advice of a consultant neurologist/ neurosurgeon.

Where the above is not met, 25% of the Sum Insured (up to a maximum of \$50,000) will be paid for a diagnosis of a noncancerous tumour on the brain or spinal cord giving rise to symptoms of neurological deficit.

The presence of the underlying tumour must be confirmed by a consultant neurologist/neurosurgeon based on imaging studies such as CT scan or MRI (Magnetic Resonance Imaging).

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

Benign Brain or Spinal Cord Tumour with significant functional impairment means a non-cancerous tumour of the brain or spinal cord giving rise to symptoms of permanent neurological deficit and results in either;

- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

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

Blindness means that as a result of disease or accident and certified by an ophthalmologist:

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

Cancer means the presence of one or more malignant tumours including sarcoma, lymphoma, leukaemia and other malignant bone marrow disorders, and characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:

- all hyperkeratoses
- all non-melanoma skin cancers unless having spread to the bone, lymph node, or another distant organ
- Polycythemia Rubra Vera requiring treatment by venesection alone, and

- all cancers which are histologically classified as having borderline malignancy or low malignant potential.

The following limitations apply on the payment of a Crisis Recovery, Double Crisis Recovery or Crisis Recovery Stand Alone benefit in respect of a Cancer event that relates to skin cancer, Prostate Cancer or Carcinoma in situ.

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

- 100% of the Sum Insured for any melanoma where the tumour is with ulceration or is diagnosed as 1mm or greater in Breslow's depth of invasion or Clark Level 3 or greater in depth of invasion
- the greater of 15% of the Sum Insured and \$10,000 for any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion. The amount of the payment cannot exceed the Sum Insured, or
- 100% of the Sum Insured for any non-melanoma skin cancer that has spread to the bone, lymph node, or another distant organ.

Prostate Cancer

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

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

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

Any remaining benefit amount in excess of the \$500,000 amount paid will be retained as a Crisis Recovery or Crisis Recovery Stand Alone Sum Insured.

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

Refer to Section 8.8.2 for the terms and conditions pertaining to Crisis Reinstatement after a T1a claim.

Carcinoma in situ

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

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

The disease of Carcinoma in situ covered by this Policy must be confirmed by a biopsy and is limited to the following sites for which we will pay the greater of \$10,000 and 10% of the relevant Sum Insured:

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

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

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

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

Cardiomyopathy means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in a permanent physical impairment to the degree of at least Class III on the New York Heart Association classification of cardiac impairment.

The New York Heart Association classifications are:

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

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

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

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

Cardiomyopathy with Class IV impairment means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in a permanent physical impairment to the degree of at least Class IV on the New York Heart Association classification of cardiac impairment.

Chronic Liver Disease means end stage liver failure, together with two of the following conditions:

- permanent jaundice
- ascites, and
- hepatic encephalopathy.

Chronic Lung Disease means end stage respiratory failure requiring permanent, long term oxygen therapy as certified by the relevant medical specialist.

Coma means a definite diagnosis of a state of unconsciousness with failure to respond normally to external stimuli or respond to internal needs and requiring life support for a continuous period of at least 96 hours, for which period the Glasgow coma score must be 7 or less. Excluded from this definition is coma resulting from alcohol or drug abuse. The diagnosis of coma must be made by an appropriate specialist Medical Practitioner.

Coronary Artery Angioplasty means the actual undergoing of either:

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

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

The following limitations apply to the payment of the Crisis Recovery, Double Crisis Recovery or Crisis Recovery Stand Alone benefit in respect of a Coronary Artery Angioplasty. If you are diagnosed with a Coronary Artery Angioplasty, we will pay:

- 25% of the Sum Insured, with a maximum of \$25,000, where one coronary artery is obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or the insertion of up to two stents.
- 50% of the Sum Insured, with a maximum of \$50,000, where two coronary arteries are obstructed and corrected with the use of either angioplasty, atherectomy or laser therapy, or the insertion of more than two stents (regardless of the number of coronary arteries involved).
- For Partial payments under Coronary Artery Angioplasty, multiple claims may be made under the Crisis Recovery benefit.
- 100% of the Sum Insured where three or more coronary arteries are obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or stents. This procedure can be completed in one procedure or via multiple procedures within a two-month period.

After any payment for Coronary Artery Angioplasty the relevant Sum Insured will be reduced by the payment made.

Coronary Artery Bypass Surgery means the actual undergoing of bypass surgery (including saphenous vein or internal mammary graft(s)) for the treatment of coronary artery disease. The operation must be for the treatment of one or more coronary arteries and angioplasty contra-indicated and must be considered necessary by a consultant cardiologist.

Coronary Artery Bypass Surgery (open heart) means **Coronary Artery Bypass Surgery** done via **Open Heart Surgery**. The operation must be considered necessary by a consultant cardiologist.

