



Priority Protection

Product Disclosure Statement
Version 10, Issued 3 December 2011

The Power of We

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Who issues Priority Protection?

This Product Disclosure Statement describes the main features of five separate insurance plans;

- Life Cover Plan,
- Crisis Recovery Stand Alone Plan,
- Income Protection Plan,
- Business Expenses Plan, and
- Superannuation Life Cover Plan (when acquired by a trustee of a self managed superannuation fund),

which are all issued by AIA Australia Limited (ABN 79 004 837 861 AFSL 230043). Phone: 1800 333 613.

The Superannuation Life Cover Plan (when issued through the AIA Superannuation Fund, ABN 78 757 377 348 (**the Fund**)), is owned by CCSL Limited, ABN 51 104 967 964, AFS Licence No. 287084, (**Trustee**) as the trustee of the Fund. The Trustee is the issuer of a risk-only superannuation product with benefits referable solely to the Superannuation Life Cover Plan. The Trustee is located at Level 16, 114 William Street, Melbourne Australia 3000, Phone (03) 9616 8600.

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

This Product Disclosure Statement (**PDS**) covers both the insurance products issued by AIA Australia and, where the Superannuation Life Cover Plan is issued through the AIA Superannuation Fund, the risk-only superannuation product issued by the Trustee. AIA Australia and the Trustee each take full responsibility for the entirety of this Product Disclosure Statement.

This PDS, including any changes to the Superannuation Life Cover Plan, may be updated or replaced at any time, and you can obtain a copy of the current version on request, free of charge, by calling AIA Australia on 1800 333 613. Changes that are not materially adverse will be updated and made available to you at www.aia.com.au. You will be advised of material changes or significant events as required by law.

Priority Protection is only available to persons receiving the offer and making an application in Australia. It is not an offer, invitation or recommendation by AIA Australia or the Trustee to invest in Priority Protection in any other jurisdiction. Applications from outside Australia will not be accepted. AIA Australia is also not bound to accept any application.

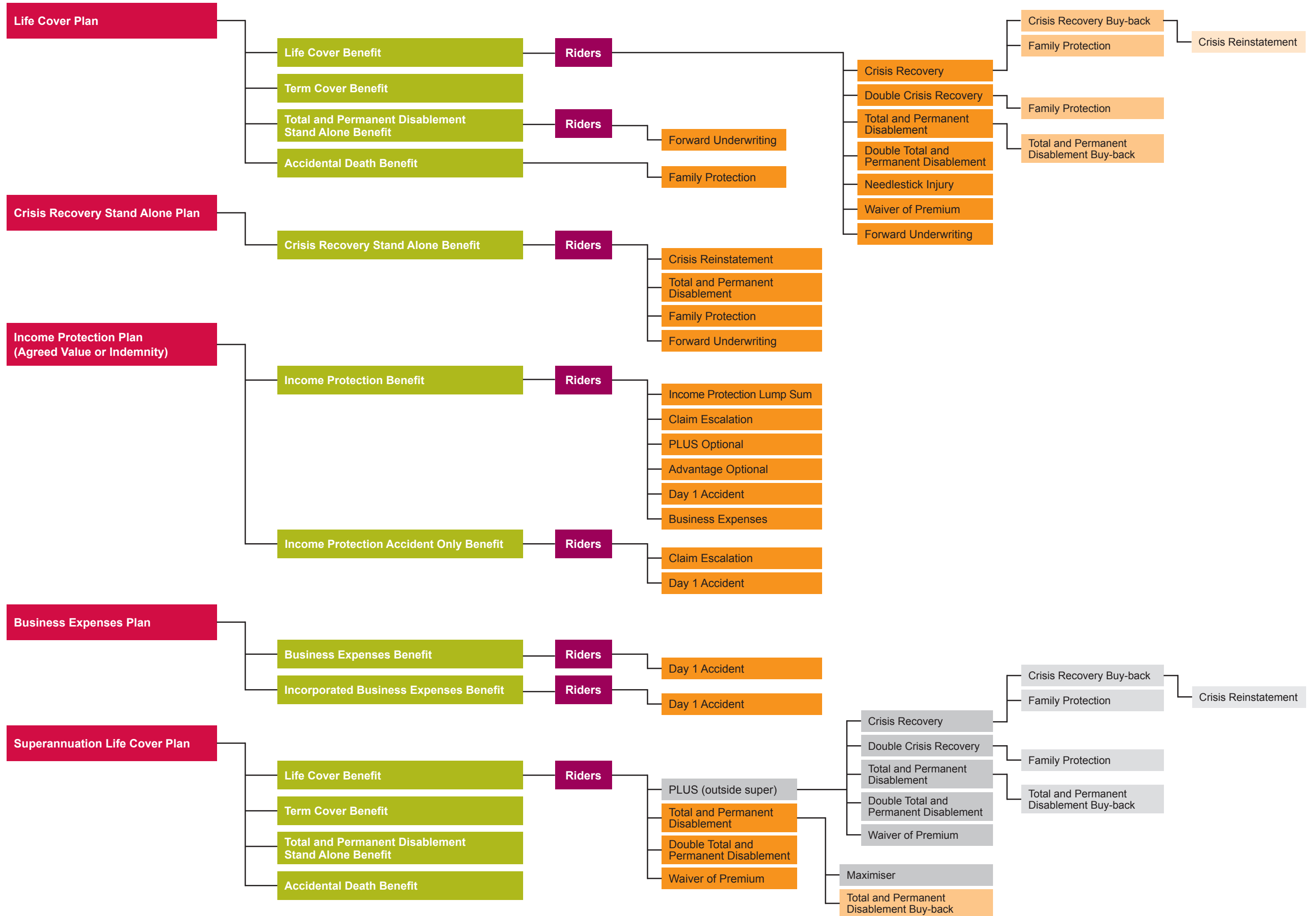
This PDS has been prepared with the intention of providing you with important information about the Priority Protection product. Any financial product advice contained in this PDS is of a general nature only and has been prepared without taking into account your objectives, financial situation or needs. Therefore, before making any decision you should consider the appropriateness of the advice, having regard to your objectives, financial situation and needs. If you are deciding whether to acquire one or more of these plans you should read this PDS before making your decision.

Please note: your cooling off rights and the external dispute resolution scheme to deal with any complaints about the product are different, depending on whether the issuer is AIA Australia or the Trustee. Further details can be found in the relevant sections of this PDS.

In this PDS (which includes the attached Application Form) any reference to:

- 'we', 'us', 'our' or 'the insurer' means AIA Australia Limited, except where reference is specifically made to the Trustee as issuer of the risk-only superannuation product;
- 'you' means any potential customer likely to become the person insured unless otherwise specified;
- 'Priority Protection' means all of the insurance plans referred to in the PDS unless otherwise specified.

Priority Protection Structure



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Life Cover Plan

Life Cover Benefit	Rider Benefits ¹											Term Cover Benefit	Total and Permanent Disablement Stand Alone Benefit	Accidental Death Benefit
	Crisis Recovery	Crisis Recovery Buy-back ²	Crisis Reinstatement ³	Family Protection ¹³	Double Crisis Recovery ¹¹	Total and Permanent Disablement	Total and Permanent Disablement Buy-back ⁴	Double Total and Permanent Disablement ¹²	Needlestick Injury (AA only)	Waiver of Premium	Forward Underwriting			

Entry age next birthday (years) between

Occupation Category	AAA, AA, A	B	C	D	E	Home Duties	Entry age next birthday (years) between											Total and Permanent Disablement Stand Alone Benefit	Accidental Death Benefit
							Crisis Recovery	Crisis Recovery Buy-back ²	Crisis Reinstatement ³	Family Protection ¹³	Double Crisis Recovery ¹¹	Total and Permanent Disablement	Total and Permanent Disablement Buy-back ⁴	Double Total and Permanent Disablement ¹²	Needlestick Injury (AA only)	Waiver of Premium	Forward Underwriting		
							16 and 60	16 and 64	16 and 60	16 and 60	18 and 60 (AA only)	16 and 64				16 and 64			
							16 and 60	16 and 64	16 and 60	16 and 60	Not available	16 and 64	16 and 55	11 and 60 (5 year term); 11 and 55 (10 year term)	16 and 64	16 and 75			
							16 and 60	16 and 60	16 and 60	16 and 60		16 and 60			16 and 60		16 and 60		
							16 and 55	16 and 55	16 and 55	16 and 55		16 and 55			16 and 55		16 and 55		
							16 and 50	16 and 50	16 and 50	16 and 50		16 and 50			16 and 50		16 and 50		
							16 and 60	16 and 64	16 and 60	16 and 60		16 and 60			16 and 64		16 and 64		

Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA, A	B	C	D	E	Home Duties	Expiry age – policy anniversary prior to age (years)											Total and Permanent Disablement Stand Alone Benefit	Accidental Death Benefit
							Crisis Recovery	Crisis Recovery Buy-back ²	Crisis Reinstatement ³	Family Protection ¹³	Double Crisis Recovery ¹¹	Total and Permanent Disablement	Total and Permanent Disablement Buy-back ⁴	Double Total and Permanent Disablement ¹²	Needlestick Injury (AA only)	Waiver of Premium	Forward Underwriting		
							70	70	70	70 (AA only)	70				70				
							65	65	65	Not available	65	65	End of chosen benefit term (5 or 10 years)	65	100				
							65	65	65		65			65		65			
							65	65	65		65			65		65			
							55	55	55		55			55		55			
							65	65	65		65			65		65			

Maximum Sum Insured

Occupation Category	AAA, AA, A	B	C	D	E	Home Duties	Maximum Sum Insured											Total and Permanent Disablement Stand Alone Benefit	Accidental Death Benefit
							Crisis Recovery	Crisis Recovery Buy-back ²	Crisis Reinstatement ³	Family Protection ¹³	Double Crisis Recovery ¹¹	Total and Permanent Disablement	Total and Permanent Disablement Buy-back ⁴	Double Total and Permanent Disablement ¹²	Needlestick Injury (AA only)	Waiver of Premium	Forward Underwriting		
							\$5,000,000 ^{6,10}	\$5,000,000 ^{6,10}	\$5,000,000 ^{6,10}	\$5,000,000 ^{6,10}	\$5,000,000 ^{6,10}	\$5,000,000 ^{6,10}	\$5,000,000 ^{6,10}	\$5,000,000 ^{6,10}	\$5,000,000 ^{6,10}	\$5,000,000 ¹⁰			
							\$2,000,000 ^{6,7} (age 16–55 next birthday)	\$2,000,000 ^{6,7} (age 16–55 next birthday)	\$2,000,000 ^{6,7} (age 16–55 next birthday)	Total and Permanent Disablement Sum Insured	\$2,000,000 ^{6,10}	\$2,000,000 ^{6,10}	None ⁵	\$2,000,000 ¹⁰	\$1,000,000				
						\$1,500,000 ^{6,7} (age 56–64 next birthday)	\$1,500,000 ^{6,7} (age 56–64 next birthday)	\$1,500,000 ^{6,7} (age 56–64 next birthday)	\$2,000,000 ^{6,10}		\$2,000,000 ^{6,10}	\$2,000,000 ^{6,10}		\$2,000,000 ¹⁰					
						\$2,000,000 ^{6,7} (age up to 40 next birthday)	\$2,000,000 ^{6,7} (age up to 40 next birthday)	\$2,000,000 ^{6,7} (age up to 40 next birthday)	\$2,000,000 ^{6,10}		\$2,000,000 ^{6,10}	\$2,000,000 ^{6,10}		\$2,000,000 ¹⁰					
						\$1,000,000 ^{6,7} (age 41–55 next birthday)	\$1,000,000 ^{6,7} (age 41–55 next birthday)	\$1,000,000 ^{6,7} (age 41–55 next birthday)	\$1,000,000 ^{6,10}		\$1,000,000 ^{6,10}	\$1,000,000 ^{6,10}		\$1,000,000 ¹⁰					
						\$750,000 ^{6,7} (age 56–75 next birthday)	\$750,000 ^{6,7} (age 56–75 next birthday)	\$750,000 ^{6,7} (age 56–75 next birthday)	\$750,000 ^{6,10} (age up to 40 next birthday)		\$750,000 ^{6,10} (age up to 40 next birthday)	\$750,000 ^{6,10} (age up to 40 next birthday)		\$750,000 ¹⁰ (age up to 40 next birthday)					

1. Life Cover benefit must be purchased.
2. Crisis Recovery benefit must be purchased.
3. Crisis Recovery Buy-back benefit must be purchased.
4. Total and Permanent Disablement benefit must be purchased.
5. Subject to financial underwriting.
6. Cannot exceed Life Cover Sum Insured.
7. Applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone and Double Crisis Recovery and other similar benefits with us and other insurers.
8. Applies to the total sums insured for Family Protection benefit under Crisis Recovery, Crisis Recovery Stand Alone, Double Crisis Recovery and Accidental Death benefit and other similar benefits with us and other insurers.
9. Cannot exceed Crisis Recovery, Double Crisis Recovery or Accidental Death benefit Sum Insured.
10. Applies to the total sums insured for Total and Permanent Disablement, Total and Permanent Disablement Stand Alone and Double Total and Permanent Disablement and other similar benefits with us and other insurers.
11. Cannot be purchased in conjunction with Crisis Recovery or Double Total and Permanent Disablement.
12. Cannot be purchased in conjunction with Total and Permanent Disablement or Double Crisis Recovery.
13. Crisis Recovery benefit, Double Crisis Recovery benefit or Accidental Death benefit must be purchased.

Crisis Recovery Stand Alone Plan

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

Entry age next birthday (years) between

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

Expiry age – policy anniversary prior to age (years)

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

Maximum Sum Insured

Occupation Category	AAA, AA, A	Crisis Recovery Stand Alone Sum Insured	\$2,000,000 ⁴ (age 16–55 next birthday); \$1,500,000 ⁴ (age 56–64 next birthday)	\$200,000 ^{3,4}	\$10,000,000	
	B		\$2,000,000 ² (age 16–55 next birthday)			\$2,000,000 ⁴ (age 16–55 next birthday); \$1,500,000 ⁴ (age 56–64 next birthday)
	C		\$1,500,000 ² (age 56–64 next birthday)			\$2,000,000 ⁴ (age 16–55 next birthday); \$1,500,000 ⁴ (age 56–60 next birthday)
	D					\$2,000,000 ⁴ (age 16–55 next birthday)
	E					\$1,000,000 ⁴ (age 16–50 next birthday)
	Home Duties		\$750,000 (age up to 40 next birthday) \$500,000 (age 41–64 next birthday)			\$750,000 ⁴ (age up to 40 next birthday) \$500,000 ⁴ (age 41–64 next birthday)

Business Expenses Plan

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

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

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

Refer to Maximum Insured Monthly Benefit table on page 43	AAA and AA only \$30,000 per month	Refer to Maximum Insured Monthly Benefit table on page 43
Refer to Maximum Insured Monthly Benefit table on page 43	Not available	Refer to Maximum Insured Monthly Benefit table on page 43
Not available	Not available	Not available
Not available	Not available	Not available

1. Crisis Recovery Stand Alone benefit must be purchased.
 2. Applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone and Double Crisis Recovery and other similar benefits with us and other insurers.
 3. Applies to the total sums insured for Family Protection benefit under Crisis Recovery, Crisis Recovery Stand Alone and Double Crisis Recovery and other similar benefits with us and other insurers.
 4. Cannot exceed Crisis Recovery Stand Alone Sum Insured.

Income Protection Plan

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

Entry age next birthday (years) between

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

Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA, A	65	65	Same as Income Protection benefit or Income Protection Accident Only benefit chosen	Same as Income Protection benefit	Same as Income Protection benefit	Same as Income Protection benefit or Income Protection Accident Only benefit chosen	65	65	70
Occupation Category	B	65	65	Same as Income Protection benefit or Income Protection Accident Only benefit chosen	Same as Income Protection benefit	Same as Income Protection benefit	Same as Income Protection benefit or Income Protection Accident Only benefit chosen	65	65	70
	C									
	D									
	E	55	55	Not available	Not available	Not available	Not available	Not available	Not available	

Maximum Sum Insured

Refer to Maximum Insured Monthly Benefit table on page 34	Refer to Maximum Insured Monthly Benefit table on page 34	Income Protection benefit or Income Protection Accident Only benefit chosen	Income Protection benefit	Income Protection benefit	Income Protection benefit or Income Protection Accident Only benefit chosen	Refer to Maximum Insured Monthly Benefit table on page 43	Refer to Income Protection Lump Sum benefit on page 40	\$20,000
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1. Either the Income Protection or Income Protection Accident Only benefit can be selected (not both).
 2. Income Protection benefit or Income Protection Accident Only benefit must be purchased.
 3. Income Protection benefit must be purchased.
 4. Not available under Income Protection Accident Only benefit.
 5. A 3-day qualifying period is not available for Occupation Category E.
 6. Cannot be purchased in conjunction with PLUS Optional.
 7. Cannot be purchased in conjunction with Advantage Optional.

Superannuation Life Cover Plan

Life Cover Benefit	Rider Benefits ¹										Term Cover Benefit	Total and Permanent Disablement Stand Alone Benefit	Accidental Death Benefit
	Crisis Recovery ¹⁴	Crisis Recovery Buy-back ^{2,14}	Crisis Reinstatement ^{3,14}	Family Protection ^{2 or 9 and 14}	Double Crisis Recovery ^{11,14}	Total and Permanent Disablement	Total and Permanent Disablement Buy-back ⁴	Double Total and Permanent Disablement ¹²	Waiver of Premium	Maximiser ¹³			

Entry age next birthday (years) between

Occupation Category	AAA, AA, A	B	C	D	E	Home Duties	Crisis Recovery	Crisis Recovery Buy-back	Crisis Reinstatement	Family Protection	Double Crisis Recovery	Total and Permanent Disablement	Total and Permanent Disablement Buy-back	Double Total and Permanent Disablement	Waiver of Premium	Maximiser	Term Cover Benefit	Total and Permanent Disablement Stand Alone Benefit	Accidental Death Benefit
Occupation Category	AAA, AA, A	11 and 74	16 and 64	16 and 60	16 and 60	16 and 60 (life insured) 2 and 15 (child)	16 and 60	16 and 64	16 and 60	16 and 60	16 and 60	16 and 60	16 and 60	16 and 60	16 and 64	Same as Total and Permanent Disablement benefit	11 and 60 (5 year term); 11 and 55 (10 year term)	16 and 64	16 and 74
	B																		
	C																		
	D																		
	E																		
	Home Duties																		

Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA, A	B	C	D	E	Home Duties	Crisis Recovery	Crisis Recovery Buy-back	Crisis Reinstatement	Family Protection	Double Crisis Recovery	Total and Permanent Disablement	Total and Permanent Disablement Buy-back	Double Total and Permanent Disablement	Waiver of Premium	Maximiser	Term Cover Benefit	Total and Permanent Disablement Stand Alone Benefit	Accidental Death Benefit
Occupation Category	AAA, AA, A	75	70	65	65	21 (child) or 70 (life insured), if earlier	65	70	65	65	65	65	65	65	65	Same as Total and Permanent Disablement benefit	End of chosen benefit term (5 or 10 years)	70	75
	B																		
	C																		
	D																		
	E																		
	Home Duties																		

Maximum Sum Insured

Occupation Category	AAA, AA, A	B	C	D	E	Home Duties	Crisis Recovery	Crisis Recovery Buy-back	Crisis Reinstatement	Family Protection	Double Crisis Recovery	Total and Permanent Disablement	Total and Permanent Disablement Buy-back	Double Total and Permanent Disablement	Waiver of Premium	Maximiser	Term Cover Benefit	Total and Permanent Disablement Stand Alone Benefit	Accidental Death Benefit	
Occupation Category	AAA, AA, A	None ⁵	\$2,000,000 ^{6,7} (age 16–55 next birthday)	\$1,500,000 ^{6,7} (age 56–64 next birthday)	Crisis Recovery Sum Insured	Crisis Recovery Sum Insured	\$200,000 ^{6,10}	\$2,000,000 ^{6,7} (age 16–55 next birthday)	\$5,000,000 ^{6,8}	Total and Permanent Disablement Sum Insured	\$1,000,000 ^{6,8}	\$750,000 ^{6,8} (age up to 40 next birthday)	\$2,000,000 ^{6,8}	\$2,000,000 ^{6,8}	\$2,000,000 ^{6,8}	Not applicable	Total and Permanent Disablement Sum Insured	\$1,500,000 ^{6,8} (age up to 40 next birthday)	\$5,000,000 ^{6,8}	\$1,000,000
	B																			
	C																			
	D																			
	E																			
	Home Duties																			

- Life Cover benefit must be purchased.
- Crisis Recovery benefit must be purchased.
- Crisis Recovery Buy-back benefit must be purchased.
- Total and Permanent Disablement benefit must be purchased.
- Subject to financial underwriting.
- Cannot exceed Life Cover Sum Insured.
- Applies to the total sums insured for Crisis Recovery, Double Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
- Applies to the total sums insured for Total and Permanent Disablement, Double Total and Permanent Disablement and Total and Permanent Disablement Stand Alone and other similar benefits with us and other insurers.
- Double Crisis Recovery benefit must be purchased.
- Applies to the total sums insured for Family Protection benefit under Crisis Recovery, Crisis Recovery Stand Alone and Double Crisis Recovery and other similar benefits with us and other insurers.
- Cannot be purchased in conjunction with Crisis Recovery or Double Total and Permanent Disablement.
- Cannot be purchased in conjunction with Total and Permanent Disablement or Double Crisis Recovery.
- Total and Permanent Disablement (Any Occupation definition) must be purchased inside superannuation.
- Only available under a linked policy outside of superannuation.

Overview

The Priority Protection product provides you with a selection of plans to cater for your life insurance needs. There are four plans available under the policy:

- **Life Cover Plan;**
- **Crisis Recovery Stand Alone Plan;**
- **Income Protection Plan (Agreed Value or Indemnity);** and
- **Business Expenses Plan.**

In addition there is a **Superannuation Life Cover Plan**, which is a separate policy that can only be acquired as part of a superannuation arrangement. It can be issued to the trustee of your self-managed superannuation fund or by your becoming a member of the AIA Superannuation Fund.

Each of the plans offers one or more stand-alone benefits, which can be selected individually or in combination. In addition, some of the stand-alone benefits allow you to select from a range of rider benefits. The tables on pages 2 to 5 summarise the stand-alone benefits and rider benefits available under each Plan. These are then described in more detail throughout this PDS.

It is also important to read the Definitions to understand what is or is not covered and the Exclusions that may apply.

Categories of risk

Risk needs can be categorised into three broad areas:

- The need for life cover,
- The need to protect your ability to earn an income, and
- The need to make provision for lifestyle adjustments due to illness, injury or impairment.

What are some of the uses for Life Cover?

- It can be used to settle debt, outstanding loans and other financial costs in the event of death.
- It can pay out a lump sum that can be used to provide financial security for loved ones when the life insured no longer can.
- It allows business partners to continue running the business without added capital strain.

