AIA Priority Protection

PRODUCT DISCLOSURE STATEMENT & POLICY DOCUMENT

Version 31

Prepared 12 April 2025

Save on your life insurance premiums by making healthier choices as part of

AIA Vitality

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Important

About this PDS

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

Detailed information on the replacement of existing Priority Protection Income Protection and Income Protection Accident Only plans and Priority Protection plans with Term Level premiums is, where indicated, incorporated by reference in this PDS. This incorporated by reference material (AIA07702-04/25) can be accessed on the aia.com.au website. Alternatively, you can request a copy, free of charge, by contacting AIA on 1800 333 613.

This PDS also describes the features of the AIA Insurance Superannuation Scheme No2 (the Scheme), a risk-only superannuation product and part of the Smart Future Trust ABN 68 964 712 340 by Equity Trustees Superannuation Limited (ABN 50 055 641 757, AFSL 229757, RSE License L0001458) as trustee of the Scheme. The information in this PDS which relates solely to your rights as a member of the Scheme or a superannuation fund does not form part of the terms of the Priority Protection and Priority Protection for Platform Investors insurance products.

The products described in this PDS are only available to eligible persons described in the relevant Target Market Determinations available at aia.com.au/tmds.

This PDS is jointly issued by AIA Australia and the trustee of the Scheme. AIA Australia and the trustee of the Scheme each take full responsibility for the entirety of this PDS. Nevertheless and for the avoidance of doubt, AIA Australia is not an RSE licensee and legally not able to issue interests in superannuation funds, and the trustee of the Scheme is not a licensed insurer and legally not able to issue insurance policies. AIA Australia is not responsible for the operation of, and nor is it the issuer of interests in, the Scheme, and the trustee of the Scheme is not responsible for the operation, nor is the issuer of, the insurance policies and any associated programs or discounts issued or offered by AIA Australia.

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

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

The information in this PDS (including the incorporated by reference material) is current as at the date of preparation of the PDS. In accordance with the ASIC Corporations (Updated Product Disclosure Statements) Instrument 2016/1055, the information contained in this PDS may be updated or replaced in a manner that is not materially adverse. Such updated or replaced information will not amend the terms of Policies issued prior to the date of the update or replacement, unless they result in improvements which are automatically applied to the terms of existing Policies in accordance with the Policy terms and conditions (see "Policy upgrades" in Section 10.2 of this PDS). Where such a change is made, notice of the relevant change will be made available online at aia.com.au. A paper or electronic copy of any updated information can be obtained free of charge on request, by calling us on 1800 333 613.

Information about the AIA Vitality program is provided in this PDS but does not form part of this PDS. The AIA Vitality program is a separate health and wellbeing program provided by AIA Australia and available to eligible lives insured under eligible AIA Australia insurance policies. Membership of the AIA Vitality program is not offered under this PDS and must be applied for separately. AIA Vitality membership features are not insurance and are exempt from regulation as financial products under the *Corporations Act 2001* pursuant to the ASIC Corporations (Non-cash Payment Facilities) Instrument 2016/211. While members of the Scheme may have access to this program and associated discounts, neither the program nor any associated discounts are offered by the trustee of the Scheme.

Defined terms

Certain terms in this PDS have been capitalised. Unless the context requires otherwise, these terms are defined in Section 12 of the PDS and Section 18 of the incorporated by reference material. Certain terms that also have a particular meaning are included in the list below.

Please note that the meaning of some of these terms may differ, depending on whether you choose to structure your insurance within or outside of superannuation and (if applicable) the type of superannuation fund that your insurance cover is held through. Where this applies, both meanings are explained in Section 12 of the PDS or Section 18 of the incorporated by reference material (as applicable).

It is important to read the definitions below and in Section 12 of the PDS or Section 18 of the incorporated by reference material (as applicable) as they will be relied on by us if you need to make a claim on your Policy.