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

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

Heart Attack (myocardial infarction) means the death of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by typical rise and/or fall of cardiac biomarker blood test (Troponin T, Troponin I or CK-MB) with at least one level above the 99th percentile of the upper reference limit PLUS:

- acute cardiac symptoms and signs consistent with myocardial infarction (e.g. chest pain),

OR

- new serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB),

OR

- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

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

Heart Attack (Severe) with impaired cardiac function means a **Heart Attack** resulting in one of the following:

- permanent left ventricular ejection fraction (LVEF) of less than 30%; or
- permanent physical impairment to the degree of at least Class IV on the New York Heart Association classification of cardiac impairment.

The following are not covered:

- A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease.
- Other acute coronary syndromes including but not limited to angina pectoris.

Heart Valve Surgery means the actual undergoing of a procedure to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities occurring after the commencement date or last reinstatement date of the Policy.

Heart Valve Surgery (open heart) means **Heart Valve Surgery** done via **Open Heart Surgery**.

The operation must be considered necessary by a consultant cardiologist.

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

Intensive Care means an Injury or Sickness has resulted in you requiring continuous mechanical ventilation by means of tracheal intubation for seven consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Excluded from this definition is Intensive Care as a result of alcohol or drug abuse.

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

Loss of Hearing means irreversible loss of hearing in the better ear, that:

- has an auditory threshold of greater than 90 decibels at all frequencies from 500 hertz to 3,000 hertz, even with amplification, and
- is diagnosed and certified by an appropriate specialist Medical Practitioner, using standardised equipment.

Loss of Speech means the complete and irrecoverable loss of the ability to speak as a result of Injury or Sickness which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate specialist Medical Practitioner.

Loss of Use of Limbs and/or Sight means the total and irrecoverable loss by you of any of the following:

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

We will pay a one-time partial benefit (not payable under Loss of Independence or Complimentary Family Protection benefit) in the event of the total and permanent loss of use of:

- one hand,
- one foot, or
- sight in one eye (to the extent of 6/60 or less).

In the case of Crisis Recovery, Crisis Recovery Stand Alone or Double Crisis Recovery benefit, the amount payable will be the greater of \$10,000 and 25% of the Sum Insured of the Crisis Recovery, Crisis Recovery Stand Alone or Double Crisis Recovery benefit (as the case may be). The amount of the payment cannot exceed the relevant Sum Insured.

The Sum Insured of the Crisis Recovery, Crisis Recovery Stand Alone or Double Crisis Recovery benefit will be reduced by the payment of this benefit and premiums will be adjusted accordingly. This rule is not applicable under TPD, TPD Stand Alone, Universal TPD, Universal TPD Stand Alone, Double Universal TPD or Double TPD benefits.

Major Burns means third degree burns or full thickness burns to at least:

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

Major Head Trauma means an accidental head injury resulting in permanent neurological deficit, resulting in either:

- the total and permanent inability to perform any one of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

Major Head Trauma with significant functional impairment means an accidental head injury resulting in permanent neurological deficit, resulting in either:

- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

Major Organ Transplant means having received, from a human donor, a medically necessary transplant involving one or more of the following organs: kidney, heart, liver, lung, bone marrow, pancreas and small bowel.

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

Motor Neurone Disease means the unequivocal diagnosis of motor neurone disease confirmed by a consultant neurologist.

Multiple Sclerosis means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist.

Multiple Sclerosis with significant functional impairment means the unequivocal diagnosis of Multiple Sclerosis, giving rise to symptoms of permanent neurological deficit and results in either:

- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

Muscular Dystrophy means the unequivocal diagnosis of muscular dystrophy, confirmed by a consultant neurologist.

Muscular Dystrophy with significant functional impairment means the unequivocal diagnosis of Muscular Dystrophy giving rise to symptoms of permanent neurological deficit and results in either;

- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

Occupationally Acquired Hepatitis B or Hepatitis C Infection is a crisis event only covered by the Crisis Recovery benefit under the PLUS Optional benefit under the Income Protection Plan.

The Crisis Recovery benefit will be payable if you become infected with Hepatitis B or Hepatitis C as a result of an occupational accident. An occupational accident means an accident that happens whilst you are performing the usual duties of your normal occupation and involves contact with a body substance which puts you at risk of transmission of the infections.

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

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

Open Abdominal Surgery means a surgery that involves cutting your abdominal wall to expose the abdominal cavity. Angioplasty, valvuloplasty, endovascular procedures, minimally invasive procedures and other non-surgical techniques are excluded.

Open Heart Surgery means a surgery that involves cutting your chest through your breastbone to expose the heart. Angioplasty, valvuloplasty, endovascular procedures, minimally invasive procedures and other non-surgical techniques are excluded.