Preparing for the inevitable is preparing for life!

What are some of the uses for Crisis Recovery cover?

- Crisis Events such as heart attacks, strokes and cancer happen without discrimination.
- Physical impairments, such as the loss of use of arms, legs or eyes, could change your lifestyle completely.
- When an unpredictable event happens, there is an immediate need for financial help.

Making sure that when lifestyle adjustments are made, there is cover.

What are some of the uses for Income Protection cover?

- To provide an income when you cannot earn one because you have become disabled or severely ill.
- To ensure that business continuity is catered for even when you, the owner, can no longer run the business.

Get paid an income – even when you cannot earn one!

Overview

The Life Cover benefit and the 5-year and 10-year Term Cover benefits will pay a lump sum if you die before the benefit expires or you are diagnosed with a terminal illness. Death from suicide in the first 13 months from commencement or re-instatement of the benefit is excluded. The lump sum amount will be paid to the policy owner or the nominated beneficiary/ies.

The Accidental Death benefit will pay a lump sum if you die as a result of an accident only. This lump sum will only be paid if the definition of Accidental Death is met as defined on page 69 in the 'Definitions'. Death must occur within 6 months of the accident taking place.

Benefit overview

Detail	Life Cover Benefit	5-year Term	10-year Term	Accidental Death
Level Premiums	✓	✓	✓	✓
Stepped Premiums	✓	✓	✓	—
Optimum Premiums	✓	—	—	—
Available in Superannuation	✓	✓	✓	✓
Built-in benefits				
Benefit Indexation	✓	✓	✓	✓
Premium Freeze	✓	—	—	—
Complimentary Interim Accidental Death Cover	✓	✓	✓	✓
Terminal Illness	✓	✓	✓	—
Final Expenses*	✓	✓	✓	✓
Financial Planning Reimbursement*	✓	✓	✓	✓
Guaranteed Future Insurability	✓	—	—	—
Benefits at an additional cost (Rider Benefits)				
Crisis Recovery	✓	—	—	—
Crisis Recovery Buy-back	✓	—	—	—
Crisis Reinstatement	✓	—	—	—
Double Crisis Recovery	✓	—	—	—
Family Protection	✓	—	—	✓
Total and Permanent Disablement	✓	—	—	—
Total and Permanent Disablement Buy-back	✓	—	—	—
Double Total and Permanent Disablement	✓	—	—	—
Needlestick Injury*	✓	—	—	—
Waiver of Premium	✓	—	—	—
Forward Underwriting benefit*	✓	—	—	—

*Not available under the Superannuation Life Cover Plan.

Built-in benefits

The following benefits are built in to your Life Cover Plan.

Premium Freeze

You can freeze your premiums if you are age 35 or older and you are paying your premiums on a stepped premium basis. This is not available on the 5-year and 10-year Term Cover benefits or Accidental Death benefit.

See page 59 in the 'Additional Information' for a detailed description of this built-in benefit.

Benefit Indexation

The Sum Insured on your benefit will automatically increase each year by the higher of the CPI increase and 5%. If you don't want your cover to increase, please indicate on the application form. You will need to contact us on the anniversary of your policy instructing us to cancel the increase.

See page 59 in 'Additional information' for a detailed description of this built-in benefit.

Terminal Illness benefit

If you are diagnosed with a terminal illness before your policy expires, we will pay you 100% of your life cover.

This benefit is not available under the Accidental Death benefit.

For further information, please see page 77 in the 'Definitions'.

Final Expenses benefit

If you die before your policy expires we will make an advanced payment of the lesser of 10% of your Sum Insured and \$25,000 to the nominated beneficiary/ies or the policy owner to assist them in dealing with immediate financial expenses. We will need to see a certified copy of the death certificate before we pay this benefit.

Any payments we make under this benefit will be deducted from the Life Cover benefit, 5-year or 10-year Term Cover benefits or Accidental Death benefit.

For the Final Expenses benefit to be paid under the Accidental Death benefit, the definition of Accidental Death must be satisfied.

Financial Planning Reimbursement benefit

If a claim is paid for death or terminal illness, we will reimburse your nominated beneficiary/ies or the policy owner the cost of obtaining advice from one or more financial planners. This advice must be in relation to how the claim proceeds should be managed or invested. The claim is subject to the following conditions:

- The benefit will be paid in addition to the claim amount;
- Each financial adviser providing and charging for financial planning advice must be a properly authorised representative;
- The financial planning costs must be incurred and paid within the first 6 months following the claim payment;
- The maximum total amount reimbursed will be the lower of \$3,000 and the actual financial planning costs incurred as evidenced by tax invoices etc; and
- The benefit can be paid more than once (up to a maximum of \$3,000).

Guaranteed Future Insurability benefit

If you experience a 'personal event' or a 'business event' before the age of 55 you are eligible for the Guaranteed Future Insurability benefit. This benefit allows you to apply for increases in your Life Cover Sum Insured and any Total and Permanent Disablement Sum Insured without supplying further evidence of health or insurability.

A maximum number of increases apply. Please see the policy document for terms and conditions applicable to all such increases.

For 'Personal Events' and 'Business Events' definitions, see Guaranteed Future Insurability definitions on page 72 in the 'Definitions'.

Complimentary Interim Accidental Death Cover

See page 81 for details.

Can my Sum Insured be reduced?

Yes – we will reduce the Sum Insured under your Life Cover benefit by any amount we pay for Terminal Illness or under the Crisis Recovery benefit, Total and Permanent Disablement benefit, Loss of Independence benefit or Final Expenses benefit. In addition, we will reduce the Sum Insured under your Life Cover benefit by any partial payments made under Double Crisis Recovery benefit and Double Total and Permanent Disablement benefit.

Your 5-year and 10-year Term Cover sums insured will also be reduced by any amount paid for a Terminal illness or Final Expenses benefit.

Your Accidental Death benefit Sum Insured will be reduced by any amount paid for Final Expenses benefit.

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Accidental Death benefit

- This benefit is only available to lives insured who are Permanent Residents or Citizens of Australia.
- You must be residing in Australia at the time of application.
- The Family Protection benefit (see page 29) is available at an additional premium cost.

Benefits at an additional cost

The following benefits are available at an additional premium cost:

- Crisis Recovery (see page 19)
- Crisis Recovery Buy-back (see page 23)
- Crisis Reinstatement (see page 24)
- Family Protection (see page 29)
- Double Crisis Recovery (see page 26)
- Total and Permanent Disablement (see page 10)
- Total and Permanent Disablement Buy-back (see page 13)
- Double Total and Permanent Disablement (see page 16)
- Needlestick Injury (see page 30)
- Waiver of Premium (see page 14)
- Forward Underwriting (see page 31)

Overview

The Total and Permanent Disablement benefit will pay a lump sum if you become totally and permanently disabled as defined on pages 77 to 78. This benefit will also pay a partial benefit if you become partially and permanently disabled as defined on page 75.

(This Partial and Permanent Disablement benefit is not available under the Superannuation Life Cover Plan.)

To be eligible for this benefit you must be in full-time employment.

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

Benefit overview

Detail	Total and Permanent Disablement
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Total and Permanent Disablement Stand Alone	✓
Rider benefit (to Life Cover benefit and Crisis Recovery Stand Alone)	✓
Available in Superannuation	✓
Built-in benefits	
Total and Permanent Disablement	✓
Partial and Permanent Disablement*	✓
Premium Freeze	✓
Benefit Indexation	✓
Financial Planning Reimbursement*	✓
Own Occupation definition	✓
Any Occupation definition	✓
All Duties definition	✓
Conversion to Loss of Independence*	✓
Benefits at an additional cost (Rider Benefits)	
Total and Permanent Disablement Buy-back	✓
Forward Underwriting* (Total and Permanent Disablement Stand Alone only)	✓

*Not available under the Superannuation Life Cover Plan.

Built-in benefits

The following benefits are built into your Total and Permanent Disablement benefit and Total and Permanent Disablement Stand Alone benefit.

Total and Permanent Disablement (TPD) – Any Occupation

This definition applies to Occupation Categories AAA, AA, A, B, C, D and Home Duties (see page 68 for Occupation Categories).

Total and Permanent Disablement relates to you being 'unlikely to ever' return to work in your own occupation or any other occupation for which you are reasonably suited to by reason of education, training or experience.

If you are able to return to work and perform any other reasonable occupation but your earnings are less than 25% of your previous 12 months earnings, we will still pay your Total and Permanent Disablement benefit.

The following table outlines the definitions available to the various Occupation Categories:

Disablement Definition	Occupation Category
Own Occupation	AAA, AA, A, B and C
Any Occupation	AAA, AA, A, B, C, D and Home Duties
All Duties	E

Your premium amount is dependent on the Total and Permanent Disablement definition you select (see Definitions section pages 77 to 78) and on your Occupation Category.

Partial and Permanent Disablement benefit

We will pay you a partial benefit if you suffer the permanent loss of use of:

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

If you select the Total and Permanent Disablement Stand Alone benefit, you must survive for a period of 14 days from the date of loss to become eligible for this benefit.

We will pay the lesser of:

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

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

Your Total and Permanent Disablement benefit Sum Insured will be reduced by any amount paid for a Partial and Permanent Disablement benefit.

Premium Freeze

See page 59 in the 'Additional Information' for a detailed description of this built in benefit.

Benefit Indexation

See page 59 in the 'Additional information' for a detailed description of this built-in benefit.

Financial Planning Reimbursement benefit

This benefit is available if you become totally and permanently disabled. For further information, please see page 9.

Reduction in Sum Insured for total and permanent disablement (Occupational Categories AAA, AA and A only)

At age 65, if the total of your Sums Insured for total and permanent disablement is greater than \$3,000,000, it will be reduced to \$3,000,000.

At age 70, if the total of your Sums Insured for total and permanent disablement is greater than \$2,000,000, it will be reduced to \$2,000,000.

Conversion to Loss of Independence

This benefit applies to:

- Total and Permanent Disablement benefit under the Life Cover benefit, and
- Total and Permanent Disablement Stand Alone benefit under the Life Cover Plan.

It does not apply to the Total and Permanent Disablement benefit under the Crisis Recovery Stand Alone benefit.

Your Total and Permanent Disablement benefit will cease when you reach the age of 70 (Occupational Categories AAA, AA and A) or 65 (Occupational Categories B, C, D and Home Duties). Instead of the benefit expiring, we will convert the benefit to a 'Loss of Independence' benefit. This will enable you to keep your benefit until you reach the age of 100.

The Sum Insured for the Loss of Independence benefit issued on conversion from the Total and Permanent Disablement benefit will be the lesser of:

- Total and Permanent Disablement Sum Insured at the time the Total and Permanent Disablement benefit ceases; and
- Occupational Categories AAA, AA and A: \$2,000,000; or
- Occupational Categories B, C, D and Home Duties: \$1,000,000.

For further details on Loss of Independence see pages 73 to 74 in the 'Definitions'.

Occupation Category E

Your Total and Permanent Disablement benefit and Total and Permanent Disablement Stand Alone benefit will cease when you reach the age of 55.

Can my Sum Insured be reduced?

Yes, the Total and Permanent Disablement Sum Insured will be reduced by any amount payable under the Life Cover benefit in respect of a terminal illness or payable under the Crisis Recovery or Double Crisis Recovery benefit. The Total and Permanent Disablement Sum Insured will also be reduced by any amount payable under the Partial and Permanent Disablement benefit.

Yes, the Loss of Independence Sum Insured, issued on conversion from the Total and Permanent Disablement benefit, will be reduced by any amount payable under the Life Cover benefit in respect of a terminal illness or payable under the Crisis Recovery or Double Crisis Recovery benefit.

No, the Total and Permanent Disablement Stand Alone Sum Insured will not be reduced by any amount payable under another benefit under this policy other than by any amount payable under the Partial and Permanent Disablement benefit. The benefit will cease on the death of the life insured.

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Benefits at an additional cost

The following benefits are available at an additional premium cost:

- Total and Permanent Disablement Buy-back (see page 13)
- Forward Underwriting (see page 31).

Overview

The Total and Permanent Disablement Buy-back benefit is a rider benefit only available with the Total and Permanent Disablement benefit under the Life Cover benefit. It does not apply to the Total and Permanent Disablement Stand Alone benefit, Double Total and Permanent Disablement benefit or to the Total and Permanent Disablement benefit under the Crisis Recovery Stand Alone benefit.

After a claim has been paid for the full Total and Permanent Disablement benefit, the Total and Permanent Disablement Buy-back benefit enables the policy owner to repurchase the life cover that was reduced when the Total and Permanent Disablement claim was paid. The buy-back option can only be exercised within 30 days from the first anniversary of the date of the claim payment.

Benefit overview

Detail	Total and Permanent Disablement Buy-back
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Rider benefit (only to the Total and Permanent Disablement benefit under the Life Cover benefit)	✓
Available in Superannuation	✓
Built-in benefits	
Benefit Indexation	✓
Premium Freeze	✓

Built-in benefits

The following benefits are built into the Total and Permanent Disablement Buy-back benefit.

Benefit Indexation

See page 59 in the 'Additional information' for a detailed description of this built-in benefit.

Premium Freeze

See page 59 in the 'Additional Information' for a detailed description of this built-in benefit.

Can my Sum Insured be reduced?

This is not applicable.

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Benefits at an additional cost

There are no additional benefits available under this benefit.

Overview

The Waiver of Premium benefit is a rider benefit only available under the Life Cover benefit. It is unavailable as a rider to the Crisis Recovery Stand Alone benefit and the Accidental Death benefit. However, if the Waiver of Premium benefit is purchased as a rider to an insured's Life Cover benefit, the premiums for Crisis Recovery Stand Alone and Accidental death benefits of that life insured may also be waived under the Waiver of Premium benefit (if the life insured has taken out Crisis Recovery Stand Alone and/or Accidental death benefits).

The Waiver of Premium benefit will waive the premiums for specified benefits up to the age of 70 (AAA, AA and A) or up to the age of 65 (B, C, D, E and Home Duties) if you become permanently disabled. To be eligible for this benefit you must be in full-time employment or on full-time 'home duties'.

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

Benefit overview

Detail	Waiver of Premium
Level Premiums	✓
Stepped Premiums	✓
Rider benefit under the Life Cover benefit	✓
Available in Superannuation	✓
Built-in benefits	
Total and Permanent Disablement	✓
Partial and Permanent Disablement*	✓
Any Occupation definition	✓
Own Occupation definition	✓
All Duties definition	✓

*Not available under the Superannuation Life Cover Plan.

Built-in benefits

The following benefits are built into the Waiver of Premium benefit.

Total and Permanent Disablement (TPD) – Any Occupation

This definition applies to Occupation Categories AAA, AA, A, B, C, D and Home Duties.

Total and Permanent Disablement relates to your being 'unlikely ever to' return to work in your own occupation or any other occupation for which you are reasonably suited to by reason of education, training or experience.

If you are able to return to work and perform any other reasonable occupation but your earnings are less than 25% of your previous 12 months earnings, we will still pay your Waiver of Premium benefit.

The following table outlines the definitions available to the various Occupation Categories:

Disablement Definition	Occupation Category
Own Occupation	AAA, AA, A, B and C
Any Occupation	AAA, AA, A, B, C, D and Home Duties
All Duties	E

Your premium amount is dependent on the Total and Permanent Disablement definition you select (see Definitions section pages 77 to 78) and on your Occupation Category.

The definition of Total and Permanent Disablement for the Waiver of Premium benefit under a policy must be the same as the definition for any Total and Permanent Disablement benefit under the same policy.

Partial and Permanent Disablement – Definition

This definition means the life insured has suffered a permanent loss of use of:

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

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Benefits at an additional cost

There are no additional benefits available under this benefit.

If you become permanently disabled (totally or partially) we will waive the premiums under the following:

- **Life Cover benefit;**
- **Other rider benefits under the Life Cover benefit;**
- **Crisis Recovery Stand Alone benefit;**
- **Rider benefits under the Crisis Recovery Stand Alone benefit;**
- **Accidental Death benefit.**

The waiver also applies to any benefit indexation increases but not to certain voluntary increases. Please refer to the terms and conditions in the policy document for further information.

In the case of Total and Permanent Disablement each definition of Total and Permanent Disablement that you can choose for the Waiver of Premium benefit contains a qualifying period (either three or six months). During this qualifying period you must be absent from employment solely as a result of Injury or Sickness in order to be eligible to claim under the benefit.

The premiums due on the policy must still be paid by the policy owner during the qualifying period.

Upon acceptance of the Waiver of Premium claim, any premiums that have been paid will not be refunded.

Overview

The Double Total and Permanent Disablement benefit will pay a lump sum if you become totally and permanently disabled as defined on pages 77 to 78. The Life Cover Sum Insured will not be reduced and future premiums on the Life Cover will be waived. This benefit is only available as a rider benefit to the Life Cover benefit.

The Double Total and Permanent Disablement benefit will also pay a partial benefit if you become partially and permanently disabled as defined on page 75. (This Partial and Permanent Disablement benefit is not available under the Superannuation Life Cover Plan.)

To be eligible for this benefit you must be in full-time employment. For this benefit we classify full-time employment as working at least 20 hours per week, for 48 weeks per year (excluding public holidays).

This Double Total and Permanent Disablement benefit cannot be purchased in conjunction with the Total and Permanent Disablement benefit and/or the Double Crisis Recovery benefit.

Benefit overview

Detail	Double Total and Permanent Disablement
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Rider benefit (to Life Cover benefit)	✓
Available in Superannuation	✓
Built-in benefits	
Total and Permanent Disablement	✓
Partial and Permanent Disablement*	✓
Premium Freeze	✓
Benefit Indexation	✓
Financial Planning Reimbursement*	✓
Own Occupation definition	✓
Any Occupation definition	✓
All Duties definition	✓
Conversion to Loss of Independence*	✓
No reduction of the Life Cover Sum Insured (after a full Double Total and Permanent Disablement claim)	✓
Waiver of Life Cover Premium (after a full Double Total and Permanent Disablement claim)	✓

*Not available under the superannuation Life Cover benefit.

Built-in benefits

The following benefits are built into your Double Total and Permanent Disablement benefit.

Total and Permanent Disablement (TPD) – Any Occupation

This definition applies to Occupation Categories AAA, AA, A, B, C, D and Home Duties (see page 68 for Occupation Categories).

Total and Permanent Disablement relates to your being ‘unlikely to ever’ return to work in your own occupation or any other occupation for which you are reasonably suited to by reason of education, training or experience.

If you are able to return to work and perform any other reasonable occupation but your earnings are less than 25% of your previous 12 months earnings, we will still pay your Total and Permanent Disablement benefit.

The following table outlines the definitions available to the various Occupation Categories:

Disablement Definition	Occupation Category
Own Occupation	AAA, AA, A, B and C
Any Occupation	AAA, AA, A, B, C, D and Home Duties
All Duties	E

Your premium amount is dependent on the Total and Permanent Disablement definition you select (see Definitions section pages 77 to 78) and on your Occupation Category.

Partial and Permanent Disablement benefit

We will pay you a partial benefit if you suffer the permanent loss of use of:

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

We will pay the lesser of:

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

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

Your Double Total and Permanent Disablement benefit Sum Insured will be reduced by any amount paid for a Partial and Permanent Disablement benefit.

No Reduction of the Life Cover Sum Insured

If the full Double Total and Permanent Disablement benefit becomes payable, the Life Cover Sum Insured amount will not be reduced.

Waiver of Life Cover Premium

If the full Double Total and Permanent Disablement benefit becomes payable, we will waive all future premiums for the linked Life Cover benefit, up to the latest Policy Anniversary prior to your 70th birthday (Occupational Categories AAA, AA

and A) or 65th birthday (Occupational Categories B, C, D, and Home Duties) or 55th birthday (Occupational Category E). Premium payments will then resume.

Premium Freeze

See page 59 in the ‘Additional Information’ for a detailed description of this built in benefit.

Benefit Indexation

After the Double Total and Permanent Disablement becomes payable, Benefit Indexation of the Life Cover Sum Insured will not be permitted.

Financial Planning Reimbursement benefit

This benefit is available if you become totally and permanently disabled. For further information, please see page 9.

Reduction in Sum Insured for Double Total and Permanent Disablement (Occupational Categories AAA, AA and A only)

At age 65, if the total of your Sums Insured for total and permanent disablement is greater than \$3,000,000, it will be reduced to \$3,000,000.

At age 70, if the total of your Sums Insured for total and permanent disablement is greater than \$2,000,000, it will be reduced to \$2,000,000.

Conversion to Loss of Independence:

- at age 70 (Occupational Categories AAA, AA and A)
- at age 65 (Occupational Categories B, C, D or Home Duties)

This benefit applies to:

- Double Total and Permanent Disablement benefit under the Life Cover benefit.

Your Double Total and Permanent Disablement benefit will cease when you reach the age of 70 (for Occupational Categories AAA, AA and A) or the age of 65 (for Occupational Categories B, C, D and Home Duties). Instead of the benefit expiring, we will convert the benefit to a ‘Loss of Independence’ benefit. This will enable you to keep your benefit until you reach the age of 100.

The Sum Insured for the Loss of Independence benefit issued on conversion from the Double Total and Permanent Disablement benefit will be the lesser of:

- Double Total and Permanent Disablement Sum Insured at the time the Double Total and Permanent Disablement benefit ceases; and
- Occupational Categories AAA, AA and A: \$2,000,000; or
- Occupational Categories B, C, D and Home Duties: \$1,000,000.

For further details on Loss of Independence see pages 73 to 74 in the ‘Definitions’ section.

Occupation Category E

Your Double Total and Permanent Disablement benefit will cease when you reach the age of 55.

Limitations

This benefit is not payable if:

- a Terminal Illness claim is in progress or has previously been paid by us or any other insurer, or
- you die within 14 days of suffering the Injury or Sickness that directly or indirectly caused your Total and Permanent Disablement.

Can my Sum Insured be reduced?

Yes, the Double Total and Permanent Disablement Sum Insured will be reduced when the Life Cover Sum Insured is reduced as a result of a Terminal Illness or Crisis Recovery benefit payment. The Double Total and Permanent Disablement Sum Insured will also be reduced by any amount payable under the Partial and Permanent Disablement benefit.

After conversion to Loss of Independence, the Sum Insured is reduced as a result of a Terminal Illness or Crisis Recovery benefit payment.

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Overview

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

The Crisis Recovery benefit provides cover for:

- Cancer Events
- Coronary Events
- Other Serious Crisis Events.

Benefit overview

Detail	Crisis Recovery
Crisis Recovery Stand Alone	✓
Rider benefit (to Life Cover benefit)	✓
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Built-in benefits	
Premium Freeze	✓
Benefit Indexation	✓
Complimentary Interim Accidental Crisis Recovery Cover	✓
Financial Planning Reimbursement	✓
Complimentary Family Protection	✓
Death Cover (Crisis Recovery Stand Alone only)	✓
Cancer Events Cover	✓
Coronary Events Cover	✓
Other Serious Crisis Events Cover	✓
Conversion to Loss of Independence at age 70 (not available under stand alone version)	✓
Benefits at an additional cost (Rider Benefits)	
Forward Underwriting (Crisis Recovery Stand Alone only)	✓
Total and Permanent Disablement (Crisis Recovery Stand Alone only)	✓
Crisis Recovery Buy-back (not available under Crisis Recovery Stand Alone)	✓
Crisis Reinstatement	✓
Family Protection	✓

The following table lists the Crisis Events covered by the Crisis Recovery and Crisis Recovery Stand Alone benefit.

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

*Qualifying period

The Crisis Recovery and Crisis Recovery Stand Alone benefits are not payable if you suffer a Crisis Event within three months of the benefit being activated.

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

Survival Period

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

You can purchase Crisis Recovery as a:

- stand alone benefit, or
- rider benefit under your Life Cover benefit.

If you choose the rider benefit, the Sum Insured must not be more than the Sum Insured of your Life Cover benefit. Additionally, any claim payment made under the Crisis Recovery rider benefit will reduce the Sum Insured under your Life Cover benefit.

For example:

Joe purchases \$1,000,000 of Life Cover benefit and \$600,000 as a Crisis Recovery rider benefit. If Joe makes a claim under his Crisis Recovery benefit, after paying Joe his Crisis Recovery claim of \$600,000, his Life Cover Sum Insured will reduce by \$600,000 leaving him with \$400,000 of Life Cover.

Built-in benefits

The following benefits are built into the Crisis Recovery and Crisis Recovery Stand Alone benefits.

Premium Freeze

See page 59 in the 'Additional Information' for a detailed description of this built in benefit.

Benefit Indexation

See page 59 in the 'Additional information' for a detailed description of this built-in benefit.

Death Cover

If you choose the Crisis Recovery Stand Alone benefit, we will pay your nominated beneficiary/ies or policy owner up to \$5,000 if you die.

Chronic Diagnosis Advancement benefit

If we are able to confirm the diagnosis of certain Crisis Events (see below), we will pay an advance payment of your Crisis Recovery or Crisis Recovery Stand Alone benefit.

An appropriate specialist Medical Practitioner acceptable to us must confirm that you have suffered or been medically diagnosed with one of the following Crisis Events:

- Motor Neurone disease,
- Multiple Sclerosis,
- Muscular Dystrophy, and
- Parkinson's Disease,

but have not yet met the definition of that Crisis Event (please refer to pages 74 to 75 for the above definitions).

The payment is 25% of the Crisis Recovery or Crisis Recovery Stand Alone Sum Insured (up to a maximum of \$25,000).

If we pay you the Chronic Diagnosis Advancement benefit, the Sum Insured under the Crisis Recovery, Life Cover and any Total and Permanent Disablement benefit under the Life Cover benefit will be reduced by the amount paid.

If the Chronic Diagnosis Advancement benefit is paid under the Crisis Recovery Stand Alone benefit, the Sum Insured under the Crisis Recovery Stand Alone and any Total and Permanent Disablement benefit under the Crisis Recovery Stand Alone benefit will be reduced by the amount paid.

If you sustain another Crisis Event, we will pay the reduced Crisis Recovery benefit or Crisis Recovery Stand Alone benefit.

We will pay the Chronic Diagnosis Advancement benefit payment once only.

Conversion to Loss of Independence at age 70

Your Crisis Recovery benefit will cease when you reach the age of 70. Instead of the benefit expiring, we will convert the benefit to a 'Loss of Independence' benefit.

This will enable you to remain covered under the policy until you reach the age of 100.

This benefit applies to the Crisis Recovery benefit under the Life Cover benefit only. It does not apply to the Crisis Recovery Stand Alone benefit.

The Sum Insured for the Loss of Independence benefit issued on conversion from the Crisis Recovery benefit will be the lesser of:

- Crisis Recovery Sum Insured at age 70, and
- Occupational Categories AAA, AA and A: \$2,000,000; or
- Occupational Categories B, C, D and Home Duties: \$1,000,000.

For further details on Loss of Independence see pages 73 to 74 in the 'Definitions' section.

Financial Planning Reimbursement benefit

Refer to description of benefit on page 9 under Life Cover Plan.

Complimentary Family Protection benefit

If your Child is aged at least 2 years and younger than 18 years at the time of positive diagnosis we will pay a lump sum benefit if your Child is diagnosed, and we confirm the diagnosis, with one or more of the serious illnesses listed in the table opposite, or if your Child dies. This benefit covers all of your children. The maximum benefit we will pay in respect of a Child will be the lower of \$20,000 and the Crisis Recovery or the Crisis Recovery Stand Alone Sum Insured at the time of positive diagnosis.

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

The sum of all payments under this benefit cannot exceed the Crisis Recovery or the Crisis Recovery Stand Alone Sum Insured.

There is no benefit indexation for this benefit.

If, prior to the policy commencement date or the date of reinstatement of this benefit or reaching the age of 2 years, your Child has:

- a) suffered a listed Crisis Event; or
 - b) experienced any symptoms, consulted a Medical Practitioner or undergone any investigation leading to a diagnosis of a listed Crisis Event after the commencement date or the date of reinstatement of this benefit or after reaching the age of 2 years or leading to your Child's death;
- the Complimentary Family Protection benefit will not be paid in respect of that Crisis Event or any associated Crisis Event or of your Child's death.

No payment will be made if the event causing death or the Crisis Event was caused by

- a congenital condition; or
- an intentional act of the Child's parent or guardian; or
- an intentional act of someone who lives with or supervises the Child; or
- an intentional act of the policy owner.

This benefit will terminate when the Crisis Recovery benefit or the Crisis Recovery Stand Alone benefit is terminated or reduced to nil. This benefit does not give your Child the right to purchase a separate Crisis Recovery benefit, Double Crisis Recovery benefit or Crisis Recovery Stand Alone benefit on standard terms and conditions without evidence of health.

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

Complimentary Family Protection benefit Crisis Events

- Death*
- Terminal Illness*

Cancer Events

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

Other Serious Crisis Events

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

Coronary Events

- Heart Attack*
- Pulmonary Arterial Hypertension (Primary)*
- Stroke*

*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.

#For Cancer

- No payment for carcinoma-in-situ of any organ.
- No payment for melanoma with a Breslow level <1.5mm thickness and less than Clark Level 3 in depth of invasion.

†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.

Complimentary Interim Accidental Crisis Recovery Cover

Each Crisis Recovery benefit will provide Complimentary Interim Accidental Crisis Recovery Cover (see page 85).

Can my Sum Insured be reduced?

The Crisis Recovery Sum Insured will be reduced by any payments made for any listed Crisis Event, Terminal Illness and Total and Permanent Disablement or Loss of Independence, including any partial payments made for:

- Cancer or Coronary Artery Angioplasty;
- Chronic Diagnosis Advancement benefit;
- Terminal illness under the Life Cover benefit; and
- Total and Permanent Disablement benefit or Loss of Independence benefit under the Life Cover benefit.

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

The Crisis Recovery Stand Alone Sum Insured will be reduced by any payments made for any listed Crisis Event and Total and Permanent Disablement or Loss of Independence, including any partial payments made for:

- Cancer or Coronary Artery Angioplasty;
- Chronic Diagnosis Advancement benefit;
- the optional Total and Permanent Disablement benefit under the Crisis Recovery Stand Alone benefit.

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

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Pre-existing Condition

If you have a Pre-existing Condition (as defined on page 76) and have not disclosed the full details to us before the benefit commencement date (as shown in your Policy Schedule) or the date of any increase, reinstatement or improvement of the benefit, then the Crisis Recovery benefit will not be paid in respect of that Crisis Event and any associated Crisis Event(s).

Please also refer to 'Your duty of disclosure' on page 66.

Benefits at an additional cost

The following benefits are available at an additional premium cost.

- Forward Underwriting (Crisis Recovery Stand Alone only – see page 31)
- Total and Permanent Disablement (Crisis Recovery Stand Alone only and subject to underwriting – see page 10)
- Crisis Recovery Buy-back (not available under Crisis Recovery Stand Alone – see page 23)
- Crisis Reinstatement (see page 24)
- Family Protection (see page 29)

Overview

The Crisis Recovery Buy-back benefit is only available if you select the Crisis Recovery benefit as a rider to your Life Cover benefit.

After a claim has been paid for the full Crisis Recovery benefit, the Crisis Recovery Buy-back benefit enables you to repurchase the Sum Insured under the Life Cover benefit that was reduced when the Crisis Recovery claim was paid. The buy-back option can only be exercised within 30 days from the first anniversary of the date of the claim payment.

Benefit overview

Detail	Crisis Recovery Buy-back
Rider benefit (only to Crisis Recovery benefit under the Life Cover benefit)	✓
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Built-in benefits	
Benefit Indexation	✓
Premium Freeze	✓

Built-in benefits

The following benefits are built into your Crisis Recovery Buy-back benefit.

Benefit Indexation

See page 59 in the 'Additional information' for a detailed description of this built-in benefit.

Premium Freeze

See page 59 in the 'Additional Information' for a detailed description of this built in benefit.

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any benefit payable.

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Benefits at an additional cost

There are no additional benefits available under this benefit.

Overview

The Crisis Reinstatement benefit will allow you to repurchase your Crisis Recovery Sum Insured after you are paid a Crisis Recovery claim for the full Sum Insured.

Benefit overview

Detail	Crisis Reinstatement
Rider benefit (to the Crisis Recovery benefit and the Stand Alone Crisis Recovery benefit)	✓
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Built-in benefits	
Benefit Indexation	✓
Premium Freeze	✓

Built-in benefits

The following benefits are built into your Crisis Reinstatement benefit.

Benefit Indexation

See page 59 in the 'Additional information' for a detailed description of this built-in benefit.

Premium Freeze

See page 59 in the 'Additional Information' for a detailed description of this built in benefit.

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any benefit payable.

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Benefits at an additional cost

There are no additional benefits available under this benefit.

How the benefit works

If you selected Crisis Recovery as a rider benefit under the Life Cover benefit:

- you may repurchase your Crisis Recovery Sum Insured within 30 days after the first anniversary of the date on which your claim was paid; and
- you must exercise the Crisis Recovery Buy-back option at the same time as the Crisis Reinstatement option.

If you selected Crisis Recovery Stand Alone benefit, you may repurchase your Crisis Recovery Stand Alone Sum Insured after 30 days from the date that your claim was paid.

You must notify us in writing within 30 days from the date that you are eligible to repurchase your crisis recovery cover if you choose to reinstate your Crisis Recovery benefit or Crisis Recovery Stand Alone benefit.

Heart Attack Crisis Event

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

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

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

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

Cancer Crisis Event

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

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

A partial payment will be payable in respect of a second Cancer Crisis Event. The partial payment will be the lower of;

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

Coronary Crisis Event (other than Heart Attack)

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

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

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

Other Serious Crisis Events

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

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

If you choose to reinstate your Crisis Recovery benefit or Crisis Recovery Stand Alone benefit, your premiums will be based on the crisis recovery benefit in force prior to the payment of your claim.

Please note that you can only reinstate your Crisis Recovery benefit or Crisis Recovery Stand Alone benefit once.

Overview

The Double Crisis Recovery benefit will pay a lump sum if you are diagnosed with one or more of the Crisis Events listed within the Crisis Event groups of Cancer, Coronary and Other Serious Crisis Events. This benefit is only available as a rider benefit to the Life Cover benefit.

The Double Crisis Recovery benefit provides cover for:

- Cancer Events
- Coronary Events
- Other Serious Crisis Events.

The Life Cover Sum Insured will not be reduced and future premiums on the Life Cover will be waived.

The Double Crisis Recovery benefit cannot be purchased in conjunction with the Crisis Recovery benefit, the Double Total and Permanent Disablement benefit or the Waiver of Premium benefit.

Benefit overview

Detail	Double Crisis Recovery
Rider benefit (to Life Cover benefit)	✓
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Built-in benefits	
Premium Freeze	✓
Benefit Indexation	✓
Complimentary Interim Accidental Crisis Recovery Cover	✓
Financial Planning Reimbursement	✓
Complimentary Family Protection	✓
Cancer Events Cover	✓
Coronary Events Cover	✓
Other Serious Crisis Events Cover	✓
No reduction of the Life Cover Sum Insured (after a full Double Crisis Recovery claim)	✓
Waiver of Life Cover Premium (after a full Double Crisis Recovery claim)	✓
Benefit at an additional cost (Rider Benefit)	
Family Protection	✓

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

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

Benefit

If you are diagnosed with one of the Crisis Events which are covered under this benefit, we will pay a lump sum equal to the Double Crisis Recovery Sum Insured. The Life Cover Sum Insured will not be reduced and future premiums on the Life Cover will be waived. Upon the payment of a claim for the full Double Crisis Recovery Sum Insured in respect of a Crisis Event, the Double Crisis Recovery benefit will cease and no further Double Crisis Recovery benefit will be paid for any subsequent Crisis Event under the benefit.

Built-in benefits

The following benefits are built in to the Double Crisis Recovery benefit.

No Reduction of the Life Cover Sum Insured

If the full Double Crisis Recovery benefit becomes payable, the Life Cover Sum Insured amount will not be reduced.

Waiver of Life Cover Premium

If the full Double Crisis Recovery benefit becomes payable, we will waive all future premiums for the linked Life Cover benefit, up to the latest Policy Anniversary prior to your;

- 65th birthday (Occupation Categories AAA, AA, A, B, C, D and Home Duties) and
- 55th birthday (Occupation Category E).

Premium payments will then resume.

Premium Freeze

See page 59 in the 'Additional Information' for a detailed description of this built in benefit.

Benefit Indexation

After the Double Crisis Recovery benefit becomes payable, Benefit Indexation of the Life Cover Sum Insured will not be permitted.

Chronic Diagnosis Advancement benefit

If we are able to confirm the diagnosis of certain Crisis Events (see below), we will pay an advance payment of your Double Crisis Recovery benefit.

An appropriate specialist Medical Practitioner acceptable to us must confirm that you have suffered or been medically diagnosed with one of the following Crisis Events:

- Motor Neurone disease,
- Multiple Sclerosis,
- Muscular Dystrophy, and
- Parkinson's Disease,

but have not yet met the definition of that Crisis Event (please refer to pages 74 to 75 for the above definitions).

The payment is 25% of the Double Crisis Recovery Sum Insured (up to a maximum of \$25,000).

If we pay you the Chronic Diagnosis Advancement benefit, the Sum Insured under the Double Crisis Recovery, Life Cover and any Total and Permanent Disablement benefit under the Life Cover benefit will be reduced by the amount paid.

If you sustain another Crisis Event, we will pay the reduced Double Crisis Recovery benefit.

We will pay the Chronic Diagnosis Advancement benefit payment only once.

Conversion to Crisis Recovery at age 65

Occupation Categories AAA, AA, A, B, C, D & Home Duties

Your Double Crisis Recovery benefit will cease when you reach the age of 65. Instead of the benefit expiring, we will convert the benefit to a Crisis Recovery benefit (see page 19) until you reach the age of 70 (see Conversion to Loss of Independence at age 70 on page 20).

Conversion to Crisis Recovery at age 55

Occupation Category E

Your Double Crisis Recovery benefit will cease when you reach the age of 55. Instead of the benefit expiring, we will convert the benefit to a Crisis Recovery benefit (see page 19) until you reach the age of 70.

Financial Planning Reimbursement benefit

Refer to description of benefit on page 9 under Life Cover Plan.

Complimentary Family Protection benefit

If your Child is aged at least 2 years and younger than 18 years at the time of positive diagnosis we will pay a lump sum benefit if your Child is diagnosed, and we confirm the diagnosis, with one or more of the serious illnesses listed on the following table or if your Child dies. This benefit covers all of your children. The maximum benefit we will pay in respect of a Child will be the lower of \$20,000 and the Double Crisis Recovery Sum Insured at the time of positive diagnosis.

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

The sum of all payments under this benefit cannot exceed the Double Crisis Recovery Sum Insured.

There is no benefit indexation for this benefit.

If, prior to the policy commencement date or the date of reinstatement of this benefit or reaching the age of 2 years your Child has:

- suffered a listed Crisis Event; or
- experienced any symptoms, consulted a Medical Practitioner or undergone any investigation leading to a diagnosis of a listed Crisis Event after the commencement date or the date of reinstatement of this benefit or after reaching the age of 2 years or leading to your Child's death;

the Complimentary Family Protection benefit will not be paid in respect of that Crisis Event or any associated Crisis Event or of your Child's death.

No payment will be made if the event causing death or the Crisis Event was caused by

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

This benefit will terminate when the Double Crisis Recovery benefit is terminated or reduced to nil. This benefit does not give your Child the right to purchase a separate Crisis Recovery benefit, Crisis Recovery Stand Alone benefit or a Double Crisis Recovery benefit on standard terms and conditions without evidence of health.

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

Complimentary Family Protection benefit Crisis Events	
<ul style="list-style-type: none"> • Death* • Terminal Illness* 	
Cancer Events	Other Serious Crisis Events
<ul style="list-style-type: none"> • Hodgkin’s Disease** • Invasive Cancer** • Malignant Bone Marrow Disorder** • Skin Cancer** • Leukaemia** 	<ul style="list-style-type: none"> • Aplastic Anaemia • Bacterial Meningitis • Benign Brain Tumour* • Blindness • Coma • Diplegia • Hemiplegia • Kidney Failure • Loss of Hearing • Loss of Use of Limbs and/or Sight† • Loss of Speech • Major Burns • Major Head Trauma • Major Organ Transplant* • Paraplegia • Quadriplegia • Viral Encephalitis
Coronary Events	
<ul style="list-style-type: none"> • Heart Attack* • Pulmonary Arterial Hypertension (Primary)* • Stroke* 	
<p>*Qualifying Period The Complimentary Family Protection benefit is not payable if your Child suffers a Crisis Event within three months of the benefit being activated.</p> <p>#For Cancer</p> <ul style="list-style-type: none"> • No payment for carcinoma-in-situ of any organ. • No payment for melanoma with a Breslow level <1.5mm thickness and less than Clark Level 3 in depth of invasion. <p>†For Loss of Use of Limbs and/or Sight No payment for loss of use of one limb or loss of sight in one eye.</p>	

Complimentary Interim Accidental Crisis Recovery Cover

Each Double Crisis Recovery benefit will provide Complimentary Interim Accidental Crisis Recovery Cover (see page 85).

Limitations

The Double Crisis Recovery benefit is not payable if:

- a Terminal Illness claim is in progress or has previously been paid by us or any other insurer, or
- you die within 14 days of suffering the Injury or Sickness that directly or directly caused your Crisis Event.

Can my Sum Insured be reduced?

The Double Crisis Recovery Sum Insured will be reduced by any payments made for any listed Crisis Event, Terminal Illness and Total and Permanent Disablement or Loss of Independence, including any partial payments made for:

- Cancer or Coronary Artery Angioplasty;
- Chronic Diagnosis Advancement benefit;
- Terminal Illness under the Life Cover benefit; and
- Total and Permanent Disablement benefit or Loss of Independence benefit under the Life Cover benefit.

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

When will my cover end?

See the ‘When will my cover end?’ table on page 62 for details.

Pre-existing Condition

If you have a Pre-existing Condition (as defined on page 76) and have not disclosed the full details to us before the benefit commencement date (as shown in your Policy Schedule) or the date of any increase, reinstatement or improvement of the benefit, then the Double Crisis Recovery benefit will not be paid in respect of that Crisis Event and any associated Crisis Event(s).

Please also refer to ‘Your duty of disclosure’ on page 66.

Benefit at an additional cost

The following benefit is available at an additional premium cost.

- Family Protection (see page 29)

Overview

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

You can insure a maximum of 10 children under the one benefit.

Minimum age for this benefit is 2 years next birthday.

Built-in benefits

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

• Death
• Terminal Illness
• Cancer Events (excluding Carcinoma in Situ of the Breast) <ul style="list-style-type: none"> – Invasive Cancer* – Hodgkin's Disease* – Leukaemia* – Malignant Bone Marrow Disorder* – Skin Cancer*
• Coronary Events <ul style="list-style-type: none"> – Cardiomyopathy – Stroke*
• Other Serious Crisis Events <ul style="list-style-type: none"> – 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 <ul style="list-style-type: none"> - Diplegia - Hemiplegia - Paraplegia - Quadriplegia – Viral Encephalitis
* Qualifying Period: The Family Protection benefit is not payable if your Child suffers a Crisis Event within three months of the benefit being activated. We will waive this three-month qualifying period if your policy replaces another policy from a previous insurer for the same Sum Insured or lower where the full qualifying period was already served.

For further details see pages 69 to 80 in the 'Definitions'.

Benefit overview

Detail	Family Protection
Rider benefit (to Crisis Recovery benefit, Double Crisis Recovery benefit, Crisis Recovery Stand Alone benefit and Accidental Death benefit)	✓
Level Premiums	✓
Stepped Premiums	✓
Built-in benefits	
Death benefit	✓
Terminal Illness benefit	✓
Cancer Events Cover	✓
Coronary Events Cover	✓
Other Serious Crisis Events Cover	✓
Conversion Option	✓

Conversion Option

We guarantee that your insured Child/children will be able to purchase a Crisis Recovery benefit in their own name, with no additional medical underwriting, when they reach the age of 21 provided there has not been a claim on the Family Protection benefit prior to conversion.

The amount of cover that your Child/children will be able to purchase may be equal to or less than the cover that was in place under the Family Protection benefit at the time of conversion.

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Pre-existing Condition

If your Child has a Pre-existing Condition (as defined on page 76) and you have not disclosed the full details to us before the benefit commencement date (as shown in your Policy Schedule) or the date of any increase, reinstatement or improvement of the benefit, then the Family Protection benefit will not be paid in respect of that Crisis Event and any associated Crisis Event(s).

Please also refer to 'Your duty of disclosure' on page 66.

Benefits at an additional cost

There are no additional benefits available under this benefit.

Overview

The Needlestick Injury benefit is specifically designed for individuals in the medical and allied occupations (e.g. doctors and dentists) and will pay a lump sum, if as a result of an accident, you become infected with occupationally acquired Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C whilst working in your normal occupation.

To be eligible for this rider benefit, your Occupation Category must be AA.

The Needlestick Injury benefit is available as a rider benefit under the Life Cover benefit.

Benefit overview

Detail	Needlestick Injury
Rider benefit (to Life Cover benefit)	✓
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Built-in benefit	
Needlestick Injury benefit	✓

Benefit Amount

The Needlestick Injury Sum Insured, which may not exceed the Life Cover benefit Sum Insured, will be calculated at the Date of Loss.

The Maximum Sum Insured amount is \$1,000,000.

We will only pay an amount under this benefit once.