Other Serious Coronary Artery Disease means the narrowing of the lumen of at least three coronary arteries by a minimum of 60%, as proven for the first time by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

Out of Hospital Cardiac Arrest means sudden loss of heart function due to:

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

Which:

- occurs outside of hospital
- is not associated with any medical procedure, and
- is documented by an electrocardiogram (ECG).

If an ECG is not available, we will consider other evidence acceptable to us, which unequivocally confirms a cardiac arrest has occurred. Such evidence may include Automated External Defibrillator (AED) data, ambulance or hospital medical records, documented administration of cardiopulmonary resuscitation (CPR) by an attending ambulance officer or hospital clinical staff.

Cardiac arrest secondary to alcohol or drug abuse is excluded.

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

Parkinson's disease means the unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist.

All other types of Parkinsonism are excluded (e.g. secondary to medication).

Parkinson's disease with significant functional impairment means the unequivocal diagnosis of Parkinson's disease, giving rise to symptoms of permanent neurological deficit and results in you either;

- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

All other types of Parkinsonism are excluded (e.g. secondary to medication).

Diagnosis must be confirmed by a consultant neurologist.

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

Pulmonary Arterial Hypertension (Primary) means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant irreversible physical impairment of at least Class III of the New York Heart Association classification of cardiac impairment. Pulmonary Hypertension in association with chronic lung disease is specifically excluded.

Other forms of hypertension (involving increased blood pressure) are specifically excluded.

The New York Heart Association classifications are:

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

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

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

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

Pulmonary Arterial Hypertension (Primary) with Class IV impairment means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant irreversible physical impairment of at least:

- Class IV on the World Health Organisation (WHO) Functional Classification of Pulmonary Hypertension; or
- Class IV on the New York Heart Association classification of cardiac impairment.

In addition, mean pulmonary artery pressure (PAP) must be >30mmHg at rest.

Pulmonary Hypertension in association with chronic lung disease is specifically excluded. Other forms of hypertension (involving increased blood pressure) are specifically excluded.

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

Rheumatoid Arthritis means the unequivocal diagnosis of rheumatoid arthritis by a rheumatologist that meets qualification for treatment by biological agents under PBS[^] requirements after treatment with conventional disease-modifying anti rheumatic drugs (DMARDs) having failed.

Rheumatoid Arthritis is covered by this Policy for which we will pay 25% of the relevant Sum Insured up to a maximum of \$25,000.

[^]Pharmaceutical Benefits Scheme – Rheumatoid Arthritis Initial PBS authority application.

Severe Diabetes means Diabetes Mellitus, either insulin or non-insulin dependent, as certified by a consultant endocrinologist and resulting in at least two of the following criteria:

- severe diabetic retinopathy resulting in visual acuity (uncorrected and corrected) of 6/36 or worse in both eyes despite treatment
- diabetic gangrene resulting in the need for surgical amputation and Loss of Digit*
- severe diabetic nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28ml/min (CKD stage 4, International Chronic Kidney Disease classification)
- neuropathy including:
 - irreversible autonomic neuropathy resulting in postural hypotension, and/or motility problems in the gut with intractable diarrhoea

- Polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits.

*'Loss of Digit' means the surgical removal of a finger or toe from the hand or foot at the proximal interphalangeal joint.

Severe Rheumatoid Arthritis means the unequivocal diagnosis of rheumatoid arthritis by a rheumatologist that meets qualification for treatment by biological agents under PBS[^] requirements after treatment with conventional disease-modifying anti-rheumatic drugs (DMARDs) having failed and has failed to respond to treatment with a biological DMARD.

Diagnosis must be confirmed by a consultant rheumatologist.

[^]Pharmaceutical Benefits Scheme – Rheumatoid Arthritis Initial PBS authority application

Severe Rheumatoid Arthritis with significant functional impairment means **Severe Rheumatoid Arthritis** that has resulted in either:

- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis of must be confirmed by a consultant rheumatologist.

Stroke means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis, where the following conditions are met:

- there is an acute onset of objective and ongoing neurological signs that last more than 24 hours, and
- findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis.

Excluded:

- brain damage due to an accident, infection or hypoxia
- transient ischaemic attack
- non-vasculitic inflammatory disease, and
- vascular disease affecting the eye, optic nerve or vestibular functions only.

Stroke with significant functional impairment means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis resulting in the acute onset of objective and ongoing neurological signs that last for longer than six months and results in either;

- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

A lesion consistent with the acute haemorrhage, embolism or thrombosis must be present on appropriate medical imaging (MRI, CT or other appropriate and medically recognised imaging technique).