Conditions applicable to the Needlestick Injury benefit

- Any accident giving rise to a potential claim must be reported to us and the relevant licensing body within 30 days, and be supported by a negative HIV, Hepatitis B or Hepatitis C antibody test taken within 7 days after the accident.
- Sero-conversion evidence of the HIV, Hepatitis B or Hepatitis C infection must occur within six months of the accident, the date of which will be determined as the Date of Loss.
- 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.

Limitations

- Infection in any other manner other than an accident while performing normal occupational duties, including by an intentional self-inflicted act, sexual activity or recreational intravenous drug use is specifically excluded.
- The Needlestick Injury benefit does not cover any disease, sickness or incapacity other than occupationally acquired infection of the life insured with HIV, Hepatitis B or Hepatitis C.
- Cover for the Needlestick Injury benefit will not apply where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available before the accident giving rise to a claim.
- 'Accidental HIV Infection' under Other Serious Crisis Events is not payable in conjunction with a payment from the Needlestick Injury benefit.

Can my Sum Insured be reduced?

Yes, if the Life Cover Sum Insured is reduced below the Needlestick Sum Insured.

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Benefits at an additional cost

There are no additional benefits available under this benefit.

Overview

The Forward Underwriting benefit allows you to use your current state of health to secure the option to buy cover in the future, with no medical underwriting, for the following benefits:

- Life Cover benefit;
- Total and Permanent Disablement benefit; and
- Crisis Recovery benefits.

You can select any amount of Forward Underwriting Cover between \$100,000 and \$10 million (Total and Permanent Disablement and Crisis Recovery are capped at \$5 million – depending on your Occupation Category – and \$2 million respectively). You are eligible to exercise the option to buy cover without further evidence of health when a ‘business event’, ‘personal event’ or ‘other event’ has occurred. The amount of Forward Underwriting Cover that you can exercise is dependent on the type of event that you have experienced.

Benefit overview

Detail	Forward Underwriting
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Built-in benefits	
Personal Event options	✓
Business Event options	✓
Other Event	✓
Optional benefit available under:	
Life Cover benefit	✓
Total and Permanent Disablement Stand Alone benefit	✓
Crisis Recovery Stand Alone benefit	✓

Built-in benefits

The following events are built into the Forward Underwriting benefit to provide the option to obtain new or additional cover.

Built-in Options	The percentage of forward underwriting cover that can be exercised
Business Event options	
Increase in personal liability	The lesser of 50% and the amount of increase in your monetary liabilities, shareholder value or value to business as a result of the business activity.
Increase in shareholder value	
Increase in your value to the business	
Personal Event options	
Marriage	Up to 25%
Permanent separation	Up to 25%
Mortgage	The lesser of 50% and the value of the mortgage.
New child dependant	Up to 25%
Child dependant's education cost	The lesser of 25% and the number of years of future attendance at an institution, multiplied by the first year's tuition fees, PLUS the number of years of future attendance at an institution, multiplied by the first year's fees for accommodation provided by the institution.
Child born with Spina Bifida	Up to 25%
Child born with Cerebral Palsy	Up to 25%
Other Event option	
Every 3rd benefit anniversary	Up to 25%

Please refer to the section on ‘Forward Underwriting Benefit’ in the ‘Definitions’ section on pages 71 to 72 for further explanation of each of the Business and Personal Events.

Forward Underwriting Cover Amount

- The Forward Underwriting Cover Amount is the amount that can be used to apply for a new Life Cover benefit, Total and Permanent Disablement benefit or Crisis Recovery benefit, subject to the maximum amounts as detailed above.
- The sum of all options exercised over the term of the policy may not exceed the Forward Underwriting Cover Amount.

Option Percentage

- The Option Percentage is the percentage of the Forward Underwriting Cover Amount that may be utilised to purchase cover when an option is available.
- The Option Percentage will differ, depending on the type of option.
- A combination of any lump sum benefits may be purchased when exercising an option, up to a maximum of the Option Percentage for that option.

Conditions applicable to the Forward Underwriting benefit

- You can select any amount of Forward Underwriting Cover between \$100,000 and \$10 million (Total and Permanent Disablement and Crisis Recovery are capped at \$5 million depending on your Occupation Category – and \$2 million respectively).
- If you exercise an option, the minimum level of cover that can be selected is \$10,000.
- If you exercise an option, all existing benefits with AIA Australia will be taken into consideration.
- If you have purchased the maximum amount of Crisis Recovery and Total and Permanent Disablement cover with AIA Australia or any other insurer, you will not be able to exercise an option.
- If you suffer a Crisis Event and make a claim under the Crisis benefit that was purchased via a Forward Underwriting option, then you will not be able to purchase the Crisis benefit from which the benefit was paid.
- Payment for a Crisis Event will only be made if the diagnosis of that Crisis Event occurred after you exercised an option.

- Should you suffer a total and permanent disablement or are eligible to make a claim on any life insurance policy for total and permanent disablement, then when exercising an option, you will not be able to purchase the Total and Permanent Disablement benefit.
- At the time when you exercise an option, the minimum contractual premium must be adhered to.
- When exercising an option and you are increasing or adding a new benefit to your existing policy, then the life insured and policy owner must be the same. When exercising an option and you are purchasing a new policy, then only the life insured needs to be the same.
- When an option event occurs, you have 60 days to apply for cover.
- The Forward Underwriting benefit is not available to you, if at the initial underwriting stage, you are subjected to:
 - any health loadings, exclusions, or
 - any occupation loadings, exclusions, or
 - any other loadings, exclusions or restrictions, whether temporary or permanent.
- Only one option may be exercised in each policy year, unless a child is born with either Spina Bifida or Cerebral Palsy whereupon two options may then be exercised.
- All events exercised under this option are subject to financial underwriting.

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Benefits at an additional cost

There are no additional benefits available under this benefit.

Overview

The Income Protection benefit (including the Advantage Optional and PLUS Optional benefits) will provide you with a monthly income if you become disabled due to Injury or Sickness.

The Income Protection Accident Only benefit will provide you with a monthly income if you become disabled as a result of an Accidental Injury only.

To be eligible for this benefit you must be in full-time employment. For this benefit we classify full-time as working at least 25 hours per week, for 48 weeks per year (excluding public holidays).

Benefit overview*

Detail	Income Protection	Advantage Optional	PLUS Optional	Income Protection Accident Only
Level Premiums	✓	✓	✓	✓
Stepped Premiums	✓	✓	✓	✓
Optimum Premiums	✓	✓	✓	✓
Built-in benefits				
Agreed Value	✓	✓	✓	✓
Indemnity Value	✓	✓	✓	✓
Benefit Indexation	✓	✓	✓	✓
AIDS Cover	✓	✓	✓	—
Total Disablement (Duties Based Definition)	✓	✓	✓	✓
Partial Disablement (Duties Based Definition)	✓	✓	✓	✓
Waiver of Premium	✓	✓	✓	✓
Rehabilitation Expenses	✓	✓	✓	✓
Recurrent Disablement	✓	✓	✓	✓
Severity benefit	✓	✓	✓	✓
Death benefit	✓	✓	✓	✓
Worldwide Protection	✓	✓	✓	✓
Complimentary Interim Accidental Death Cover	✓	✓	✓	✓
Complimentary Interim Accidental Income Protection Cover	✓	✓	✓	✓
Needlestick Injury benefit	✓	✓	✓	—
Multi Definition for Total Disablement	—	✓	✓	—
Multi Definition for Partial Disablement	—	✓	✓	—
Specified Injury benefit	—	✓	✓	—
Crisis Recovery benefit	—	—	✓	—
Bed Confinement benefit	—	—	✓	—
Cosmetic or Elective Surgery benefit	—	—	✓	—
Accommodation benefit	—	—	✓	—
Family Care benefit	—	—	✓	—
Home Care benefit	—	—	✓	—
No Claim Bonus	—	—	✓	—
Relocation Benefit	—	—	✓	—
Rehabilitation Incentive benefit	—	—	✓	—
Guaranteed Future Insurability benefit	—	—	✓	—
Benefits at an additional cost (Optional Benefits)				
Day 1 Accident benefit	✓	✓	✓	✓
Claim Escalation benefit	✓	✓	✓	✓
Income Protection Lump Sum benefit	✓	✓	✓	—
Business Expenses benefit	✓	✓	✓	—
Incorporated Business Expenses benefit	✓	✓	✓	—

*Note: Special conditions apply to 2-year benefit period to age 70.

When will a benefit be paid?

Payment of a benefit will commence at the expiry of the waiting period and will continue until the end of the benefit period as long as you remain disabled.

The following tables show the waiting periods and benefit limits available under the income protection benefit:

Waiting Periods

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

Benefit Periods

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

For Occupation Categories please see page 68.

Maximum Insured Monthly Benefit

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

* Not available to all occupations.

#Where the Insured Monthly Benefit exceeds \$30,000, any excess must be written with a 2 years Benefit Period.

2-year Benefit Period to age 70

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

- If you are between 61 and 65 years of age next birthday, you are eligible for this benefit.
- Stepped premiums only – not available on level or optimum premium basis.
- If you are being paid a government age pension, this payment will not be offset against any claim payments made under this benefit.
- Benefit Indexation will apply.
- Premium Freeze will not apply.
- Expiry Date is the latest Policy Anniversary prior to your 70th birthday. Any claim under this benefit, in course of payment at the benefit Expiry Date will cease at that date.

Built-in benefits

The following built-in benefits apply to the Income Protection benefits.

Agreed Value

Agreed Value means your Insured Monthly Benefit is agreed with you at the time of application and is based on your income at that time.

Your Insured Monthly Benefit is guaranteed subject to your providing us with satisfactory financial evidence in relation to your application.

If you do not provide financial evidence in relation to your application at the time of application, please note that if you make a claim, that evidence must be provided before we make any claim payments.

Claim offsets for other sources of income may apply.

See page 76 in the 'Definitions' for a definition of Pre-disablement Income (Agreed Value).

Indemnity

If you become totally disabled, we will pay you a monthly benefit. The monthly benefit payment is the lesser of:

- your Insured Monthly Benefit under your income protection benefit; and
- your calculated monthly income as set out in the table below.

Percentage of income	Your monthly income prior to becoming totally disabled	Your yearly income prior to becoming totally disabled
75%	First \$26,667	First \$320,000
Plus 50%	Next \$20,000	Next \$240,000
Plus 20%	Next \$150,000	Next \$1,800,000

See page 76 in the 'Definitions' for a definition of Pre-disablement Income (Indemnity).

For example:

Joe earns \$380,000 per annum (monthly income = \$31,667).

The following table illustrates how to calculate his monthly benefit.

Percentage of income	Your monthly income prior to becoming totally disabled	Calculation
75%	First \$26,667	$\$26,667 \times 75\% = \$20,000$
Plus 50%	Next \$5,000	$\$5,000 \times 50\% = \$2,500$
		$\$20,000 + 2,500 = \mathbf{\$22,500}$ per month

Benefit Indexation

See page 59 in the 'Additional information' for a detailed description of this built-in benefit.

AIDS Cover

All Income Protection benefits with the exception of Income Protection Accident Only benefit cover you if you become disabled directly or indirectly due to the Human Immunodeficiency Virus (HIV) or the Acquired Immune Deficiency Syndrome (AIDS).

Total Disablement benefit

Occupation Categories AAA, AA and A

If you are disabled (totally or partially) longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain disabled.

Occupation Categories B, C, D and E

If you are totally disabled longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain totally disabled.

All Occupation Categories

The claim payment will be calculated on a daily basis and we will pay this to you at the end of every month. If you have other sources of income, your claim payment may be reduced according to your occupation. Please refer to the section on 'Claim Offsets' on page 39 for further information.

Partial Disablement benefit

Occupation Categories AAA, AA and A

We will pay a claim payment if you:

- have been continuously disabled (totally or partially) for the waiting period; and
- have been continuously disabled (totally or partially) since the end of the waiting period; and
- are now partially disabled.

Occupation Categories B, C, D and E

We will pay a claim payment if you:

- have been continuously totally disabled for at least 7 consecutive days from the start of the waiting period; and
- have been continuously disabled (totally or partially) during the waiting period; and
- have been continuously disabled (totally or partially) since the end of the waiting period; and
- are now partially disabled.

All Occupational Categories

If you are partially disabled longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain partially disabled.

This benefit will not be payable during your waiting period. Claim offsets may apply (see page 39 for further information).

The claim payment will be calculated (as defined in the Partial Disablement – Income Protection Capability Clause definition on page 75) and we will pay this to you at the end of every month. If you have other sources of income, your claim payment may be reduced according to your occupation.

We will pay your total disablement benefit amount if you are earning less than 25% of your Pre-disablement Income during any of the first three months of your partial disablement (immediately following the conclusion of your waiting period).

Waiver of Premium

We will waive premiums from the later of the date you became totally disabled and the end of the Waiting Period, until the end of the Benefit Period, or until the date total disablement ceases, whichever occurs first.

Premium payments will recommence from the date on which the waiving of premium ceases.

Rehabilitation Expenses benefit

We will pay the cost of a rehabilitation program, however, we will need to approve the program in advance. The rehabilitation program must be necessary as part of a structured return to work program.

This benefit does not cover additional expenses such as wheelchairs, artificial limbs, home and car modifications, travelling and education expenses. The maximum claim amount paid under this benefit is 12 times your Insured Monthly Benefit and is payable in addition to any other claim payments.

Recurrent Disablement

If you have returned to work on a full-time basis following payment of a disablement benefit and the same or related disablement recurs within 12 months of returning to work, we will waive the waiting period.

We will treat the claim as a continuation of your most recent claim. We will continue to pay your claim up to the end of your benefit period.

Severity Benefit

If we pay your claim payments for more than 6 consecutive months after the end of the waiting period, and at that time you are totally disabled to the extent that you are unable to perform at least 2 of the Activities of Daily Living and you are under the continuous care and supervision by another adult, we will pay an additional 1/3 of your monthly benefit until the end of the benefit period as long as you continue to be totally disabled to the extent that you are unable to perform at least 2 of the Activities of Daily Living.

The benefit will be subject to re-assessments, based on medical evidence, that you require ongoing continuous care

and supervision by another adult. Claim Offsets may apply (see page 39 for further information).

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

Death Benefit

If you die before the Expiry Date of your benefit, we will pay your nominated beneficiary or the policy owner six times your Insured Monthly Benefit up to a maximum of \$60,000 independent of whether you have made a claim.

Worldwide Protection

If you travel overseas, full cover is provided 24 hours a day, 7 days a week, anywhere in the world.

Needlestick Injury Benefit

To be eligible for this benefit, your Occupation Category must be AA at time of claim.

All Income Protection benefits except the Income Protection Accident Only benefit cover you if, as a result of a needlestick injury or a splash injury occurring while performing 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 a reduction in your earnings is experienced as a result.

The amount of the benefit is based on the reduction in your income as at the Date of Loss (see definition of Date of Loss (Needlestick) on page 71) and whether the policy is selected on an Agreed Value or an Indemnity basis. The benefit is payable after completion of the Waiting Period (Needlestick) (see definition on page 80).

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.

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.

Complimentary Interim Accidental Death and Income Protection Cover

Each Income Protection benefit will provide Complimentary Interim Accidental Death and Income Protection Cover (see pages 81 to 84).

Advantage Optional and PLUS Optional benefits

The following built-in benefits apply to the Advantage Optional and PLUS Optional benefits. (Not available to Occupation Category E)

Total Disablement – Multi Definition

If you buy the Advantage Optional or the PLUS Optional benefit, the definition of total disablement changes to Total Disablement – Multi Definition. Hence if you become totally disabled you will instead be assessed under the following definition:

- a) If you are employed, or have been unemployed or on maternity or paternity leave for 12 months or less immediately before your disablement started, we will consider you to be totally disabled if, solely due to Injury or Sickness you are:
- unable to perform the important income producing duties of your usual occupation for more than 10 hours per week; and
 - not working more than 10 hours per week in your usual occupation or any gainful occupation; and
 - under the regular care of, and following the advice of, a Medical Practitioner.

However, if you have been unemployed or on maternity or paternity leave for more than 12 months immediately before your disablement started, we will consider you to be totally disabled if, solely due to Injury or Sickness you are:

- unable to perform the important income producing duties of any occupation for which you are reasonably suited by education, training or experience for more than 10 hours per week; and
- not working for more than 10 hours per week in any gainful occupation; and
- under the regular care of, and following the advice of, a Medical Practitioner.

Or,

- b) We will consider you to be totally disabled if solely due to Injury or Sickness, you are:
- unable to perform one or more duties of your usual occupation, that is important or essential in producing income; and
 - under the regular care of, and following the advice of, a Medical Practitioner; and
 - not working (whether paid or unpaid).

However, if you have been unemployed or on maternity or paternity leave for more than 12 months immediately before your disablement started, then Total Disablement will mean that due to Injury or Sickness, you are:

- unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

Or,

- c) We will consider you to be totally disabled if solely due to Injury or Sickness, you are:
- unable to perform one or more duties of your usual occupation, that is important or essential in producing income; and
 - under the regular care of, and following the advice of, a Medical Practitioner; and
 - earning 20% or less of your Pre-disablement Income in your usual occupation.

However, if you have been unemployed or on maternity or paternity leave for more than 12 months immediately before your disablement started, then we will consider you to be totally disabled if, solely due to Injury or Sickness, you are:

- unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- under the regular care of, and following the advice of, a Medical Practitioner; and

- earning 20% or less of your Pre-disablement Income in any occupation for which you are reasonably suited by education, training or experience.

If you are on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering you, whichever is the shorter period.

This multi definition will be applicable to the Business Expenses and the Incorporated Business Expenses benefit when taken together with the Advantage Optional or the PLUS Optional benefit under the Income Protection benefit.

All other features of the Total Disablement benefit remain unchanged.

Partial Disablement – Multi Definition

If you buy the Advantage Optional or the PLUS Optional benefit, the definition of partial disablement changes to Partial Disablement – Multi Definition. Hence if you become partially disabled you will instead be assessed under the following definition:

If you are employed, or have been unemployed or on maternity or paternity leave for 12 months or less immediately before your disablement started, we will consider you to be partially disabled if, solely due to Injury or Sickness:

- you are working for more than 10 hours per week in your usual occupation; and
- your monthly income is more than 20% of your Pre-disablement Income but less than your Pre-disablement Income; and
- 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 for more than 12 consecutive months 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'.

This multi definition will be applicable to the Business Expenses and the Incorporated Business Expenses benefit when taken together with the Advantage Optional or the PLUS Optional benefit under the Income Protection benefit.

All other features of the Partial Disablement benefit remain unchanged.

Specified Injury benefit

If you suffer a listed event (see below) as a result of an Injury, we will pay the Insured Monthly Benefit for the payment period shown even if you are working.

Payments will begin from the date of the Injury, regardless of the waiting period. This benefit will be paid instead of any of the following benefits:

- Total or Partial Disablement benefit;
- Bed Confinement benefit;
- Day 1 Accident benefit.

If you are still disabled at the end of the payment period, any other disablement payments will be determined in accordance with the terms of the Plan.

If you suffer another listed event during the payment period, we will:

- continue to pay the balance of the original payment period; or
 - commence paying your benefit according to the new payment period;
- whichever is the longer period.

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

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

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

'Loss' means the total and permanent loss of:

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

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

The Specified Injury benefit starts from the date you suffer the event as a result of an Injury and will be paid monthly in advance. We will stop paying your benefit at the earliest of the following to occur:

- the payment period ends, or
- the benefit period expires, or
- the Plan expires, or
- you die.

PLUS Optional benefit only

The following additional built-in benefits apply to the PLUS Optional benefit.

Crisis Recovery benefit

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

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

In addition to the Crisis Events covered under the Crisis Recovery Plan (see page 19), the PLUS Optional benefit also includes crisis cover for Occupationally Acquired Hepatitis B or Hepatitis C Infection. Refer to the Definitions section on pages 69 to 80 for detailed description of these Crisis Events.

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

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

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

The Crisis Recovery benefit is payable once only during the term of the Income Protection PLUS Optional benefit.

If the Income Protection Waiting Period is 14, 30 or 90 days, payment of the disablement monthly benefit may commence 6 months after the assessed date of loss if you are still unable at that time to work due to disablement. If the Income Protection Waiting Period is one or two years, payment of the disablement monthly benefit may commence at the end of the Income Protection Waiting Period if you are still unable at that time to work due to disablement.

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

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

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

Survival period

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

Qualifying Period

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

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

- Severe Diabetes
- Stroke
- Surgery to the Aorta

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

Bed Confinement benefit

We will pay this benefit if you become totally disabled and are confined to bed for more than three days during your selected waiting period. We will need written confirmation from your Medical Practitioner stating that you require full-time care of a registered nurse.

We will pay 1/30 of your Insured Monthly Benefit for each complete day you are confined to bed. Claim payments will be made up to a maximum of 90 days or until the end of the waiting period, whichever occurs first.

For terms and conditions, please refer to the Policy Document.

Cosmetic or Elective Surgery benefit

We will pay your Total Disablement benefit if you become totally disabled as a result of:

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

The benefit will be payable subject to your surgery taking place more than 6 months after the commencement date of your benefit or date of any increase or reinstatement.

Accommodation benefit

We will pay this benefit if you become totally disabled and are more than 100 kilometres from your home or, on the advice of your practitioner, you need to travel to a place more than 100 kilometres from your home.

The Accommodation benefit will assist an immediate family member to pay for accommodation to be nearer to you, provided you are confined to bed. We will pay \$250 a day, up to 30 days in any 12 month period, for each day your immediate family member has to stay away from home.

Family Care benefit

We will pay this benefit if, as a result of you becoming totally disabled you are totally dependent on an immediate family member for your essential everyday needs.

We will pay the lesser of:

- the amount by which your immediate family member's pre-tax monthly income is reduced as a result of looking after you; and
- 50% of your Insured Monthly Benefit;

for a maximum of 3 months, starting from the end of your selected waiting period.

Home Care benefit

We will pay this benefit if, after your waiting period, you are:

- totally disabled,

- confined to or in the near vicinity of a bed, other than in a hospital or a similar institution that provides nursing care, and
- totally dependent upon a paid professional home carer.

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. This payment is subject to you remaining totally dependent upon the professional home carer. You are not eligible for this benefit if you are already receiving the Family Care benefit or Accommodation benefit.

No-Claim Bonus

If you don't make a claim for at least 3 years after purchasing your PLUS Optional benefit, you will be rewarded in the form of an increased monthly insured benefit, at no additional cost to you.

The following table outlines the increase to your Insured Monthly Benefit according to the number of claim-free years.

Claim-free years	Bonus
3	5%
4	10%
5	15%

The increased benefit will be paid for up to 12 months while claim payments are being made. We will only pay this benefit once during the life of your policy.

Relocation benefit

If, while you are travelling or residing outside of Australia, you become totally disabled for over 3 months, we will reimburse you the lesser of:

- the cost of a single standard economy airfare to Australia (you will need to select the most direct route available); or
- three times your Insured Monthly Benefit.