Excluded:

- brain damage due to an accident, infection or hypoxia
- transient ischaemic attack
- non-vasculitic inflammatory disease, and
- vascular disease affecting the eye, optic nerve or vestibular functions only.

Surgery to the Aorta means surgical repair to the aorta to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include angioplasty or non-surgical techniques.

Surgery to the Aorta (open heart or open abdominal) means **Surgery of the Aorta** done via **Open Heart Surgery or Open Abdominal Surgery**. The operation must be considered necessary by a consultant cardiologist.

Viral Encephalitis means severe inflammation of the brain (cerebral hemisphere, brainstem or cerebellum) caused by viral infection resulting in either:

- the total and permanent inability to perform any one of the Activities of Daily Living, or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

Viral Encephalitis with significant functional impairment means severe inflammation of the brain (cerebral hemisphere, brainstem or cerebellum) caused by viral infection resulting in either:

- the total and permanent inability to perform at least two of the Activities of Daily Living, or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

13. Interim Cover

When you submit your application for insurance cover with us, we automatically provide you with the applicable interim cover at no additional cost. Interim cover is provided outside of superannuation, regardless of whether or not your application for insurance cover includes an application for a Superannuation Plan.

In this section

- 13.1 Complimentary Interim Accidental Death Cover
- 13.2 Complimentary Interim Accidental Total and Permanent Disablement Cover
- 13.3 Complimentary Interim Accidental Crisis Recovery Cover
- 13.4 Complimentary Interim Accidental Income Protection Cover

13.1 Complimentary Interim Accidental Death Cover

We provide Complimentary Interim Accidental Death Cover at no additional cost to you, if you have applied for one or more of the insurance Plans listed in the table below.

Complimentary Interim Accidental Death Cover pays a lump sum in the event of your Accidental Death and only applies while we are assessing your application. The physical injury that results in your Accidental Death must occur after the date your completed application is received by us and also while this cover is in place.

This cover is automatically provided from the date we receive your duly completed application until the earliest of:

- 90 days after the date your application form was signed
- the date we accept your application and issue the Policy, and
- the date your application is withdrawn by you or declined by us.

In order for Complimentary Interim Accidental Death Cover to commence, your completed application needs to include either the first premium payment for the payment frequency selected or a Direct Debit request, Credit Card Authority or a partial rollover request from your superannuation fund for such amount (the option to fund the first premium payment through a partial rollover is only available for an application for a Superannuation Plan).

The owner of this Complimentary Interim Accidental Death Cover is the Life Insured listed in the Policy application.

If you applied for:	You will receive a lump sum in the event of Accidental Death equal to:
Life Cover Plan and Superannuation Life Cover Plan	The lesser of: • the total of the Sums Insured proposed under: – Life Cover – Term Cover – Accidental Death, and • \$1 million.
Crisis Recovery Stand Alone Plan	The lesser of: • the Crisis Recovery Stand Alone Sums Insured proposed, and • \$5,000.
Income Protection Plan and Superannuation Income Protection Plan	Three times the Insured Monthly Benefit proposed under • Income Protection, and • Income Protection Accident Only up to a maximum of \$30,000.

Maximum payment under this cover

The maximum payment under the Complimentary Interim Accidental Death Cover is \$1 million.

Nomination of beneficiaries

If you submit a nomination of beneficiary as part of your Ordinary Plan insurance application or insurance application for a Superannuation Plan to be held through the Scheme (including as part of your application for membership of the Scheme), that nomination of beneficiary will also apply to any Complimentary Interim Accidental Death Cover benefit payment we make directly to you outside the Scheme. If you do not submit a nomination of beneficiary or hold your insurance through an Approved Superannuation Fund or SMSF, this benefit will be paid to your estate.

Exclusions

This complimentary interim cover does not cover death caused directly or indirectly by any of the following:

- war (whether declared or not), invasion or civil war
- intentional self-inflicted injury or suicide
- the direct or indirect effects of alcohol and/or drug abuse
- any form of aviation activity other than as a fare-paying passenger on a scheduled airline
- participation in or training for professional sports or speed contests, or
- engaging in any unlawful acts.

13.2 Complimentary Interim Accidental Total and Permanent Disablement Cover

We provide Complimentary Interim Accidental Total and Permanent Disablement Cover at no additional cost to you, if you have applied for TPD either as Stand Alone cover or as a Rider Benefit, and if you hold either TPD, Double TPD or Double Universal TPD cover.

Complimentary Interim Accidental Total and Permanent Disablement Cover pays a lump sum in the event of your Accidental Injury and only applies while we are assessing your application. The physical injury that results in your Accidental Injury must occur after the date your completed application is received by us and also while this cover is in place.

This cover is automatically provided from the date we receive your duly completed application until the earliest of:

- 90 days after the date your application form was signed
- the date we accept your application and issue the Policy, and
- the date your application is withdrawn by you or declined by us.