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

Rehabilitation Incentive benefit

We will pay this once-off benefit if you return to full-time paid employment for 6 consecutive months after attending a rehabilitation program. The program will need to be approved by us. The benefit is equal to 3 times your Insured Monthly Benefit.

Guaranteed Future Insurability benefit

This benefit enables you to increase your Insured Monthly Benefit under the Income Protection benefit, without medical underwriting, whenever your salary package increases. The maximum amount that you can increase your Insured Monthly Benefit is the lesser of:

- 10% of your Insured Monthly Benefit, including benefit indexation increases since the commencement of your Income Protection benefit; and
- \$1,500.

For terms and conditions, please refer to the Policy Document.

Claim Offsets (applicable to all Income Protection benefits)

Occupation Categories AAA and AA (see page 68)

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

Amounts that can be offset include regular payments made from another insurance policy or from a superannuation/pension plan that you didn't disclose when you applied for your policy, or when you applied for an increase in cover.

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

Occupation Categories A, B, C, D and E (see page 68)

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

Amounts that can be offset include:

- regular payments made under:
 - a workers' compensation; or
 - motor accident claim; or
 - a claim made under any similar state or federal legislation; and
- regular payments made from another insurance policy or from a superannuation/pension plan that you didn't disclose when you applied for your policy, or when you applied for an increase in cover.

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

All Occupation Categories

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

- your Total Disablement benefit and any other payments made (as previously detailed according to your Occupation Category) do not exceed your monthly Pre-disablement Income (this can be calculated using the table below):

Percentage of income	Your monthly income prior to becoming totally disabled	Your yearly income prior to becoming totally disabled
75%	First \$26,667	First \$320,000
Plus 50%	Next \$20,000	Next \$240,000
Plus 20%	Next \$150,000	Next \$1,800,000

- the Partial Disablement benefit, the balance of your usual monthly income and any other payments made (as previously detailed according to your Occupation Category) do not exceed 100% of your monthly Pre-disablement Income (which can be calculated using the table above).

Termination of benefits

Income Protection (Agreed Value or Indemnity), Income Protection Accident Only (Agreed Value or Indemnity), Claim Escalation, Advantage Optional, PLUS Optional and Day 1 Accident

Benefits in the course of payment will stop on the earliest to occur of the:

- death of the life insured;
- life insured's ceasing to be disabled;
- end of the benefit period; and
- Expiry Date of the benefit.

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Pre-existing Condition

If you have a Pre-existing Condition (as defined on page 76) and have not disclosed full details to us before the benefit commencement date (as shown in your Policy Schedule) or the date of any increase, reinstatement or improvement of the benefit, then the Income Protection benefit and any benefit under the Advantage Optional benefit or the PLUS Optional benefit including a Crisis Event and any associated Crisis Event(s) will not be payable.

Please also refer to 'Your duty of disclosure' on page 66.

Benefits at an additional cost

Claim Escalation benefit

If we pay your claim payments for more than 12 consecutive months, your claim amount will automatically increase each year by the greater of 5% or the Consumer Price Index (CPI) increase. This will continue to increase until the earlier to occur of:

- the end of your benefit period; or
- when your disablement ends.

Day 1 Accident benefit

You can select a Day 1 Accident benefit with either a 3 day qualifying period or a 30 day qualifying period. This benefit is not available for an Income Protection benefit with a 14 day Waiting Period.

The Day 1 Accident benefit qualifying period – 3 days

If you are totally disabled for at least 3 consecutive days from the date the Accidental Injury occurred, we will pay 1/30 of your Insured Monthly Benefit for each day that you are totally disabled for up to a maximum of 30, 60 or 90 days or until the end of the Income Protection or Income Protection Accident Only Waiting Period, whichever occurs first. This benefit will be paid monthly in arrears. Any amounts already paid or payable under the Bed Confinement benefit, Specified Injury benefit

or Crisis Recovery benefit will be deducted from the Day 1 Accident benefit payment amount.

This benefit is available where the Income Protection Waiting Period is 30, 60 or 90 days or 1 year or 2 years.

This benefit is not available for Occupation Category E.

The Day 1 Accident benefit qualifying period – 30 days

In the event that you are totally disabled for at least 30 consecutive days from the date the Accidental Injury occurred, we will pay 1/30 of the Insured Monthly Benefit for each day that you are totally disabled for up to a maximum of 30, 60 or 90 days or until the end of the Income Protection or Income Protection Accident Only Waiting Period, whichever occurs first. This benefit will be paid monthly in arrears. Any amounts already paid or payable under the Bed Confinement benefit, Specified Injury benefit or Crisis Recovery benefit will be deducted from the Day 1 Accident benefit payment amount.

This benefit is available where the Income Protection Waiting Period or Income Protection Accident Only Waiting Period is 30, 60 or 90 days or 1 year or 2 years.

Business Expenses benefit

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

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

You can purchase this benefit on its own as the Business Expenses Plan, or together with the Income Protection benefit. You are not able to purchase this benefit in combination with the Income Protection Accident Only benefit.

For an explanation of the Business Expenses benefit see page 41.

Income Protection Lump Sum benefit

If you select this benefit, you can apply to receive, or we may offer you, an Income Protection Lump Sum benefit if you are deemed by us to satisfy the definition of Total and Permanent Disablement Own Occupation (as defined on page 78) applicable under the Policy.

The Income Protection Lump Sum benefit may be treated as a tax-free payment under current legislation. This is different to a monthly benefit payment which is treated as income and taxable for income tax purposes. See your financial adviser for further details.

If we pay you an Income Protection Lump Sum benefit, no further benefit will be payable and the Income Protection benefit will end.

The amount payable is dependant on your age at time of claim for this benefit, up to a maximum of the lesser of: \$3,000,000 and 180 times your Insured Monthly Benefit. Offsets may apply.

This benefit is available under the Income Protection benefit with a 'To Age 65' benefit period for all waiting periods other than 1 and 2 years. The benefit is not available for the Income Protection Accident Only benefit.

Overview

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

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

You can purchase this benefit on its own as the Business Expenses Plan, or together with the Income Protection benefit. You are not able to purchase this benefit in combination with the Income Protection Accident Only benefit.

To be eligible for this benefit you must be in full-time employment. For this benefit we classify full-time as working at least 25 hours per week, for 48 weeks per year (excluding public holidays).

Benefit overview

Detail	Business Expenses
Business Expenses Stand Alone	✓
Rider benefit (to Income Protection benefit)	✓
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Benefit Period of 12 months	✓
Indemnity	✓
Built-in benefits	
Total Disablement	✓
Partial Disablement	✓
Waiver of Premium	✓
Benefit Indexation	✓
Cosmetic or Elective Surgery	✓
Benefit at an additional cost	
Day 1 Accident benefit	✓

Waiting Periods

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

Built-in benefits

The following benefits are included in the Business Expenses benefit.

Total Disablement benefit (Business Expenses)

This is applicable to Occupation Categories AAA, AA and A.

If you are disabled (totally or partially) longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain disabled. Claim offsets may apply (see page 43).

The multi definition for Total Disablement is applicable to the Business Expenses benefit when it is selected together with the Advantage Optional benefit or the PLUS Optional benefit under the Income Protection benefit. For further details, see pages 79 to 80 in the 'Definitions'.

Total Disablement benefit (Business Expenses)

This is applicable to Occupation Categories B, C and D.

If you are totally disabled longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain totally disabled. Claim offsets may apply (see page 43).

The multi definition for Total Disablement is applicable to the Business Expenses benefit when it is selected together with the Advantage Optional benefit or the PLUS Optional benefit under the Income Protection benefit. For further details, see pages 79 to 80 in the 'Definitions'.

Extension of Benefit Period

If you remain totally disabled (Business Expenses) at the end of your benefit period, and the total benefit paid is less than 12 times the Insured Monthly Benefit, we will continue to pay your benefit until the earliest to occur of the following:

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

Partial Disablement benefit

Occupation Categories AAA, AA and A

We will pay a claim payment if you:

- have been continuously disabled (totally or partially) for the waiting period; and
- have been continuously disabled (totally or partially) since the end of the waiting period; and
- are now partially disabled.

Occupation Categories B, C and D

We will pay a claim payment if you:

- have been continuously totally disabled for at least 7 consecutive days from the start of the waiting period; and
- have been continuously disabled (totally or partially) during the waiting period; and
- have been continuously disabled (totally or partially) since the end of the waiting period; and
- are now partially disabled.

All Occupational Categories

If you are partially disabled longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain partially disabled.

This benefit will not be payable during your waiting period. Claim offsets may apply (see page 43 for further information).

The multi definition for Partial Disablement is applicable to the Business Expenses benefit when it is selected together with the Advantage Optional benefit or the PLUS Optional benefit under the Income Protection benefit. For further details, see page 76 in the 'Definitions'.

Business Expenses covered

These are the regular normal operating expenses of your business or practice. They include, but are not limited to, the following:

- 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, interest on business loans.
- Business related insurance premiums but not including premiums for this policy.
- Salaries and other related costs (e.g.: payroll tax, superannuation contributions, FBT) for non-income generating employees of your business.
- Net costs associated with employing a locum.

Please see policy terms and conditions for further details as contained in the policy document.

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 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 as above.
- Any payment which we determine on a fair and reasonable basis not to be a regular operating expense.

Waiver of Premium

We will waive premiums from the later of the date you became totally disabled and the end of the Waiting Period, until the end of the Benefit Period, or until the date total disablement ceases, whichever occurs first.

Premium payments will recommence from the date on which the waiving of premium ceases.

Benefit Indexation

See page 59 in 'Additional information' for a detailed description of this built-in benefit.

Cosmetic or Elective Surgery Benefit

We will pay your Total Disablement (Business Expenses) benefit if you become totally disabled as a result of:

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

The benefit will be payable subject to your surgery taking place more than 6 months after the commencement date of your Business Expenses benefit or date of any increase or reinstatement.

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 do not exceed 100% of the Business Expenses Insured Monthly Benefit.

Maximum Insured Monthly Benefit

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

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

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

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Benefit at an additional cost

Day 1 Accident benefit

You can select a Day 1 Accident benefit with either a 3 day qualifying period or a 30 day qualifying period. The Day 1 Accident benefit is a rider benefit under the Business Expenses benefit. This benefit is not available for a Business Expenses benefit with a 14 day Waiting Period.

The Day 1 Accident benefit qualifying period – 3 days

In the event that you are totally disabled for at least 3 consecutive days from the date the Accidental Injury occurred, we will pay 1/30 of the Insured Monthly Benefit for each day that you are totally disabled up to a maximum of 30 days. This benefit will be paid monthly in arrears.

The Day 1 Accident benefit qualifying period – 30 days

In the event that you are totally disabled for at least 30 consecutive days from the date the Accidental Injury occurred, we will pay 1/30 of the Insured Monthly Benefit for each day that you are totally disabled up to a maximum of 30 days. This benefit will be paid monthly in arrears.

Overview

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

This plan is owned by the business entity (i.e. partnership or company) with the business owner as the life insured. We will only accept this plan if there is a minimum of 3 business owners with a maximum of 10, who will all purchase an Incorporated Business Expenses benefit at the same time.

The Incorporated Business Expenses benefit will pay an Agreed Value amount for the first 12 months that the life insured is disabled and will pay an Indemnity amount for a further 12 months should the life insured continue to be disabled. The benefit payments will cease after 24 months (24 payments) have been made in respect on any disablement.

To be eligible for this benefit the life insured must be in full-time employment. For this benefit we classify full-time as working at least 25 hours per week, for 48 weeks per year (excluding public holidays).

Benefit overview

Detail	Incorporated Business Expenses
Incorporated Business Expenses benefit	✓
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Benefit Period of 24 months (12 months Agreed Value and then another 12 months Indemnity)	✓
Built-in benefits	
Total Disablement	✓
Partial Disablement	✓
Waiver of Premium	✓
Benefit Indexation	✓
Cosmetic or Elective Surgery	✓
Benefit at an additional cost	
Day 1 Accident benefit	✓

Waiting Periods

Occupation Categories	Waiting Periods
AAA, AA	14 and 30 days

Built-in benefits

The following benefits are included in the Incorporated Business Expenses benefit.

Total Disablement benefit (Incorporated Business Expenses)

If you are totally or partially disabled longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain disabled. Claim offsets may apply (see page 46).

The multi definition for Total Disablement is applicable to the Incorporated Business Expenses benefit when it is selected together with the Advantage Optional benefit or the PLUS Optional benefit under the Income Protection benefit. For further details, see pages 79 to 80 in the 'Definitions'.

Partial Disablement benefit (Incorporated Business Expenses)

We will pay a benefit if, while covered under this policy:

- you have been continuously disabled (totally or partially) for the waiting period;
- you have been continuously disabled (totally or partially) since the end of the waiting period; and
- you are now partially disabled.

If you are partially disabled longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain partially disabled.

The multi definition for Partial Disablement is applicable to the Incorporated Business Expenses benefit when it is selected

together with the Advantage Optional benefit or the PLUS Optional benefit under the Income Protection benefit. For further details, see page 76 in the 'Definitions'.

This benefit will not be payable during your waiting period. Claim offsets may apply (see page 46 for further information).

Waiver of Premium

We will waive premiums from the later of the date you became totally disabled and the end of the Waiting Period, until the end of the Benefit Period, or until the date total disablement ceases, whichever occurs first.

Premium payments will recommence from the date on which the waiving of premium ceases.

Benefit Indexation

See page 59 in 'Additional information' for a detailed description of this built-in benefit.

Cosmetic or Elective Surgery Benefit

We will pay your Total Disablement (Incorporated Business Expenses) benefit if you become totally disabled as a result of:

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

The benefit will be payable subject to your surgery taking place more than 6 months after the commencement date of your Incorporated Business Expenses benefit or date of any increase or reinstatement.

Business Expenses covered

These are the regular normal operating expenses of your business or practice. They include, but are not limited to, the following:

- 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, interest on business loans.
- Business related insurance premiums but not including premiums for this policy.
- Salaries and other related costs (e.g.: payroll tax, superannuation contributions, FBT) for non-income generating employees of your business.
- Net costs associated with employing a locum.

Please see policy terms and conditions for further details as contained in the policy document.

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 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 as above.
- Any payment which we determine on a fair and reasonable basis not to be a regular operating expense.

Calculation of Expenses

In order to calculate the amount of expenses that will form the basis of the Agreed Value, we will validate the expenses for the entire business entity and apply each business owners'/ partners' proportionate share according to the partnership or business agreement.

As an example, if the eligible expenses for the business amounts to \$1 million and there are 4 business owners who own the business in the following proportions – 30%/30%/20%/20%. Then the Agreed Value per business owner will be \$300,000/\$300,000/\$200,000/\$200,000 per annum or \$25,000/\$25,000/\$16,667/\$16,667 per month.

Claim Offsets

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

For all claim payments

- any amount received from any other insurance policy for reimbursement of business expenses that was not disclosed to us when the level of cover was applied for. The amount will only be reduced to the extent the combined payments do not exceed 100% of the Incorporated Business Expenses Insured Monthly Benefit.

After 12 claim payments are made for a particular disablement episode

- your portion of the net income of the business derived from trading during that period.

Maximum Insured Monthly Benefit

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

The maximum combined Insured Monthly Benefit for Income Protection and Incorporated Business Expenses:

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

Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

When will my cover end?

See the 'When will my cover end?' table on page 62 for details.

Benefit at an additional cost

Day 1 Accident benefit

You can select a Day 1 Accident benefit with either a 3 day qualifying period or a 30 day qualifying period. The Day 1 Accident benefit is a rider benefit under the Incorporated Business Expenses benefit. This benefit is not available for a Incorporated Business Expenses benefit with a 14 day Waiting Period.

The Day 1 Accident benefit qualifying period – 3 days

In the event that you are totally disabled for at least 3 consecutive days from the date the Accidental Injury occurred, we will pay 1/30 of the Insured Monthly Benefit for each day that you are totally disabled up to a maximum of 30 days. This benefit will be paid monthly in arrears.

The Day 1 Accident benefit qualifying period – 30 days

In the event that you are totally disabled for at least 30 consecutive days from the date the Accidental Injury occurred, we will pay 1/30 of the Insured Monthly Benefit for each day that you are totally disabled up to a maximum of 30 days. This benefit will be paid monthly in arrears.

Overview

The superannuation Life Cover benefit, 5-year and 10-year Term Cover benefits pay a lump sum if you die or are diagnosed with a terminal illness before the policy expires. The lump sum amount will be paid to the trustee of your superannuation fund. If you have included the Total and Permanent Disablement benefit or the Double Total and Permanent Disablement benefit we will pay a lump sum payment to the trustee should you become totally and permanently disabled. The Total and Permanent Disablement Buy-back benefit can also be added as a rider to the Total and Permanent Disablement benefit, where the Total and Permanent Disablement benefit is added as a rider benefit to the Life Cover benefit.

The superannuation Accidental Death benefit will pay a lump sum benefit if you die as a result of an accident only, to the trustee of your superannuation fund.

You can also choose to link the superannuation Life Cover benefit to superannuation PLUS.

The optional superannuation PLUS benefits are structured outside of the superannuation environment and will be issued by AIA Australia under a separate policy in your name. This allows you to purchase Crisis Recovery, Double Crisis Recovery, Total and Permanent Disablement and Double Total and Permanent Disablement outside of the superannuation fund and under a policy in your name.

The superannuation PLUS benefits are linked to your Superannuation Life Cover Plan and are available only if the trustee has purchased the Superannuation Life Cover Plan for you. This means that if you become permanently disabled or suffer a listed Crisis Event, we will pay the lump sum claim amount to you directly from the non-superannuation policy which provides the superannuation PLUS benefit, and subsequently we will reduce the superannuation Life Cover benefit Sum Insured by the same claim amount.

Benefit overview

Detail	PLUS	Life Cover	5-year Term Cover	10-year Term Cover	Accidental Death	Total and Permanent Disablement Stand Alone
Level Premiums	✓	✓	✓	✓	✓	✓
Stepped Premiums	✓	✓	✓	✓	—	✓
Optimum Premiums	✓	✓	—	—	—	✓
Built-in benefits						
Benefit Indexation	✓	✓	✓	✓	✓	✓
Premium Freeze	✓	✓	—	—	—	✓
Complimentary Interim Accidental Death Cover	✓	✓	✓	✓	✓	—
Terminal Illness	✓	✓	✓	✓	—	—
Guaranteed Future Insurability	✓	✓	—	—	—	—
Complimentary Family Protection (outside of super)	✓	—	—	—	—	—
Benefits at an additional cost (Rider Benefits)						
Crisis Recovery including Complimentary Family Protection (outside of super)	✓	—	—	—	—	—
Crisis Recovery Buy-back (outside of super)	✓	—	—	—	—	—
Crisis Reinstatement (outside of super)	✓	—	—	—	—	—
Double Crisis Recovery including Complimentary Family Protection (outside of super)	✓	—	—	—	—	—
Family Protection (outside of super)	✓	—	—	—	—	—
Total and Permanent Disablement	✓	✓	—	—	—	—
Total and Permanent Disablement Buy-back	✓	✓	—	—	—	—
Maximiser (outside of super) Available as a rider to Total and Permanent Disablement – Any Occupation	—	—	—	—	—	—
Double Total and Permanent Disablement	✓	✓	—	—	—	—
Waiver of Premium	✓	✓	—	—	—	—

Insurance benefits under the Superannuation Life Cover Plan

Important: the insurance benefits described in this section are specific to the Superannuation Life Cover Plan and have different terms and conditions from those benefits available under the non-superannuation plans. A number of the optional benefits available under the non-superannuation plans are not available under the Superannuation Life Cover Plan. For more information about benefits under the Superannuation Life Cover Plan see page 53.

Who can apply?

The Superannuation Life Cover Plan can only be purchased as part of a superannuation arrangement:

1. The trustee of your private/self-managed superannuation fund (**SMSF**) can purchase the Plan; or
2. If you do not have a SMSF, you can obtain the benefits by becoming a member of the AIA Superannuation Fund ABN 78 757 377 348 (**the Fund**).

Important: The owner of the policy will be either the trustee of your SMSF or the Trustee of the Fund. You (the life insured) will have no direct relationship with AIA Australia except under superannuation PLUS where you will own the Total and Permanent Disablement, Double Total and Permanent Disablement, Crisis Recovery and Double Crisis Recovery benefits including any Family Protection benefits.

How do the superannuation arrangements work?

Purchase by your Self-Managed Superannuation Fund

If you want to purchase a policy under Superannuation Life Cover Plan and you are a member of a SMSF, the trustee of your SMSF can purchase the policy from us on your behalf. The trustee of your SMSF will be the policy owner. Any insurance benefit due under the policy will therefore be paid to the trustee of your SMSF. The trustee of your SMSF can only pay the benefit from the SMSF to you (or your beneficiaries) if it is permitted to do so under the SMSF trust deed and the superannuation law.

Important: The owner of the policy will be either the trustee of your SMSF or the Trustee of the Fund. You (the life insured) will have no direct relationship with AIA Australia except under superannuation PLUS where you will own the Total and Permanent Disablement, Double Total and Permanent Disablement, Crisis Recovery and Double Crisis Recovery benefits including any Family Protection benefits and the benefit will be paid to the policy owner.

Who issues the Plan?

AIA Australia is the issuer of the Superannuation Life Cover Plan when it is acquired by the trustee of your SMSF after we accept an application from the trustee of your SMSF. Insurance cover will not commence until AIA Australia accepts the risk and issues the policy.

This PDS does not cover your SMSF so you need to refer all of your queries about the trust deed and other rules governing your SMSF to the trustee of your SMSF.

Membership of AIA Superannuation Fund

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

Important:

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

Who issues the Fund?

CCSL Limited (ABN 51 104 967 964, AFS Licence No. 287084) is the trustee of the Fund and the issuer of a risk-only superannuation product.

The Fund complies with the requirements of the *Superannuation Industry (Supervision) Act 1993* and other relevant laws. You can obtain further information about the Fund (such as a copy of the Trust Deed or the Trustee's latest annual report) free of charge by contacting the Fund's administrator. For the Fund administrator's contact details please call 1800 333 613.

How to apply for Fund membership

If you want to be covered under a Superannuation Life Cover Plan and you are not a member of a SMSF, you must first apply for and be accepted for membership of the Fund as a risk-only member.

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

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

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

While your application is being assessed, your initial premium (or instalment premium) will be held in a trust account administered by the Trustee until the policy is issued. The Trustee will retain any interest earned on the money held in trust.

What are the eligibility requirements?

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

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

Making contributions

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

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

- All contributions go towards the payment of insurance premiums under the Plan – the Fund is not an investment vehicle.
- Under superannuation law you can't withdraw contributions once they are paid – superannuation contributions are 'preserved' until you meet a 'condition of release' (see 'Payment of benefits' on page 50).
- Under superannuation law the Fund cannot accept certain types of contributions unless the Trustee holds your Tax File Number (TFN). If the Trustee inadvertently receives a contribution that it cannot accept, it must refund the amount after deducting any permissible charges.

Can I transfer money from other superannuation funds?

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

Does the Fund accept co-contributions from the Government?

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

Payment of benefits

Superannuation funds can only pay benefits if a condition of release is met. The most relevant conditions of release for the Fund are:

- death;
- permanent incapacity;
- terminal illness.

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

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

For example, if a Total and Permanent Disablement benefit becomes payable under the policy, it must be preserved in the Fund. Before the Trustee can pay you the benefit, you must demonstrate to the Trustee that you meet the definition of permanent incapacity under superannuation law.

If you cannot satisfy the Trustee that you meet the permanent incapacity definition, the insurance benefit will be retained in the Fund until:

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

Your preservation age depends on your date of birth:

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

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

What is the definition of permanent incapacity under superannuation law?

To meet this definition, a Medical Practitioner must certify that you are unlikely to engage in gainful employment for which you are reasonably qualified by education, training or experience because of ill health.

What is the definition of terminal illness under superannuation law?

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

Who receives the benefit if I die?

You can nominate the beneficiaries to receive your death benefit by completing Step 4 (Nomination of Beneficiary) in Section W of the Application Form. You may only nominate beneficiaries who are your dependants, in an interdependent relationship with you or your legal personal representative because these are the only people who are eligible to receive superannuation death benefits under superannuation law. These terms are explained under 'Binding Nomination' and 'Non-binding Nomination' on pages 51 and 52. The Trustee may request information or evidence to establish eligibility before making a death benefit payment from the Fund.

How do I nominate my beneficiaries?

The nomination you make may be either a:

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

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

Binding Nomination

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

If anyone you nominate is not entitled to receive a share of your benefit, the Trustee may distribute that person's share between the other persons you have nominated.

Some conditions apply to binding nominations. They are:

- To be a valid binding nomination it must be signed by you in the presence of two witnesses who must each sign and date the declaration where indicated and set out their full name and date of birth.
Each witness must be over 18 years of age and must not be one of your nominated beneficiaries;
- A nomination is effective only when it is received by the Trustee;
- A binding nomination is valid for three years from the day after it was first signed by you, or last confirmed or amended by you;
- A valid binding nomination will become a non-binding nomination after three years unless you complete and sign a new binding nomination;
- The Trustee may notify you in writing before the end of the three-year period that the binding nomination is about to lapse and may provide you with the opportunity to lodge a replacement binding nomination;
- You may revoke or change your nomination at any time by completing a fresh, valid Nomination of Beneficiary form and lodging it with the Trustee. You may also change your nomination from binding to non-binding at any time;
- An invalid binding nomination will be treated as a non-binding nomination by the Trustee but will not revoke or replace an existing, valid binding nomination; and
- The Trustee will contact you if your nomination is clearly invalid (completed incorrectly) and will give you the opportunity to re-submit a valid nomination.

What benefit is payable if I die?

If you die, AIA Australia will pay a lump sum equal to the insured amount under the Life Cover, Term Cover and/or Accidental Death benefits to the trustee of your SMSF or the Trustee of the Fund, who will deal with the benefit in accordance with the rules of the superannuation fund.

Non-binding Nomination

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

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

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

Eligible beneficiaries

Dependants

- Your spouse (which includes a de facto spouse and certain same-sex partners) and children (including certain children of same-sex partners).
- For this purpose, 'spouse' means:
 - 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 (de facto); or
 - a person (whether of the same or a different sex) with whom you are in a relationship that is registered under a relevant law of a State or Territory.
- Another person who is financially dependent on you.

Legal Personal Representative

The person acting as executor or administrator of your deceased estate. If paid to your legal personal representative, a death benefit will form part of your deceased estate and be distributed according to your Will (or the laws of intestacy if you don't have a valid Will).

People in an Interdependent relationship

An interdependent relationship will exist if you and other person:

- 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 same-sex couples, live-in adult carers of elderly parents and siblings with common finances.

Note: Where you have a close personal relationship and either or both of you suffer from a physical, intellectual or psychiatric disability, the other requirements for an interdependent relationship do not apply.

When will interest be paid on insurance benefits?

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

Transfers to an eligible rollover fund

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

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

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

The Trustee has selected Super Money Eligible Rollover Fund (SMERF) as the ERF to which it will make these transfers. Contact details are on page 89.

The Trustee may review and alter this arrangement in future.

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

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

What fees and charges are payable for Fund membership?

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

Privacy – Fund information

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

What personal information does the Fund hold?

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

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

How is personal information disclosed?

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

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

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

Can members gain access to personal information?

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

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

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

The Trustee has adopted a Privacy Policy detailing the way it handles personal information. If you would like a copy of the Trustee's Privacy Policy please contact the Trustee's Privacy Officer. Contact details on page 89.

Inquiries and complaints about the Fund

If you are a member of the Fund and have any questions about the Fund, please contact the Administrator. If you have a complaint, please ask to speak to the Fund Complaints Officer who will investigate your complaint and, if necessary, refer it to the Trustee. The Trustee will respond to any questions or complaints as soon as possible. In any event, complaints will be handled within 90 days as required under superannuation law. In special circumstances, we may take longer.

If you are not satisfied with the Trustee's response to a complaint, you may refer your complaint to the Superannuation Complaints Tribunal (SCT). The SCT is an independent body set up by the Federal Government to help resolve superannuation complaints. The SCT can only accept complaints after you have made use of the Trustee's complaint handling process. Contact details are on page 89.

Trustee indemnity insurance

The Trustee has trustee indemnity insurance in place to cover claims against it.

Superannuation Life Cover Plan

The superannuation Life Cover and Term Cover benefits provide:

- a lump sum amount if you die before the cover expires. Life Cover expires on the last Policy Anniversary date before your 75th birthday and Term Cover expires on the 5th or 10th Policy Anniversary date (as applicable).
- 100% of the Sum Insured if you are diagnosed with a terminal illness (as defined in the policy).
- if you elect an optional Total and Permanent Disablement benefit (either as a stand-alone benefit or a rider benefit), a lump sum equal to the Total and Permanent Disablement Sum Insured if you become totally and permanently disabled before the cover expires. The Expiry Date for Total and Permanent Disablement cover depends on your Occupation Category.

The superannuation Accidental Death benefit will provide:

- a lump sum amount if you die as a result of an accident before the cover expires.

Superannuation PLUS

The superannuation PLUS benefits provide:

- a lump sum amount if you die before the cover expires. Life Cover expires on the last Policy Anniversary date before your 75th birthday.
- 100% of the Sum Insured if you are diagnosed with a terminal illness (as defined in the policy).
- if you elect an optional Crisis Recovery rider benefit, a lump sum equal to the Crisis Recovery Sum Insured on the diagnosis of a Crisis Event via an insurance policy issued in your name outside of the superannuation fund. See page 19 for more information on this benefit.
- if you elect an optional Total and Permanent Disablement rider benefit, a lump sum equal to the Total and Permanent Disablement Sum Insured if you become totally and permanently disabled before the cover expires via an insurance policy issued in your name outside of the superannuation fund. See page 10 for more information on this benefit.

Built-in benefits

The following benefits are built in to the Superannuation Life Cover Plan.

Premium Freeze

Premium Freeze is only available under the superannuation PLUS benefit, Total and Permanent Disablement Stand Alone benefit and superannuation Life Cover benefit, not under the 5 year and 10-year Term Cover benefits or the superannuation Accidental Death benefit.

See page 59 in the 'Additional Information' for a detailed description of this built in benefit.

Benefit Indexation

See page 59 in the 'Additional information' for a detailed description of this built-in benefit.

Terminal Illness

If you are diagnosed with a terminal illness before your policy expires, we will pay 100% of your life cover.

This benefit is not available under the Accidental Death benefit.

For further information, please see page 77 in the 'Definitions'.

Guaranteed Future Insurability

Guaranteed Future Insurability is only available under the superannuation PLUS benefit and superannuation Life Cover benefit, not under the 5-year and 10-year Term Cover benefits or superannuation Accidental Death benefit.

See page 72 in the 'Definitions' for a detailed description of this built-in benefit.

Complimentary Interim Accidental Death Cover

See page 81 for information on this benefit.

Complimentary Family Protection

Complimentary Family Protection benefits are only available under the superannuation PLUS benefit, where you select the Crisis Recovery or Double Crisis Recovery rider benefit.

See page 21 for information on this benefit.

Benefits at an additional cost

The following benefits are available to be owned (outside of your superannuation fund) by the life insured at an additional premium cost under the superannuation PLUS benefit:

- Crisis Recovery benefit (see page 19).
- Crisis Recovery Buy-back benefit (see page 23).
- Crisis Reinstatement benefit (see page 24).
- Double Crisis Recovery benefit (see page 26).
- Family Protection benefit (see page 29).
- Total and Permanent Disablement (see page 10).
- Total and Permanent Disablement Buy-back benefit (see page 13).
- Double Total and Permanent Disablement (see page 16).
- Waiver of Premium (see page 14).

The following benefits are available at an additional premium cost under the superannuation Life Cover benefit:

- Total and Permanent Disablement benefit (see page 10);
- Total and Permanent Disablement Buy-back benefit (see page 13);
- Maximiser benefit (see page 55);
- Waiver of Premium (see page 14).

The Total and Permanent Disablement, Double Total and Permanent Disablement and Waiver of Premium benefits are payable if you become Totally and Permanently Disabled (as defined in the policy) before the last Policy Anniversary before your 65th birthday (or your 70th birthday if you are in Occupation Categories AAA, AA or A or your 55th birthday if you are in Occupation Category E).

Total and Permanent Disablement cover

Under the Superannuation Life Cover Plan, you can purchase Total and Permanent Disablement Stand Alone cover (i.e. without the Life Cover benefit) or you can purchase Total and Permanent Disablement cover or Double Total and Permanent Disablement cover as an additional benefit (i.e. with the Life Cover benefit).

Total and Permanent Disablement cover provides:

- a lump sum amount if you become Totally and Permanently Disabled before the cover expires. Total and Permanent Disablement cover expires on the last Policy Anniversary date before your 65th birthday (or your 70th birthday if you are in Occupation Categories AAA, AA or A or your 55th birthday if you are in Occupation Category E).
- a choice of three different definitions of 'Total and Permanent Disablement'. The definitions you can choose from depend on your Occupation Category (see page 68).

Other features	Total and Permanent Disablement Stand Alone	Total and Permanent Disablement	More information
Premium freeze (if age 35 or older)	Yes	Yes	Page 59
Discounted premiums for non-smokers	Yes	Yes	—

What benefit is payable if I become totally and permanently disabled?

If you become Totally and Permanently Disabled according to the definition you have chosen, we will pay a lump sum equal to the Sum Insured under your Total and Permanent Disablement cover to the trustee of your SMSF or the Trustee of the Fund, who will deal with the benefit in accordance with the rules of the superannuation fund.

Total and Permanent Disablement Buy-back benefit

See page 13 for a detailed description of this benefit.

Maximiser benefit

The Maximiser benefit is an optional rider benefit available under the Total and Permanent Disablement benefit under the superannuation Life Cover benefit. The Maximiser benefit may allow you to structure your Total and Permanent Disablement cover under superannuation in a tax-effective way. See your financial adviser for further details.

The Maximiser benefit is only available:

- for Occupation Categories AAA, AA, A, B & C; and
- if the 'Any Occupation' definition is selected under the Total and Permanent Disablement benefit (via Superannuation Life Cover Plan).

Two Priority Protection policies must be purchased to allow the Maximiser to work.

1. One must be a Superannuation Life Cover Plan containing a superannuation Total and Permanent Disablement benefit with an 'Any Occupation' definition, owned by the trustee of your Self Managed Superannuation Fund or the Trustee of the Fund.
2. The other must be a Life Cover Plan containing a non-superannuation Total and Permanent Disablement benefit with an 'Own Occupation' definition, owned by you. The Maximiser Total and Permanent Disablement benefit must be the only benefit under the Life Cover Plan. This non-superannuation policy may not be assigned to any third party.

The two policies are then linked and issued as follows:

1. Total and Permanent Disablement benefit (Any Occupation) via Superannuation Life Cover Plan
2. Total and Permanent Disablement benefit (Own Occupation) via non-super Priority Protection policy containing a Life Cover Plan

The sum insured for the Maximiser non-superannuation Total and Permanent Disablement (Own Occupation) benefit must be equal, at all times, to the sum insured for the superannuation Total and Permanent Disablement (Any Occupation) benefit. For example, if the sum insured is reduced under one policy, the same reduction will apply to the other policy.

If Total and Permanent Disablement cover ceases under the Superannuation Life Cover Plan, cover will automatically cease under the non-superannuation Life Cover Plan.

If a Total and Permanent Disablement claim is made, it will be assessed first under the Superannuation Life Cover Plan 'Any Occupation' definition. If you meet this definition, a lump sum equal to the Sum Insured will be paid to the trustee of your Self Managed Superannuation Fund or the Trustee of the Fund (as applicable). If you do not meet this definition, your claim would then be assessed under the non-superannuation Life cover Plan 'Own Occupation' definition. If you meet this definition, a lump sum equal to the Sum Insured would be paid to you.

Waiver of Premium benefit

This benefit only applies where you have Life Cover benefit in your Superannuation Life Cover Plan. If selected, the definition of Total and Permanent Disablement chosen for the Waiver of Premium benefit must be the same as the definition chosen for your Total and Permanent Disablement cover.

If you become totally and permanently disabled before the last Policy Anniversary date before your 65th birthday (or your 55th birthday if you are in Occupation Category E), AIA Australia will waive the premiums under the:

- Life Cover benefit
- Accidental Death benefit; and
- Total and Permanent Disablement Buy-back benefit up to the last Policy Anniversary before your 65th birthday.

Once you turn 65, any premium payments for Life Cover benefit will then resume.

Important: Each definition of the Total and Permanent Disablement under the policy contains a qualifying period (either three or six months) during which you must be 'absent from employment solely as a result of Injury or Sickness' in order to be eligible to claim under the benefit. You must pay premiums during this qualifying period and they will not be refunded if and when we accept the Waiver of Premium claim.

Conditions apply to Total and Permanent Disablement cover and Waiver of Premium benefits:

- Cover is not available for certain occupations or if you are not working full-time in an occupation acceptable to AIA Australia. The definition of 'full-time' is working a minimum of 20 hours per week and 48 weeks per year, excluding public holidays.
- The standard definition of Total and Permanent Disablement applicable for most occupations (Categories AAA, AA, A, B, C and D) except heavy blue collar occupations (Category E) relates to your inability to perform 'any occupation'. If you are in a professional occupation or white collar occupation (Category AAA, AA, A, B and C) you can elect to be covered by a definition that relates to your inability to perform your 'own occupation'. If you are working in a heavy blue collar occupation (Category E) you can only select the 'all duties' definition.
- The premium that will be charged for each cover depends on the definition of Total and Permanent Disablement you select.

(See pages 77 to 78 for the definitions of Total and Permanent Disablement and page 68 for the Occupation Categories.)

Transferability of Benefits

If you would like to transfer from your Superannuation Life Cover Plan to a non-superannuation plan prior to age 75, you may transfer the following benefits to a non-superannuation plan then on offer by us without providing any medical evidence:

- the life cover;
- the total and permanent disablement cover;
- the total and permanent disablement buy-back cover;
- the waiver of premium cover.

When will my cover end?

Life Cover benefit, 5-year and 10-year Term Cover, Accidental Death benefit, Total and Permanent Disablement benefit (rider or Stand Alone) and Waiver of Premium benefits under the Superannuation Life Cover Plan will stop on the earliest of:

- your death;
- payment of the full insured amount for the relevant benefit;
- Expiry Date of the benefit;
- cancellation of the benefit;
- your ceasing to be eligible to contribute to the Fund under the SIS Act;
- lapse or cancellation of the policy; or
- your ceasing to be a member of the Fund or the SMSF that holds the policy.

If you are a member of the Fund, your risk-only membership of the Fund will cease when cover stops (unless an insurance benefit is payable). If cover stops, any contributions that have not been applied towards premium payments may be transferred to an ERF.

How do I make a claim?

If you wish to claim an insurance benefit under the Superannuation Life Cover Plan, AIA Australia must receive written notice of the claim, with full particulars of the circumstances, as soon as possible. Claim forms can be obtained from the Claims Department at AIA Australia. If you are a member of the Fund, your claim must be submitted via the Trustee.

Can my Sum Insured be reduced?

Yes – as set out in this table:

Benefit	Reduced by terminal illness payment	Reduced by optional Total and Permanent Disablement benefit	Reduced by Total and Permanent Disablement Stand Alone benefit	Reduced by Superannuation PLUS Crisis Recovery – Rider	Reduced by Superannuation PLUS Total and Permanent Disablement – Rider
Life Cover	Yes	Yes	No	Yes	Yes
Term Cover	Yes	No	No	No	No
Total and Permanent Disablement – Rider	Yes	Yes	No	Yes	Yes
Total and Permanent Disablement – Rider with Maximiser	Yes	Yes	No	Yes	Yes
Double Total and Permanent Disablement – Rider	Yes	No	No	Yes	No
Total and Permanent Disablement Stand Alone	No	No	Yes	No	No
Accidental Death benefit	No	No	No	No	No
Superannuation PLUS Crisis Recovery – Rider	Yes	Yes	No	Yes	Yes
Superannuation PLUS Double Crisis Recovery – Rider	Yes	Yes	No	Yes	Yes
Superannuation PLUS Total and Permanent Disablement – Rider	Yes	Yes	No	Yes	Yes
Superannuation PLUS Double Total and Permanent Disablement – Rider	Yes	No	No	Yes	No

What about tax?

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

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

Is tax payable on a death benefit?

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

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

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

Is tax payable on a total and permanent disablement benefit?

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

Is tax payable on a terminal illness benefit?

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

What taxes are payable by the AIA Superannuation Fund?

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

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

Is there a tax deduction for superannuation contributions?

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

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

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

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

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

Are there any contribution limits?

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

Concessional contributions

A concessional tax rate of 15% generally applies to concessional contributions up to \$25,000 per person per year for the 2011/2012 financial year (subject to indexation in future years). This tax is payable by the superannuation fund (after subtracting any allowable deductions).

Transitional arrangements apply, until 30 June 2012, for those aged 50 or over at any time during this period to allow concessional contributions of up to \$50,000 per person per year. From 1 July 2012 the Government has announced that this concession will only apply to those aged 50 or more with total superannuation of less than \$500,000.

Concessional contributions in excess of these limits will incur additional tax of 31.5% payable directly by the individual. (A member may withdraw an amount to pay the additional tax from a superannuation fund upon presentation of a release authority issued by the Tax Office). Any excess concessional contributions will also count towards the member's non concessional contributions limit.

Non-concessional contributions

Non-concessional contributions are limited to \$150,000 per person per year (for the 2011/2012 financial year). People under age 65 can bring forward two years of future non-concessional limits, giving them a cap of \$450,000 over a three-year period. The \$150,000 cap will be indexed in future years so it is always six times the cap on concessional contributions.

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

Collection of Tax File Numbers (TFN)

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

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

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

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

What is the cooling-off period?

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

For more information about the cooling-off period please refer to page 63.

Cancellation of Fund membership

You can cancel your membership of the Fund within 28 days of the day the Trustee confirms acceptance of your membership or the 5th day (if earlier) after the date your membership is accepted. You lose your right to cancel your membership if you exercise any rights or powers under the trust deed during the cooling off period.

If you are a member of the Fund, any premium you paid is a superannuation contribution and must be preserved and cannot be refunded to you directly. If you cancel the policy you must provide details of another complying superannuation fund so that the Trustee can transfer the preserved money into that fund. Otherwise the Trustee will transfer the preserved money to an ERF.

What you need to know about your premium

Premiums

The premiums you pay may depend on your age, sex, smoking status, Occupation Category and state of health. If you are purchasing the Family Protection benefit, your premiums will depend on your Child's age.

Premium patterns

When applying for cover you can select from one of three premium patterns. Your adviser can provide you with a personalised premium quotation for each option.

Stepped	Your premiums will increase at each Policy Anniversary in line with your age until the benefit Expiry Date.
Level	Your premiums will remain constant each year up to your 65th birthday. After this time, your premiums will continue on a stepped premium basis until the benefit Expiry Date.
Optimum	Your premiums will commence on a stepped pattern and automatically convert to the level pattern once the stepped premium is greater than the level premium. Level premiums will remain constant each year up to your 65th birthday. This option is available only when the life insured is age 35 or older. A loading according to your age at inception of your optimum premium cover will be charged up until your 65th birthday.

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

Can I alter my premium type?

You will not be able to switch from Optimum to either a stepped or level premium structure once your policy has commenced.

You can switch from level to stepped premiums at any time unless otherwise specified.

You may switch from stepped to level premiums however, your existing policy may be cancelled and replaced.

Benefit indexation increases

You can increase your Sum Insured each policy year by that policy year's percentage increase in the Consumer Price Index (CPI) increase or by 5% whichever is the greater.

Your benefit indexation will cease at the last Policy Anniversary prior to your 70th birthday or at the Expiry Date of the benefit whichever occurs first.

Unless you advise us, we will assume that you require benefit indexation to apply to your policy.

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

Minimum premium

The minimum premium is \$300 per year per policy inclusive of the policy fee and stamp duty.

Premium guarantee

The premium rates for your policy are guaranteed for a minimum of one year.

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

Premium Freeze

Provided the life insured is 35 years of age or older at the anniversary of the policy, you may select to pay in a policy year and in all subsequent policy years, the same premium as you paid for the previous policy year.

The Sum Insured for each benefit will decrease on the Policy Anniversary. This process will be repeated each year on the Policy Anniversary and any such advice to us must be in writing.

You must notify our office each year at least 30 days before the Policy Anniversary if you wish to continue with the Premium Freeze option. If our office is not notified in writing, your premium will increase in accordance with your age next birthday.

When the Premium Freeze option has been exercised, any indexation of benefit will cease and you will be unable to exercise any of the Guaranteed Future Insurability options.

What happens if I stop paying premiums?

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

Premium payment methods

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

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

Premium discounts

Initial selection discount

All benefits purchased on a stepped premium pattern will receive a discount for the first 2 years of the policy.

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

Large Sum Insured discount

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

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

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

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

Life Cover and Term Cover benefit

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

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

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

Total and Permanent Disablement benefit (Rider)

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

Total and Permanent Disablement Stand Alone benefit

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

Crisis Recovery Stand Alone benefit

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

Income Protection and Business Expenses Plan

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

The same premium rate discounts will apply to the Claim Escalation benefit, PLUS Optional benefit and Day 1 Accident benefit when selected.

Multi-plan discount

If you are the life insured under multiple plans and at least 2 of these plans have premiums of \$500 or more per year, the plans will be eligible for a multi-plan discount as outlined in the table below. For the purpose of eligibility for the multi-plan discount, premiums will be exclusive of any frequency loadings, policy fee and stamp duty.