In order for Complimentary Interim Accidental Total and Permanent Disablement Cover to commence, your completed application needs to include either the first premium payment for the payment frequency selected or a Direct Debit request, Credit Card Authority or a partial rollover request from your superannuation fund for such amount (the option to fund the first premium payment through a partial rollover is only available for an application for a Superannuation Plan).

The owner of this Complimentary Interim Accidental Total and Permanent Disablement Cover is the Life Insured listed in the Policy application.

This cover does not apply:

- to a claim resulting directly or indirectly from a health condition that existed prior to the date we received your completed application
- to an Accidental Injury that occurs after this cover ends
- if you pass away within 14 days of the Accidental Injury
- if an application for a similar type of policy with any insurer has been declined, cancelled or withdrawn, or
- if the application is one that we would not normally accept under our standard assessment guidelines and practices.

Exclusions

This complimentary interim cover does not cover Accidental Injury caused directly or indirectly by any of the following:

- war (whether declared or not), invasion or civil war
- intentional self-inflicted injury or any such attempt by you or the proposer
- suicide
- your participation in any occupation, sport or pastime that we would not normally cover on standard terms
- an injury or sickness that was not disclosed to us with the application
- football injuries (all codes), or
- the direct or indirect effects of alcohol and/or drug abuse.

If you applied for:	You will receive a lump sum in the event of Accidental Injury equal to:
TPD Stand Alone	The lesser of:
TPD Rider Benefit	• the total of the sums insured proposed under: – TPD Rider Benefit – TPD Stand Alone
Universal TPD Rider Benefit	– Universal TPD – Accidental TPD, and
Accidental TPD Rider Benefit	• \$500,000.

The TPD definition that applies if you are disabled **solely** as a result of Accidental Injury is:

- Total and Permanent Disablement (Home Duties) if this definition was selected in your application, and
- Total and Permanent Disablement (Any Occupation) if any other TPD definition was selected in your application except for Total and Permanent Disablement (Home Duties).

13.3 Complimentary Interim Accidental Crisis Recovery Cover

We provide Complimentary Interim Accidental Crisis Recovery Cover at no additional cost to you, if you have applied for Crisis Recovery either as Stand Alone cover or as a Rider Benefit, and if you hold either Crisis Recovery, Crisis Extension or Double Crisis Recovery cover.

Complimentary Interim Accidental Crisis Recovery Cover pays a lump sum in the event of your Accidental Injury and only applies while we are assessing your application. The physical injury that results in your Accidental Injury must occur after the date your completed application is received by us and also while this cover is in place.

This cover is automatically provided from the date we receive your duly completed application until the earliest of:

- 90 days after the date your application form was signed
- the date we accept your application and issue the Policy, and
- the date your application is withdrawn by you or declined by us.

In order for Complimentary Interim Accidental Crisis Recovery Cover to commence, your completed application needs to include either the first premium payment for the payment frequency selected or a Direct Debit request or Credit Card Authority for such amount.

The owner of this Complimentary Interim Accidental Crisis Recovery Cover is the Life Insured listed in the Policy application.

This cover does not apply:

- to a claim resulting directly or indirectly from a health condition that existed prior to the date we received your completed application
- to an Accidental Injury that occurs after this cover ends
- if you pass away within 14 days of the Accidental Injury
- if an application for a similar type of policy with any insurer has been declined, cancelled or withdrawn, or
- if the application is one that we would not normally accept under our standard assessment guidelines and practices.

Exclusions

This complimentary interim cover does not cover Accidental Injury caused directly or indirectly by any of the following:

- war (whether declared or not), invasion or civil war
- intentional self-inflicted injury or any such attempt by you or the proposer
- suicide
- your participation in any occupation, sport or pastime that we would not normally cover on standard terms
- an injury or sickness that was not disclosed to us with the application
- football injuries (all codes), or
- the direct or indirect effects of alcohol and/or drug abuse.

If you applied for:	You will receive a lump sum in the event of Accidental Injury equal to:
Crisis Recovery Stand Alone	The lesser of: • the total of the sums insured proposed under: – Crisis Recovery Rider Benefit* – Crisis Recovery Stand Alone*, and • \$1 million.
Crisis Recovery Rider Benefit	

*Including the Crisis Extension Sum Insured (if applicable).

Crisis Events

This interim cover only applies where the Accidental Injury results in one of the following crisis events:*

- Major Head Trauma
- Blindness
- Coma
- Diplegia, Hemiplegia, Paraplegia and Quadriplegia
- Loss of Use of Limbs and/or Sight
- Major Burns
- Loss of Speech, or
- Loss of Hearing.

*Refer to the Crisis Event definitions in Section 12.2.