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

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

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

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

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

What are the fees and charges?

Policy fee

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

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

Premium frequency charge

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

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

Do I pay stamp duty on my policy?

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

Do I pay GST on my policy?

The premium applicable to your policy is input taxed for the purposes of the Goods & Services Tax (GST). This means there is no GST payable by you when you purchase a policy.

Changes to fees and charges

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

Commissions

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

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

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

Additional information about your policy

When will my cover end?

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

What you need to know about your Sum Insured

Can I change my Sum Insured?

You may request your Sum Insured to be increased at any time subject to underwriting, maximum Sum Insured limits and benefit rules.

Decrease in Sum Insured and/or Insured Monthly Benefit

You can decrease the Sum Insured and/or the Insured Monthly Benefit at any time your premium is due providing the reduced amount is not below the minimums in force at the time of the decrease.

Policy upgrades

From time to time we will review the benefits provided under the Policy. Should we improve the benefits under the Policy and such improvements result in no increase in premium rates, we will automatically add these benefit improvements to the Policy.

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

If the life insured is suffering a Pre-existing Condition (as defined on page 76) at the effective date of the benefit improvement, the improvement will not apply to any claim affected by that Pre-existing Condition.

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

Guaranteed renewable

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

Nomination of beneficiary

You are entitled to nominate a beneficiary to receive all death claim proceeds arising from the non-superannuation plans under this policy.

Where you select a benefit within your superannuation fund under the Superannuation Life Cover Plan, you can nominate beneficiaries direct to the trustee of your superannuation fund (see pages 51 and 52).

Policy reinstatement

You 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.

Changes in 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 or Maximiser benefits. If you purchased a superannuation policy, you may request a transfer of ownership of that policy from the trustee of the AIA Superannuation Fund to the trustee of a SMSF. By assigning the policy to the person, the company or the trustee of the SMSF you will revoke any previous nomination of beneficiary. You also relinquish all rights to benefits payable under the policy and it may give rise to tax implications.

Cancelling your policy

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

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

Lost or destroyed policy documentation

We will replace your lost or destroyed policy documents. You may be charged a fee up to \$100 to cover the cost of reissuing the lost document, including advertising the loss – a statutory requirement in some circumstances. We may also require you to sign a statutory declaration to the effect that the policy document has been lost or destroyed.

Statutory fund

Your Priority Protection policy will be written in the AIA Australia Statutory Fund No. 1.

How to apply

Priority Protection is sold only through advisers who are qualified to provide advice on AIA Australia products.

Your adviser will provide you with a quotation detailing the benefits you wish to purchase and assist you with the application process.

Health and other information required

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

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

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

Information on your policy

When your application has been approved for cover by us, we will mail or deliver to you a policy document and your policy schedule free of charge.

Our contract with you and the policy owner includes this PDS, relevant policy documents and your policy schedules (including any conditions or endorsements mentioned in or attached to the policy schedules). Please read these documents carefully and contact your adviser or us directly if you have any concerns.

Where the policy is to be owned by the trustee of a SMSF, the policy document and policy schedule will be sent to the trustee of the SMSF.

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

What is the cooling-off period?

The cooling-off period commences from when you received the policy document from us or from the end of the 5th day after the day on which we sent the policy document to you, whichever occurred first.

From this date you will have a 28 day 'cooling off period' to check that the policy and benefits meet your needs. Within these 28 days you may cancel the policy and receive a full refund of all premiums paid.

During the cooling-off period you should ensure that the policy meets your expectations and needs, in consultation with your adviser.

If you need to return your policy within the cooling-off period, please send us the policy document and your request to cancel the policy either by letter, fax or email.

If the Superannuation Life Cover Plan was obtained as a member of the Fund, please send the Trustee the policy document and your request to cancel the policy either by letter, fax or email.

You will lose the right to return your policy within the cooling off period if beforehand you exercise any other right or power available to you under the policy other than the right to return your policy.

Making a claim

Written notice with full details of any claim should be provided to us as soon as possible.

Payment of claims is subject to our confirmation of the diagnosis.

Once we receive written notice of a claim, we will send you the appropriate form(s) to enable proof of positive diagnosis to be filed with us. You may need to be medically examined by our Medical Practitioner.

Your questions or concerns

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

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

Should you not be satisfied with our response to your concerns after they have been ruled upon by the Committee, then you may take the matter up with the independent Financial Ombudsman Service (FOS) (formerly known as the Financial Industry Complaints Service Ltd). Details as follows:

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

AIA Australia Limited (ABN 79 004 837 861) follows the National Privacy Principles developed under the Privacy Amendment (Private Sector) Act 2000.

You can read about our privacy policies and procedures at www.aia.com.au

If you are purchasing the Superannuation Life Cover Plan by becoming a member of the AIA Superannuation Fund, the Fund's administrator can give you a copy of the Trustee's policies and procedures. There is more information about the Trustee's privacy policies on page 52.

We will collect personal information about you to:

- a) process your application(s);
- b) administer and manage your policy including claims;
- c) facilitate our business operations; and
- d) market promotional material about services that we believe you may be interested in. (The Privacy Declaration contained in your Application allows you to elect whether you wish to receive direct marketing material from us.)

Why we need information about you

The information we collect about you is used in processing your application and later in the management of your policy and any claims. We may also use the information in marketing services that may be of interest to you. If you do not wish to receive marketing material please indicate this on the application form.

If you are unwilling to provide us with the information we need then we may not be able to provide you with insurance cover.

Access to your information

If you would like to have access to your personal information held by us please write to:

Policy Services Manager
AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008

You can also ask us to update your personal information at any time if it is inaccurate, incomplete or out of date.

There may be some situations when we are unable to provide you with access to your personal information for legal reasons. If this is the case we will provide you with a written explanation.

For members of the Fund see page 52.

Disclosure of information

We may disclose your personal information to:

- a) another member of the AIA group of companies (whether in Australia or overseas);
- b) your adviser;
- c) our contractors and third party service providers, e.g. Medical Practitioners and reinsurers;
- d) your employer (for employee superannuation products);
- e) financial institutions you nominate;
- f) mail houses and archive companies; and
- g) the Trustee and all parties relevant to administer the Superannuation Life Cover Plan.

We will only disclose your personal information to these parties for the main purpose for which it was collected. There are some circumstances when we are entitled to disclose your personal information to third parties without your authorisation, for example to law enforcement agencies or government authorities to protect our interests or to report illegal activities.

Any questions or concerns about privacy

(For members of the AIA Superannuation Fund – see page 52.)

If you have any questions or concerns about your personal information, please write to:

Compliance Manager
AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008

Our internal dispute resolution process deals with customer complaints about our compliance with the National Privacy Principles. The process aims to handle complaints fairly and quickly and is free for users.

If you have a privacy complaint you should write to our Compliance Manager. You will receive a letter from us within five days which explains our complaints handling process. Your complaint is then referred to our Internal Disputes Resolution Committee which aims to resolve your complaint within forty five days of receipt.

If you are not satisfied with the outcome of the process you can take your complaint to the Privacy Commissioner at:

Office of the Federal Privacy Commissioner
GPO Box 5218
Sydney, NSW 2001

or call the Privacy Hotline on 1300 363 992.

There are some significant risks associated with life insurance:

Selection of wrong product

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

Inadequate amount of insurance

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

Inability to obtain an increase in cover

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

Premium rates

Notwithstanding the premium rates guarantee, your premiums may be varied from time to time. (See page 59 for more information about premiums and the premium rates guarantee.)

Late payment of premiums

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

Electing to freeze premiums

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

Your duty of disclosure

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

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

Your duty however does not require disclosure of a matter:

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

Where applicable your duty of disclosure also extends to the Trustee under the terms of the Superannuation Life Cover Plan based on your membership in the Fund. This ensures that the Trustee is able to meet its disclosure obligations.

Non-disclosure

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

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

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

Exclusions	Lump Sum Plans									
	Life Cover	Term Cover	Accidental Death	Total and Permanent Disablement Stand Alone/Rider/Double	Waiver of Premium	Needlestick Injury	Family Protection	Crisis Recovery/ Double Crisis Recovery	Crisis Recovery Stand Alone	Loss of Independence
*Death from suicide in the first 13 months from commencement or re-instatement of the benefit.	✓	✓					✓		✓	
Any Crisis Event or disablement, directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by the life insured.				✓	✓		✓	✓	✓	✓
An event directly or indirectly caused by intentional self-inflicted injury or any such attempt by the life insured.			✓	✓	✓	✓		✓	✓	✓
Where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available prior to the accident giving rise to a claim.						✓				
Acquiring HIV, AIDS, Hepatitis B or Hepatitis C from activities other than from performing the duties of your normal occupation.						✓				
An event directly or indirectly caused by intentional self-inflicted injury or any attempt by the insured child.							✓			
An event caused by a congenital condition until the 10th birthday of the insured child.							✓			
An event intentionally caused by the insured child's parent, guardian or relative or someone who lives with or supervises the insured child.							✓			
Death occurring more than 6 months after the accident.			✓							
The direct or indirect effects of alcohol and/or drug abuse.			✓							
<ul style="list-style-type: none"> • War (whether formally declared or not), hostilities, civil commotion or insurrection. • Non permanent residents of Australia. • Any form of aviation activity other than as a fare-paying passenger on a scheduled airline. • Participation in or training for professional sports or speed contests. • Engaging in any unlawful acts. • Suicide. 			✓							

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

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

Occupation Category	Characteristics of Occupation Category
AAA	<ul style="list-style-type: none"> Professional white collar workers, other than those in medical and allied occupations, who must have tertiary qualifications, and other successful high income white collar workers, who have long-standing experience in their field of business.
AA	<ul style="list-style-type: none"> Professionals, who must have tertiary qualifications in the medical and allied occupations. e.g. doctors, dentists, optometrists, physiotherapists.
A	<ul style="list-style-type: none"> Other white collar occupations that involve clerical and administrative workers only, who are not working in a warehouse, manufacturing or industrial environment. These workers are generally office bound. The working environment must present minimal Injury or Sickness risk.
B	<ul style="list-style-type: none"> Occupations not classified as white collar, involving some light manual work, including supervisors of manual workers and persons in a totally administrative job within a warehouse, manufacturing or industrial environment. The working environment may present slight Injury or Sickness risk.
C	<ul style="list-style-type: none"> Fully qualified skilled tradespersons of various occupations, who perform a moderate level of manual work. e.g. qualified electricians, chefs and mechanics. The working environment may present a moderate Injury or Sickness risk.
D	<ul style="list-style-type: none"> Semi-skilled workers and unqualified tradespersons, who perform heavy manual work. e.g. cleaners, drivers, fencing contractors. The working environment may present a significant Injury or Sickness risk.
E	<ul style="list-style-type: none"> Unskilled workers, who perform extra heavy manual work. e.g. concreters, earth-moving workers, carpet layers. The working environment may present a significant Injury or Sickness risk.
Home Duties	<ul style="list-style-type: none"> Where the life insured is wholly engaged in full-time unpaid domestic duties in his or her own residence.

Accidental Death

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

Accidental HIV Infection

'ACCIDENTAL HIV INFECTION' means infection with the human immunodeficiency virus (HIV) acquired by accident or violence during the course of the life insured's normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within six months of the accident. HIV infection transmitted by any other means, including but not limited to sexual activity or non-medical intravenous drug use, is not Accidental HIV Infection under the policy.

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

Accidental Injury

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

Activities of Daily Living

'ACTIVITIES OF DAILY LIVING' means the following activities:

Bathing

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

Dressing

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

Eating

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

Toileting

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

Transferring

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

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

Agreed Value

'AGREED VALUE' means

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

Alzheimer's Disease

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

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

Aplastic Anaemia

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

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

Bacterial Meningitis

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

- totally and permanently unable to perform any one of the Activities of Daily Living (see page 69 for definition); or
- suffering at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment (Guides) 5th edition*, American Medical Association.

Diagnosis must be confirmed by a consultant neurologist. Bacterial meningitis in the presence of HIV infection is excluded. All other forms of meningitis, including viral, are excluded.

Benefit Period

'BENEFIT PERIOD' is the maximum period during which the monthly income benefit is payable.

Benign Brain Tumour

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

- being totally and permanently unable to perform any one of the Activities of Daily Living (see page 69 for definition); or
- suffering at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment (Guides) 5th edition*, American Medical Association.

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

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

Diagnosis must be confirmed by a consultant neurologist.

Blindness

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

- visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes; or 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 the
- combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above.

Cancer

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

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

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

- 100% of the Sum Insured for any melanoma where the tumour is with ulceration or is diagnosed as 1.5mm 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 1.5mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion. The amount of the payment cannot exceed the Sum Insured;
- 100% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed as greater than T3N0M0 or any stage T where N1, 2 or 3 or metastases are present;
- 10% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed as stage T3N0M0 under the TNM Classification system.

'Carcinoma in situ'

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

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

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

- Vagina, ovary, vulva, fallopian tube 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 TMN stage TIS or CIN 3 or above.
- Carcinoma in situ of the breast where no mastectomy is performed.

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

The full Sum Insured will be paid for carcinoma in situ of the breast where the entire breast is removed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist Medical Practitioner acceptable to us.

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

Cardiomyopathy

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

The New York Heart Association classifications are:

- Class I – no limitation of physical activity, no symptoms with ordinary physical activity.
- Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.

Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.
Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Child

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

Chronic Liver Disease

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

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

Chronic Lung Disease

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

Coma

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

Consumer Price Index Increase

'CONSUMER PRICE INDEX Increase' (CPI increase) means the percentage increase in the average CPI for the 6 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 of the policy fee, Sum Insured or Insured Monthly Benefit is to be increased. In the event of any suspension or discontinuance of the CPI as defined above, such other index as we shall consider appropriate shall be adopted for the purposes of the policy.

Coronary Artery Angioplasty

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

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

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

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

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

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

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

Coronary Artery By-pass Surgery

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

Cosmetic or Elective Surgery Benefit

'COSMETIC OR ELECTIVE SURGERY BENEFIT' means where the life insured is totally disabled as a result of cosmetic or other elective surgery or as a result of surgery to transplant an organ from the life insured into the body of another person, then the total disablement benefit is payable, provided that such surgery took place more than 6 months after the commencement date of the benefit or any increase or reinstatement.

Date of Loss (Needlestick)

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

Dementia

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

Diplegia

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

Expiry Date

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

Forward Underwriting Benefit

The Forward Underwriting Benefit allows you the option to secure insurance cover for the future when one of the following business or personal events has occurred.

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 2 years.

- An option under the marriage event can only be exercised once. The event must not have occurred within 6 months of a permanent separation.
- The life insured 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 6 months of the marriage event, as defined above.
- The life insured must be a party to the permanent separation.
- Permanent Separation to be evidenced by an order of divorce or a statutory declaration signed by both parties.

Mortgage

- The registration of a mortgage in respect of property owned by the life insured.

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.

Child Dependant's Education Costs

- A child is registered for study at a private school or tertiary education institution.
 - This includes a University degree.

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.
- The life insured must be a parent of the child.

Child born with Cerebral Palsy

- The diagnosis of Cerebral Palsy by a neurologist or paediatrician.
- The life insured must be a parent of the child.

Increase in personal liability and increase in shareholder value

- The life insured incurs additional monetary liability as a result of the following business activity:
 - Life insured starts a new business.
 - Life insured increases his/her personal liability for business debts.
 - Life insured's shareholding/value in the business/value to the business increases.

Full-time Employment

'FULL-TIME EMPLOYMENT' means, for the Total and Permanent Disablement, Total and Permanent Disablement Stand Alone and Double Total and Permanent Disablement benefits and the Waiver of Premium benefit under the Life Cover benefit, working a minimum of 20 hours per week, 48 weeks per year excluding public holidays.

For the Income Protection, Income Protection Accident Only, Business Expenses and Incorporated Business Expenses benefits, 'full-time employment' means working a minimum of 25 hours per week, 48 weeks per year excluding public holidays.

Guaranteed Future Insurability

'GUARANTEED FUTURE INSURABILITY'

The Guaranteed Future Insurability benefit allows you to apply for increases in the Life Cover and any Total and Permanent Disablement Sum Insured on the occurrence of certain 'personal events' and 'business events' before age 55 without supplying further evidence of health or insurability. A maximum number of increases applies. Please see the policy document for terms and conditions applicable to all such increases.

Personal Events covered are:

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

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

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

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

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

Business Events covered are:

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

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

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

A Life Cover or Life Cover/Total and Permanent Disablement Sum Insured increase under this option will be approved upon satisfactory proof being received by us of the occurrence and the date of the 'personal event' or the 'business event' respectively.

During the first 6 months after an increase in the Life Cover Sum Insured the cover for the increase will be death by accident only.

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

The maximum increase from all circumstances over a 5-year period will be the lesser of:

- twice the original Sum Insured, and
- \$1,000,000.

Heart Attack

'HEART ATTACK' (myocardial infarction) means the death of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by:

- typical rise and 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).

If the above tests are inconclusive we will consider other appropriate and medically recognised tests.

Other acute coronary syndromes including but not limited to angina pectoris are excluded.

Heart Valve Surgery

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

Hemiplegia

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

Income (Employed Persons)

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

Income (Self-employed Persons)

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

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

Indemnity

'INDEMNITY'

- The monthly benefit payable in the event of total disablement is the lower of the Insured Monthly Benefit under the income protection benefit and 75% of the first \$26,667 of the life insured's monthly Pre-disablement Income (Indemnity) at the start of the total disablement plus 50% of the next \$20,000 of the life insured's monthly Pre-disablement Income (Indemnity) plus 20% of the next \$150,000 of the life insured's monthly Pre-disablement Income (Indemnity). See page 76 for the definition of Pre-disablement Income (Indemnity);
- The Insured Monthly Benefit is not guaranteed;
- Financial evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply (see page 39); and
- Cover on an indemnity basis is available to Occupation Categories AAA, AA, A, B, C, D and E.

Injury

'INJURY' means a physical injury which occurs whilst the policy is in force and which results solely and directly and independently of a Pre-existing Condition or any other cause, in Total or Partial Disablement within one year of the date of its occurrence. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Injury'.

Insured Monthly Benefit

'INSURED MONTHLY BENEFIT'

The Insured Monthly Benefit is stated on the policy schedule and may be adjusted by any benefit alterations the policy owner has effected, or which have been imposed by us and notified to the policy owner.

Kidney Failure

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

Loss of Hearing

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

Loss of Independence

'LOSS OF INDEPENDENCE' means:

- A condition as a result of Injury or Sickness, where the life insured is totally and irreversibly unable to perform at least

two of the Activities of Daily Living (see page 69 for definition). The condition should be confirmed by a consultant physician.

or

- Cognitive impairment, meaning a deterioration or loss in the life insured's intellectual capacity which requires another person's assistance or verbal cueing to protect himself or herself as measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:
 - short or long term memory;
 - orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year);
 - deductive or abstract reasoning.

or

- Loss of Use of Limbs and/or Sight (see page 74 for definitions).

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

Loss of Use of Limbs and/or Sight

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

- 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) 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 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. The amount of the payment cannot exceed the 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.

Loss of Speech

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

Major Burns

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

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

Major Head Trauma

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

- being totally and permanently unable to perform any one of the Activities of Daily Living (see page 69 for definition); or
- suffering at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment (Guides) 5th edition*, American Medical Association.

Diagnosis must be confirmed by a consultant neurologist.

Major Organ Transplant

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

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

Manifests

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

Marriage

'MARRIAGE' means:

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

Medical Practitioner

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

Motor Neurone Disease

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

Multiple Sclerosis

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

Muscular Dystrophy

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

Non Smoker

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

Occupationally Acquired Hepatitis B or Hepatitis C Infection

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

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

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

Other Serious Coronary Artery Disease

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

Paraplegia

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

Parkinson's Disease

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

Partial and Permanent Disablement

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

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

We will pay the lesser of:

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

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

Partial Disablement (Income Protection)

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

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

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

Partial Disablement (Income Protection Accident Only)

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

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

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

Partial Disablement – Income Protection Capability Clause

'PARTIAL DISABLEMENT – INCOME PROTECTION CAPABILITY CLAUSE'

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

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

where

A = Pre-disablement Income,

B = Monthly Income while partially disabled; and

C = Insured Monthly Benefit

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

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

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

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

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

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

The amount of benefit payable will be adjusted for any claim offsets (see page 39).

If the life insured is earning 25% or less of Pre-disablement Income during any of the first three months immediately after the end of the Waiting Period, we will pay the total disablement benefit for that month.

Partial Disablement – Multi Definition (Advantage Optional or PLUS Optional benefit)

'PARTIAL DISABLEMENT' – Multi Definition (Advantage Optional or PLUS Optional benefit)

If you are employed, or have been unemployed or on maternity or paternity leave for less than 12 consecutive months immediately before your disability started, we will consider you to be partially disabled if, **solely due to Injury or Sickness**:

- you are working for more than 10 hours per week in your usual occupation, or a gainful occupation or you are able to work in your usual occupation or a gainful occupation;
- your monthly income is more than 20% of your Pre-disablement income but less than your Pre-disablement Income;
- you are not totally disabled; and
- you are under the regular care of, and following the advice of, a Medical Practitioner.

If you have been unemployed or on maternity or paternity leave for 12 consecutive months or more immediately before your disablement started, we will treat your usual occupation as being 'any occupation for which you are reasonably suited by education training or experience'.

Note: This Partial Disablement – Multi Definition will be applicable to Business Expenses or Incorporated Business Expenses when selected together with the Advantage Optional or the PLUS Optional benefit under the Income Protection benefit.

Pneumonectomy

'PNEUMONECTOMY' means undergoing a surgical procedure in which an entire lung is removed due to underlying lung disease or disorder.

Policy Anniversary

'POLICY ANNIVERSARY' means an anniversary of the due date of the first premium shown on the policy schedule.

Pre-disablement Income (Agreed Value)

'PRE-DISABLEMENT INCOME (AGREED VALUE)' is the life insured's highest average monthly income for any financial year since the date two years before the commencement date of the Income Protection benefit up until the commencement of disablement.

During disablement the Pre-disablement Income (Agreed Value) amount will be increased every 12 months, following the date of disablement, by 5% or the Consumer Price Index Increase (CPI Increase) (whichever is the greater).

Pre-disablement Income (Indemnity)

'PRE-DISABLEMENT INCOME (INDEMNITY)' is the greater of the life insured's average monthly income:

- for the 12 consecutive months preceding the commencement of disablement; and
- for the latest financial year preceding the commencement of disablement.

During disablement the Pre-disablement Income (Indemnity) amount will be increased every 12 months, following the date of disablement, by 5% or the Consumer Price Index Increase (CPI Increase) (whichever is the greater).

Pre-existing Condition

'PRE-EXISTING CONDITION' means, in relation to a claim under an insurance benefit, the

- a) health condition was diagnosed or investigated;
- b) symptoms leading to a diagnosis first appeared; or
- c) event giving rise to the claim (e.g. Crisis Event, Accidental Injury, death etc.) occurred;

prior to the effective date of the commencement or reinstatement of the insurance benefit, or the effective date of any improvement in the insurance benefit, if appropriate.

Premium Pattern

'PREMIUM PATTERN'

Level premium rates remain constant until the latest Policy Anniversary prior to the life insured's 65th birthday or the Expiry Date of the benefit, if earlier, whereas stepped premium rates generally increase as the life insured's age increases.

In addition, stepped or level premiums will change if:

- you request a change in your Sum Insured;
- you choose to have your Sum Insured or Insured Monthly Benefit automatically increased to keep pace with inflation; or
- premium rates are reviewed (see Premium guarantee on page 59).

You can switch between stepped and level premiums at any time unless otherwise specified by the policy/benefit.

Pulmonary Arterial Hypertension (Primary)

'PULMONARY ARTERIAL HYPERTENSION (PRIMARY)' means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant irreversible physical impairment of at least Class III of the New York Heart Association classification of cardiac impairment. Pulmonary Hypertension in association with chronic lung disease is specifically excluded.

Other forms of hypertension (involving increased blood pressure) are specifically excluded. The New York Heart Association classifications are:

- Class I – no limitation of physical activity, no symptoms with ordinary physical activity.
- Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.
- Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.
- Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Quadriplegia

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

Rider benefit

'RIDER BENEFIT' refers to any optional benefit that can be added to another benefit.

Severe Diabetes

'SEVERE DIABETES' means Diabetes Mellitus, either insulin or non-insulin dependent, as certified by a consultant Endocrinologist and resulting in at least two of the following criteria:

- severe diabetic retinopathy resulting in visual acuity (uncorrected and corrected) of 6/36 or worse in both eyes despite treatment;
- diabetic gangrene resulting in the need for surgical amputation and Loss of Digit*
- severe diabetic nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28ml/min (CKD stage 4, International Chronic Kidney Disease classification);
- Neuropathy including:
 - irreversible autonomic neuropathy resulting in postural hypotension, and/or motility problems in the gut with intractable diarrhoea.
 - Polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits.

*'Loss of Digit' means the surgical removal of a finger or toe from the hand or foot at the proximal interphalangeal joint.

Severe Rheumatoid Arthritis

'SEVERE RHEUMATOID ARTHRITIS' means the unequivocal diagnosis of severe rheumatoid arthritis by a consultant rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:

- at least a six week history of severe Rheumatoid Arthritis, which involves three or more of the following joint areas:
 - proximal interphalangeal joints in the hands;
 - metacarpophalangeal joints in the hands; and
 - metatarsophalangeal joints in the foot, wrist, elbow, knee, or ankle;
- simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone);
- typical rheumatoid joint deformity; and
- at least two of the following criteria:
 - morning stiffness;
 - rheumatoid nodules;
 - erosions seen on x-ray imaging;
 - the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of Severe Rheumatoid Arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

Sickness

'SICKNESS' means illness or disease which Manifests itself after the policy is in force and which results in Total or Partial Disablement.

Stroke

'STROKE' means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis, where the following conditions are met:

- There is an acute onset of objective and ongoing neurological signs that last more than 24 hours, and
- Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis.

Brain damage due to an accident, infection, reversible ischaemic neurological deficit, transient Ischaemic attack, vasculitis or an inflammatory disease is excluded.

Sum Insured

'SUM INSURED' means the Sum Insured for that benefit stated on the policy schedule adjusted by any benefit alterations the policy owner has effected, or which have been imposed by us and notified to the policy owner.

Surgery to the Aorta

'SURGERY TO THE AORTA' means surgical repair to the aorta to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra arterial procedures or other non-surgical techniques.

Terminal Illness

'TERMINAL ILLNESS' means the diagnosis of the life insured with an illness which in the opinion of an appropriate specialist physician approved by us, is likely to result in the death of the life insured within 12 months of the diagnosis regardless of any treatment that may be undertaken.

Total and Permanent Disablement (All Duties)

'TOTAL AND PERMANENT DISABLEMENT (ALL DUTIES)' means that:

- (a) the life insured has suffered the total and irrecoverable loss of the:
 - sight of both eyes;
 - use of two limbs; or
 - sight of one eye and use of one limb;
 or
- (b) the life insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, immediately prior to the Injury or Sickness causing disablement:
 - has been absent from employment solely as a result of Injury or Sickness for an uninterrupted period of at least six consecutive months; and
 - is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
 - at the end of the period of six months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render the life insured unable to perform all of the tasks of his/or her occupation or any other occupation.

The life insured is 'Totally and Permanently Disabled (All Duties)' if the life insured satisfies the definition of Total and Permanent Disablement (All Duties).

Total and Permanent Disablement (Any Occupation)

'TOTAL AND PERMANENT DISABLEMENT (ANY OCCUPATION)' means that:

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

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

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

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

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

Total and Permanent Disablement (Home Duties)

'TOTAL AND PERMANENT DISABLEMENT (HOME DUTIES)' means that:

- (a) the life insured has suffered the total and irrecoverable loss of the:
- sight of both eyes;
 - use of two limbs; or
 - sight of one eye and use of one limb;
- or
- (b) the life insured, where wholly engaged in full-time unpaid domestic duties in his or her own residence:

- has been unable to perform normal domestic duties, leave home unaided and engage in any employment for an uninterrupted period of at least six consecutive months solely as a result of Injury or Sickness; and
- is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
- at the end of the period of six months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render him or her likely to require indefinite ongoing medical care and unable ever to perform normal domestic duties, leave home unaided and engage in any form of employment.

or

- (c) the life insured has suffered Loss of Independence.

The life insured is 'Totally and Permanently Disabled (Home Duties)' if the life insured satisfies the definition of Total and Permanent Disablement (Home Duties).

Total and Permanent Disablement (Own Occupation)

'TOTAL AND PERMANENT DISABLEMENT (OWN OCCUPATION)' means that:

- (a) the life insured has suffered the total and irrecoverable loss of the:
- sight of both eyes;
 - use of two limbs; or
 - sight of one eye and use of one limb;
- or
- (b) the life insured:
- has been absent from their own occupation solely as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months; and
 - is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
 - at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render him or her unlikely ever to engage in his or her own occupation.
- or

- (c) the life insured has suffered Loss of Independence.

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

Total Disablement (Business Expenses)

'TOTAL DISABLEMENT (BUSINESS EXPENSES)' means that, **solely due to Injury or Sickness**, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income;
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Business Expenses)' if the life insured satisfies the definition of Total Disablement (Business Expenses).

Total Disablement (Income Protection)

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

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection) means that, **solely due to Injury or Sickness**, the life insured is:

- unable to perform any occupation for which the life insured is reasonably suited by education, training or experience; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

If the life insured is on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering the life insured, whichever is the shorter period.

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

Total Disablement (Income Protection Accident Only)

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

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection Accident Only) means that, **solely due to Accidental Injury**, the life insured is:

- unable to perform any occupation for which the life insured is reasonably suited by education, training or experience; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

If the life insured is on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering the life insured, whichever is the shorter period.

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

Total Disablement (Income Protection Accident Only – Occupation E)

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

- unable to perform all of the duties of his or her occupation and any other occupation;
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection Accident Only – Occupation E) means that, **solely due to Accidental Injury**, the life insured is:

- unable to perform any occupation;
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Income Protection Accident Only – Occupation E)' if the life insured satisfies the definition of Total Disablement (Income Protection Accident Only – Occupation E).

Total Disablement (Income Protection – Occupation E)

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

- unable to perform all of the duties of his or her occupation and any other occupation;
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection – Occupation E) means that, **solely due to Injury or Sickness**, the life insured is:

- unable to perform any occupation;
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Income Protection – Occupation E)' if the life insured satisfies the definition of Total Disablement (Income Protection – Occupation E).

Total Disablement – Multi Definition (Advantage Optional or PLUS Optional benefit)

'TOTAL DISABLEMENT' – Multi Definition (Advantage Optional or PLUS Optional benefit)

Should the life insured become totally disabled, he/she will be assessed under the following definitions for total disablement;

- If you are employed, or have been unemployed or on maternity or paternity leave for less than 12 consecutive months immediately before your disablement started, we will consider you to be totally disabled if, **solely due to Injury or Sickness** you are:

- unable to perform the important income producing duties of your usual occupation for more than 10 hours per week; and
- not working more than 10 hours per week in your usual occupation or any gainful occupation; and
- under the regular care of, and following the advice of, a Medical Practitioner.

However, if you have been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately before your disablement started, we will consider you to be totally disabled if, **solely due to Injury or Sickness** you are;

- unable to perform the important income producing duties of any occupation for which you are reasonably suited by education, training or experience for more than 10 hours per week; and
- not working more than 10 hours per week in any gainful occupation; and
- under the regular care of, and following the advice of, a Medical Practitioner.

Working hours for this benefit will equate to 25 hours per week.

or,

- (b) We will consider you to be totally disabled if **solely due to Injury or Sickness**, you are:

- unable to perform one or more duties of your usual occupation, that is important or essential in producing income; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

However if you have been unemployed or on maternity or paternity leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Income Protection) means that **solely due to Injury or Sickness**, you are:

- unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- not working (whether paid or unpaid).

or,

- (c) We will consider you to be totally disabled if **solely due to Injury or Sickness**, you are:

- unable to perform one or more duties of your usual occupation, that is important or essential in producing income; and
- under the regular care of, and following the advice of, a Medical Practitioner; and
- earning 20% or less of your Pre-disablement Income in your usual occupation.

However, if you have been unemployed or on maternity or paternity leave for more than 12 months immediately before your disablement started, then we will consider you to be totally disabled if **solely due to Injury or Sickness**, you are:

- unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- under the regular care of, and following the advice of, a Medical Practitioner; and

- earning 20% or less of your Pre-disablement Income in any occupation for which you are reasonably suited by education, training or experience.

If you are on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering you, whichever is the shorter period.

Note: This Total Disablement – Multi Definition will be applicable to Business Expenses or Incorporated Business Expenses when selected together with the Advantage Optional or the PLUS Optional benefit under the Income Protection benefit.

Viral Encephalitis

'VIRAL ENCEPHALITIS' means severe inflammation of the brain resulting in permanent neurological deficit resulting in the life insured either:

- being totally and permanently unable to perform any one of the Activities of Daily Living (see page 69 for definition); or
- Suffering at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association.

Diagnosis must be confirmed by a consultant neurologist.

Waiting Period

'WAITING PERIOD' is stated on the policy schedule and means the number of days at the beginning of a period of disablement (applicable to occupational categories AAA, AA and A only) or of total disablement, in respect of which no total or partial disablement benefit is payable.

The Waiting Period begins on the earlier to occur of the date:

- the life insured first consults a Medical Practitioner about the condition that is causing the disablement; and
- the life insured first ceases work due to the condition that is causing the disablement as long as it is not more than seven days before the life insured first consults a Medical Practitioner about the condition and provides reasonable medical evidence about when the disablement began.

If during the Waiting Period the life insured returns to work, as defined in our definition of 'full time' employment for:

- 5 consecutive days or a shorter period for Waiting Period of 14 or 30 days, or
- 10 consecutive days or a shorter period for Waiting Period of 60, 90 days, 1 year or 2 years, then the Waiting Period will not recommence but will be extended by the number of days worked.

If the life insured returns to work for a longer period, the Waiting Period will restart from the day after the last day worked, provided a Medical Practitioner confirms that the life insured is totally disabled.

Waiting Period (Needlestick)

WAITING PERIOD (NEEDESTICK)' is stated on the policy schedule and means the number of days at the beginning of a Needlestick Injury benefit claim (applicable to Occupational Category AA only) in respect of which no Needlestick Injury benefit is payable.

The Waiting Period begins at the Date of Loss (Needlestick).

Complimentary Interim Accidental Death Cover

AIA Australia Limited
(ABN 79 004 837 861 AFSL 230043)

will provide

.....
(name of proposer)

with Interim Accidental Death Cover
in the event of the life to be insured's Accidental Death.*
(The benefit payable is explained overleaf.)

This certificate is valid for 90 days from

.....
(date of application)

or

until the policy is issued or the application is declined or withdrawn,
whichever is the earliest to occur.

.....
Adviser's Signature



*Refer to Definitions section of this PDS

The following information applies to the
Complimentary Interim Accidental Death Cover certificate

AIA Australia Limited provides you with Complimentary Interim Accidental Death Cover at no additional cost to you.

This cover is provided from the date the certificate is issued, until the earliest of the following to occur:

- an assessment decision is made; or
- 90 days after the date the application is signed; or
- the policy is issued; or
- the application is withdrawn by the proposer.

Please note your application must be received within 5 working days of the issue date of the certificate.

A payment equal to your first yearly or monthly premium needs to accompany your application form. Your adviser will provide you with this interim cover certificate once you have completed the application form.

Lump sum benefit payable on accidental death under this cover

Life Cover Plan	The lesser of: <ul style="list-style-type: none"> • The total of the sums insured proposed under the Life Cover benefit, Term Cover benefits and the Accidental Death benefit; and • \$1,000,000.
Crisis Recovery Stand Alone benefit	The lesser of: <ul style="list-style-type: none"> • The Crisis Recovery Stand Alone Sum Insured proposed; and • \$5,000.
Income Protection Plan	Three times the Insured Monthly Benefit proposed under the Income Protection benefit up to a maximum payment of \$30,000.

Maximum payment under this cover

The maximum payment under the Complimentary Interim Accidental Death Cover is \$1,000,000.

Risks not covered

The following risks are **NOT** covered.

Death directly or indirectly caused by:

- war (whether declared or not), invasion or civil war;
- intentional self-inflicted injury or suicide; and
- the direct or indirect effects of alcohol and/or drug abuse.

Complimentary Interim Accidental Income Protection Cover

AIA Australia Limited
(ABN 79 004 837 861 AFSL 230043)

will provide

.....
(name of proposer)

with Interim Accidental Income Protection Cover
in the event of the total disablement** of the life to be insured due to an Accidental Injury.*
(The benefit payable is explained overleaf.)

This certificate is valid for 90 days from

.....
(date of application)

or

until the policy is issued or the application is declined or withdrawn,
whichever is the earliest to occur.

.....
Adviser's Signature



*Refer to Definitions section of this PDS

** 'total disablement' means Total Disablement (Income Protection Accident Only) in the Definitions section of this PDS

The following information applies to the
Complimentary Interim Accidental Income Protection Cover certificate

AIA Australia Limited provides you with Complimentary Interim Accidental Income Protection Cover at no additional cost to you.

This cover is provided from the date the certificate is issued, until the earliest of the following to occur:

- an assessment decision is made; or
- 90 days after the date the application is signed; or
- the policy is issued; or
- the application is withdrawn by the proposer.

Please note your application must be received within 5 working days of the issue date of the certificate.

A payment equal to your first yearly or monthly premium needs to accompany your application form. Your adviser will provide you with this interim cover certificate once you have completed the application form.

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

The monthly benefit payable on your total disablement under this cover due to an accidental injury

Income Protection cover	<p>The lesser of:</p> <ul style="list-style-type: none"> • the Income Protection Insured Monthly Benefit proposed as shown in the application; • \$10,000; and • the benefit that would normally be acceptable under our underwriting rules (medical and financial). <p>The Complimentary Interim Accidental Income Protection Cover will be paid for a maximum of 6 months.</p>
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The benefit is payable subject to the following conditions:

- the proposed waiting period for the Income Protection or Income Protection Accident Only benefit must be 14, 30 or 60 days;
- you must be totally disabled for longer than the proposed waiting period;
- the accidental injury must occur after the policy application date but prior to the acceptance or rejection of the application by us;
- the monthly benefit will commence from the end of the proposed waiting period for the remainder of the period of total disablement or for 6 months, whichever is the lesser.

If during the application process we decide to offer a modified policy, the Interim Accidental Income Protection Cover will also be adjusted to incorporate the modified terms. If we require an additional premium due to your medical history or pastimes, the level of your Interim Accidental Income Protection Cover will be recalculated based on your proposed premium.

If you make a claim under the Interim Accidental Income Protection Cover, when we underwrite your application, we will take into account any change in your state of health.

This cover does not apply:

- to any benefit other than total disablement; or
- where the waiting period proposed is 90 days or longer; or
- to total disablement which has been caused by an accidental injury that occurs after this cover ends; or
- to any illness or disease; or
- if an application for a similar type of policy, with any insurer, has been declined, cancelled or withdrawn; or
- if the application is one that we would not normally accept under our standard underwriting guidelines and practices; or
- in respect of any optional benefit added to the Income Protection benefit.

The following risks are NOT covered.

Total Disablement caused by or contributed to by:

- an 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 you had before this cover began that you or the proposer didn't tell us about;
- football injuries (all codes);
- normal pregnancy, uncomplicated childbirth or miscarriage;
- the direct or indirect effects of alcohol and/or drug abuse;
- war (whether declared or not) invasion or civil war;
- disease or illness;
- AIDS, AIDS related conditions or HIV.

Complimentary Interim Accidental Crisis Recovery Cover

AIA Australia Limited
(ABN 79 004 837 861 AFSL 230043)

will provide

.....
(name of proposer)

with Interim Accidental Crisis Recovery Cover
in the event that the life to be insured suffers a listed crisis event* due to an Accidental Injury**.
(The benefit payable is explained overleaf.)

This certificate is valid for 90 days from

.....
(date of application)

or
until the policy is issued or the application is declined or withdrawn,
whichever is the earliest to occur.

.....
Adviser's Signature



* List of crisis events found overleaf

** Refer to the Definitions section of this PDS

The following information applies to the
Complimentary Interim Accidental Crisis Recovery Cover certificate

AIA Australia Limited provides you with Complimentary Interim Accidental Crisis Recovery Cover at no additional cost to you.

This cover is provided from the date the certificate is issued, until the earliest of the following to occur:

- an assessment decision is made; or
- 90 days after the date the application is signed; or
- the policy is issued; or
- the application is withdrawn by the proposer.

Please note your application must be received within 5 working days of the issue date of the certificate.

A payment equal to your first yearly or monthly premium needs to accompany your application form. Your adviser will provide you with this interim cover certificate once you have completed the application form.

Lump sum benefit payable on accidental injury under this cover

Crisis Recovery and Crisis Recovery Stand Alone benefit	The lesser of: <ul style="list-style-type: none"> • the total of the sums insured proposed under the Crisis Recovery and Crisis Recovery Stand Alone benefit; and • \$1,000,000.
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List of crisis events covered**:

- Major Head Trauma
- Blindness
- Coma
- Diplegia, Hemiplegia, Paraplegia and Quadriplegia
- Loss of Use of Limbs and/or Sight
- Major Burns
- Loss of Speech
- Loss of Hearing

** Refer to the Definitions section of this PDS

This cover does not apply:

- to a claim resulting directly or indirectly from a Pre-existing Condition; or
- if the life to be insured dies within 14 days of the accidental injury; or
- to an accidental injury that occurs after this cover ends; or
- if an application for a similar type of policy, with any insurer, has been declined, cancelled or withdrawn; or
- if the application is one that we would not normally accept under our standard underwriting guidelines and practices.

Risks not covered

The following risks are **NOT** covered.

Accidental injury directly or indirectly caused by:

- war (whether declared or not), invasion or civil war; or
- an intentional self-inflicted injury or any such attempt by the life to be insured or the proposer; or
- suicide; or
- participation in any occupation, sport or pastime that we would not normally cover on standard terms; or
- an injury or sickness that was not disclosed to us with the application; or
- football injuries (all codes); or
- The direct or indirect effects of alcohol and/or drug abuse.

The following is your Direct Debit Service Agreement with us. The agreement is designed to explain 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.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR).

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'** means the Direct Debit Request between us and you.
- **'us'** or **'we'** means AIA Australia Limited (ABN 79 004 837 861) (Direct Debit User ID 000142) (the Debit User) who you have authorised by submitting a Direct Debit Request.
- **'you'** means the customer who submitted the Direct Debit Request.
- **'your financial institution'** means the financial institution nominated by you via the DDR at which the account is maintained.

1. Debiting your account

By submitting a Direct Debit Request, you have authorised us to arrange for funds to be debited from your account. The Direct Debit Request and this agreement contain the terms of the arrangement between us and you.

We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request, except where:

- (a) we have agreed to a temporary variation in accordance with your instructions at section 3 of this agreement; or
- (b) if a credit tribunal or other legal tribunal has instructed us to vary the arrangement; or
- (c) 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

We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days' written notice.

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 fourteen (14) days' notification in writing or by telephoning us on 1800 333 613 during business hours or arranging it through your own financial institution.

4. Your obligations

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.

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 will need to arrange for the payment to be made by another method, or for funds to be made available in your account by an agreed time so that we can debit your account.

You should check your account statement to verify that the amounts debited from your account are correct.

If we are liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to pay us on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

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 with your financial institution direct.

If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

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 it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

You should check:

- (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before submitting the Direct Debit Request if you have any queries about how to submit the Direct Debit Request.

7. Confidentiality

We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice

If you wish to notify us in writing about anything relating to this agreement, you should write to:

AIA Australia Ltd
PO Box 6111
St Kilda Rd Central, VIC 8008

We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.

Any notice will be deemed to have been received on the second business day after posting.

Important contact information

Should have any questions or concerns about your policy please contact your adviser in the first instance or us direct on 1800 333 613.

You can also visit www.aia.com.au for additional contact details and further information.

Policy Services Department

AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008
Phone: 1800 333 613
Fax: 1800 832 266 or 03 9009 4824

Claims Department

AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008
Phone: 1800 333 613
Fax: 03 9009 4127

Privacy Concerns

Compliance Manager

AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008

The Privacy Commissioner

Office of the Federal Privacy Commissioner
GPO Box 5218
SYDNEY NSW 2001
Phone: 1300 363 992

Complaints

Complaints Officer

AIA Australia
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008

Financial Ombudsman Service (FOS)

GPO Box 3
MELBOURNE VIC 3001
Phone: 1300 78 08 08
Fax: (03) 9613 6399
Email: info@fos.org.au

Superannuation Complaints Tribunal

Locked Bag 3060
MELBOURNE VIC 3001
Telephone: 1300 884 114
Fax: (03) 8635 5588

AIA Superannuation Fund

CCSL Limited (Trustee)

ABN: 51 104 967 964
AFSL: No. 287084
GPO Box 3001
MELBOURNE VIC 3001
Phone: 03 9616 8600

AIA Superannuation Contact Person

Phone: 1800 333 613

SMERF Administrator (Funds nominated ERF)

FuturePlus
PO Box N835
GROSVENOR PLACE NSW 1220
Phone: 1800 114 380
Fax: 1800 118 307

Customer Phone: 1800 333 613
Adviser Phone: 1800 033 490

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