13.4 Complimentary Interim Accidental Income Protection Cover

We provide Complimentary Interim Accidental Income Protection Cover at no additional cost to you, where applicable.

Complimentary Interim Accidental Income Protection Cover pays a monthly benefit in the event of your Accidental Injury and only applies while we are assessing your application. The Total Disablement that results in your Accidental Injury must occur after the date your completed application is received by us and also while this cover is in place.

This cover is automatically provided from the date we receive your duly completed application until the earliest of:

- 90 days after the date your application form was signed,
- the date we accept your application and issue the Policy, and
- the date your application is withdrawn by you or declined by us.

In order for Complimentary Interim Accidental Income Protection Cover to commence, your completed application needs to include either a first premium payment for the payment frequency selected or a Direct Debit request, Credit Card Authority or a partial rollover request from your superannuation fund for such amount (the option to fund the first premium payment through a partial rollover is only available for an application for a Superannuation Plan).

The owner of this Complimentary Interim Accidental Income Protection Cover is the Life Insured listed in the Policy application.

If you applied for:	You will receive a monthly benefit in the event of your Total Disablement due to Accidental Injury equal to:
Income Protection Plan and Superannuation Income Protection Plan	The lesser of: • the Income Protection or Income Protection Accident Only Insured Monthly Benefit • \$10,000, and • the benefit that would normally be acceptable under our medical and financial assessment rules. The Complimentary Interim Accidental Income Protection cover will be paid up to a maximum of six months. Payments will commence from the end of the proposed Waiting Period and continue until the end of the six-month benefit period as long as you remain Totally Disabled.

The benefit is calculated on a daily basis and paid monthly in arrears.

Conditions

Payment of the monthly benefit is subject to the following conditions:

- the proposed Waiting Period must be 14, 30 or 60 days
- you must be Totally Disabled for longer than the proposed Waiting Period, and
- the Accidental Injury must occur after the Policy application date but prior to the acceptance or rejection of the application by us.

If during the application process we decide to offer a modified Policy, the Interim Accidental Income Protection Cover will be adjusted to incorporate the modified terms.

If we require an additional premium due to your medical history or pastimes, the level of your Interim Accidental Income Protection Cover will be recalculated based on your proposed premium.

If you make a claim under the Interim Accidental Income Protection Cover, we will take into account any change in your state of health as part of our assessment of your application.

This cover does not apply:

- to any benefit other than Total Disablement
- to a claim resulting directly or indirectly from a health condition that existed prior to the date we received your completed application
- to Total Disablement which has been caused by an Accidental Injury that occurs after this cover ends
- to any illness or disease
- where the Waiting Period proposed in your application is 90 days or longer
- if an application for a similar type of policy, with any insurer, has been declined, cancelled or withdrawn
- if the application is one that we would not normally accept under our standard assessment guidelines and practices, or
- in respect of any optional benefit added to the Income Protection or Income Protection Accident Only benefit.

Exclusions

This complimentary interim cover does not cover Total Disablement caused directly or indirectly by any of the following:

- war (whether declared or not), invasion or civil war
- intentional self-inflicted injury or any such attempt by you or the proposer
- your participation in any occupation, sport or pastime that we would not normally cover on standard terms
- an injury or sickness that was not disclosed to us with the application
- football injuries (all codes)
- normal pregnancy, uncomplicated childbirth or miscarriage
- disease or illness
- AIDS, AIDS-related conditions or HIV, or
- the direct or indirect effects of alcohol and/or drug abuse.

14. Direct Debit Request Service Agreement

This is your Direct Debit Request Service Agreement with AIA Australia Limited (ABN 79 004 837 861, AFSL 230043). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Definitions

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement between you and us.

Business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct debit request or DDR means the Direct Debit Request between us and you.

Us or we means AIA Australia – Direct Debit User ID 000142, the Debit User you have authorised by requesting a DDR.

You means the customer who has signed or authorised by other means the DDR.

Your financial institution means the financial institution nominated by you on the DDR at which the account is maintained.

1. Debiting your account

- 1.1 By signing a DDR or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the DDR and this agreement for the terms of the arrangement between us and you.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the DDR, or we will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the DDR, a billing advice which specifies the amount payable by you to us and when it is due. We will do this except where we have agreed to a temporary variation in accordance with your instructions under Clause 3 of this agreement, or where a credit tribunal or other legal tribunal has instructed us to vary the arrangement.
- 1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Amendments by us

- 2.1 We may vary any details of this agreement or a DDR at any time by giving you at least 14 days' written notice.
- 2.2 We reserve the right to cancel this agreement if the first debit from your account is returned unpaid or two or more debit attempts are returned unpaid by your financial institution.

3. Amendments by you

You may change*, stop or defer a debit payment, or terminate this agreement by providing us with at least 14 days' notification by contacting us in writing to Policy Services Department, AIA Australia, PO Box 6111, Melbourne VIC 3004 or by phone on 1800 333 613 during business hours. You can also arrange any change through your financial institution, which is required to act promptly on your instructions.

*In relation to the reference to 'change', your financial institution may change your debit payment only to the extent of advising us of your new account details.

4. Your obligations

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the DDR and this agreement.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
 - a) you may be charged a fee and/or interest by your financial institution
 - b) you may also incur fees or charges imposed or incurred by us, and
 - c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- 4.3 You should check your account statement to verify that the amounts debited from your account are correct.

5. Dispute

- 5.1 If you believe that there has been an error in debiting your account, you should notify us directly on 1800 333 613 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively, you can take it up directly with your financial institution.
- 5.2 If as a result of our investigations, we conclude that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 5.3 If as a result of our investigations, we conclude that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.
- 5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance and, if we are unable to resolve the matter, you can refer such queries to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

- 6.1 Before completing the DDR you should check with your financial institution to confirm that direct debiting is available from your account.
- 6.2 You should confirm that the account details you provide to us are correct by checking them against a recent account statement.
- 6.3 If you have any questions about how to complete the DDR, you should contact your financial institution.

7. Confidentiality

- 7.1 Subject to Clause 7.2, we will keep any information (including your account details) collected as part of your DDR confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information about you that we have collected as part of your DDR:
 - a) to the extent specifically required or permitted by law or under our Privacy Policy or procedures, or
 - b) for the purposes of this agreement, including disclosing information in connection with any query or claim.

8. Notice

- 8.1 If you wish to notify us about anything relating to this agreement, you can write to us at Policy Services Department, AIA Australia, PO Box 6111, Melbourne VIC 3004.
- 8.2 We will notify you by sending a notice in the ordinary post or via email to the address you have given us in the DDR.
- 8.3 Any notice will be deemed to have been received on the third business day after posting.

Contact information

If you have any questions or concerns about your Policy, please contact your financial adviser. You can also contact us directly on 1800 333 613.

General enquiries

AIA Australia
PO Box 6111
Melbourne VIC 3004
Phone: 1800 333 613
aia.com.au

Policy Services

AIA Australia
PO Box 6111
Melbourne VIC 3004
Email: au.customer@aia.com
Phone: 1800 333 613
Fax: 1800 832 266 or 03 9009 4824

Claims

AIA Australia
PO Box 6111
Melbourne VIC 3004
Phone: 1800 333 613

Privacy

AIA Australia Privacy Policy
Compliance Manager
AIA Australia
PO Box 6111
Melbourne VIC 3004

EQT Privacy Policy
EQT Group's Privacy Officer
Phone: (03) 8623 5000
Email: privacy@eqt.com.au

Privacy Commissioner
Office of the Australian Information Commissioner
GPO Box 5218
Sydney NSW 2001
Email: enquiries@aic.gov.au
Phone: 1300 363 992
oaic.gov.au

Scheme enquiries

Trustee of the Scheme
Equity Trustees Superannuation Limited
c/- ISAS
PO Box 1305
South Melbourne VIC 3205
Phone: 1300 133 475
Fax: 03 8623 5200

Fund Administrator
Phone: 1800 333 613

Eligible Rollover Fund
The AUSfund Administrator
Locked Bag 5132
Parramatta NSW 2124
Email: admin@ausfund.com.au
Phone: 1300 361 798
Fax: 1300 366 233
ausfund.com.au

Complaints

AIA Australia
Complaints Coordinator
AIA Australia
PO Box 6111
Melbourne VIC 3004
Email: au.complaints@aia.com
(or au.groupcomplaints@aia.com if your insurance is provided through a superannuation fund)
Phone: 1800 333 613
aia.com.au

Scheme
Complaints Officer
ISAS
PO Box 1305
South Melbourne VIC 3205
Phone: 1800 333 613

Australian Financial Complaints Authority (AFCA)
GPO Box 3
Melbourne VIC 3001
Email: info@afca.org.au
Phone: 1800 931 678
afca.org.au

This is the end of the PDS.

Introducing Medix Personal Medical Case Management

AIA Australia has partnered with Medix, a global healthcare management company that provides world-class support to those dealing with serious illness. It's all part of our commitment to helping our customers live healthier, longer, better lives.

At AIA Australia we understand that receiving a diagnosis of ill-health and navigating the medical system can be frightening, stressful and confusing. You may have questions about your diagnosis and whether all the right tests are being done. You may wonder if you should see another specialist or if there are other treatments options available to you. You may have to make medical decisions that impact the rest of your life. That's why we've partnered with Medix to provide our customers with Personal Medical Case Management services.

Your appointed Medix personal medical case manager will be your medical advocate. They will consult on your behalf with leading specialists around the world to reassess your medical case. If required, they'll recommend further tests to confirm your diagnosis. They'll provide you with comprehensive, up to date and reliable information about medical treatments available and discuss a personalised treatment plan with you and, at your request, engage with your treating doctors.

Medix will guide and support you in your medical journey, so that you can be confident that you are receiving the best possible medical care.

When you're with Medix, you're not alone

As the life insured on a Priority Protection policy, you have complimentary Medix Personal Medical Case Management services for:



Cancer



Cardiovascular
diseases



Non-emergency
Orthopaedic
conditions



Mental Health

FIND OUT MORE

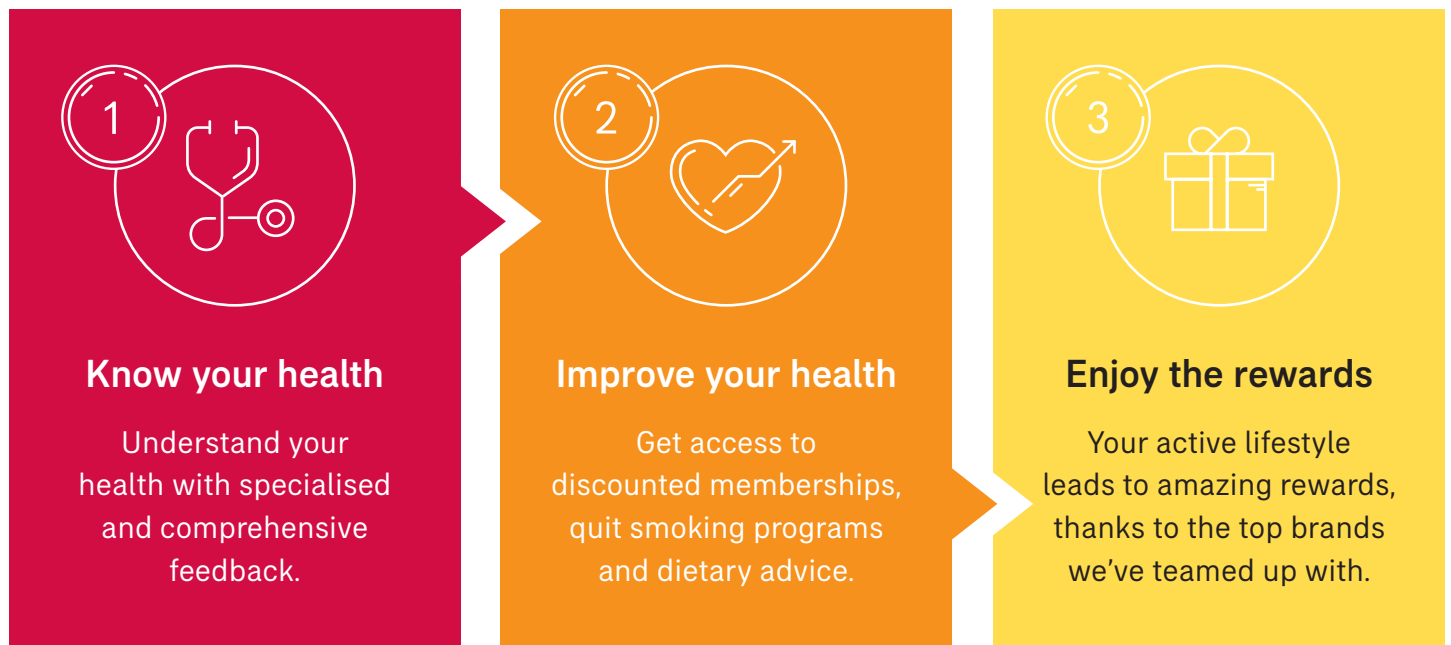
Introducing the AIA Vitality program

With AIA Vitality you'll get up to 17.5% initial discount on eligible AIA Australia policies. As an AIA Vitality member, you'll get even more out of life with ongoing discounts and rewards that make your everyday healthy choices pay off.

AIA Vitality is the science-backed health and wellbeing program brought to you by AIA Australia. Over time, it could decrease the cost of your premiums and make it easier to stay in shape.

Here's how it works:

AIA Vitality helps you to understand the current state of your health, provides tools to improve it and offers great incentives to keep you motivated on your journey. These include lifestyle rewards, savings on your everyday expenses, cash back on eligible flights and even discounts on your life insurance premiums.



To find out more about the AIA Vitality program talk to your adviser or visit aiavitality.com.au

AIA Vitality

Save up to **17.5%** on your life insurance premiums
by making healthier choices as part of AIA Vitality.

See inside for how our AIA Vitality program
can help you get more out of your cover.