In this PDS (including the incorporated by reference material), the Policy Schedule and the accompanying application form, any reference to:

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

Priority Protection and Priority Protection for Platform Investors insurance plans

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

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

Stand Alone insurance cover

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

Ordinary Plans

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

Superannuation Plans

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

- under an insurance policy issued to the trustee of a superannuation fund as the Policy Owner, to provide one or more life insurance benefits for you as a fund member and the Life Insured, and
- if you select any Linked Benefits, attached to a separate insurance policy issued to you as the Policy Owner and Life Insured.

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

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

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

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

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

Limitations on your policy

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

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

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

About the Scheme

The Scheme is governed by superannuation law and by a trust deed, available from the Smart Future Trust website, smartmonday.com.au/Governance. If there is any inconsistency between this PDS (or where relevant, the incorporated by reference material) and the trust deed, the trust deed will prevail, subject to the requirements under superannuation law.

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

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ABOUT AIA AUSTRALIA

The best in life

AIA Australia is part of the AIA Group, the largest independent publicly listed pan-Asian life insurance group with a presence in 18 markets across the Asia-Pacific region.

AIA Australia is a life insurance specialist with 50 years of experience. We offer a range of products that protect and enhance the lives of more than 3.1 million Australians.

AIA Australia has adopted the Life Insurance Code of Practice

AIA Australia has adopted the Life Insurance Code of Practice, which contains minimum standards of service that customers can expect from insurers. The code can be found at https://www.aia.com.au/en/about-aia/about-us/industry-standards.

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

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

If you believe we have not met the Code, acted within the spirit of the Code or are unhappy with your experience with us, you can access our complaints process by contacting us.

Why choose AIA Australia?

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

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

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

Making a billion dollar difference to people's lives

In 2023 we paid over $2.3 billion in Retail, Group and Direct insurance policy claims.

Our claims philosophy is simple – helping you when you need it most, making sure every claim that should be paid is paid promptly and that we always treat you with empathy, compassion and respect.

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

AIA Vitality – rewards for your healthy choices

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

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

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

Please note that AIA Vitality is not offered under this PDS and must be applied for separately to your insurance cover. Information about AIA Vitality can be obtained online at aiavitality.com.au or by contacting us on 1800 333 613. The online information is subject to change at any time.

ABOUT PRIORITY PROTECTION

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

Life Cover

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

How it works

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

Total and Permanent Disablement (TPD)

TPD cover protects you financially if you become permanently unable to work because of Injury or Sickness.

How it works

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

Crisis Recovery

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

How it works

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

Income Protection

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

How it works

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

Business Expenses

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

How it works

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

Insurance through superannuation

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

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

GETTING STARTED

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

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

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

Interim cover only applies to an application for a new cover type. It does not apply to increases in existing cover, addition of riders or the cancellation and replacement of an existing policy.

If you decide the insurance cover is not right for you, you can also exercise the cooling-off option. Additional information about applying for Priority Protection insurance is provided in Section 10.2.

Your duty to take reasonable care

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- answer every question.
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

Pre-existing Condition

Your Policy will not provide cover in respect of any Pre-existing Condition, except if:

- you disclosed the Pre-existing Condition to us before the commencement, reinstatement or increase of the applicable benefit and we did not limit or exclude cover provided under that benefit in respect of that Pre-existing Condition; or
- you did not disclose the Pre-existing Condition to us before the commencement, reinstatement or increase of the applicable benefit in circumstances where cover provided under that benefit would not have been declined, limited or excluded by us, nor would we have applied a loading, on the basis of that Pre-existing Condition.

Note: The Pre-existing Condition exclusion above does not apply to the Complimentary Family Final Expenses benefit.

Cooling-off period

If you are not happy that the Policy meets your needs, you may cancel the Policy within a 30 day cooling-off period and receive a full refund of the premiums (including the policy fee) paid. If you do this, insurance cover under the Policy will cease with effect from the date the Policy commenced.

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

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

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

Ordinary Plans

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

Superannuation Plans

To cancel a Policy under a Superannuation Plan during the cooling-off period, you will need to send your written cancellation to us by mail, fax or email or in any other manner permitted by law. We may need to confirm your request with the trustee.

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

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

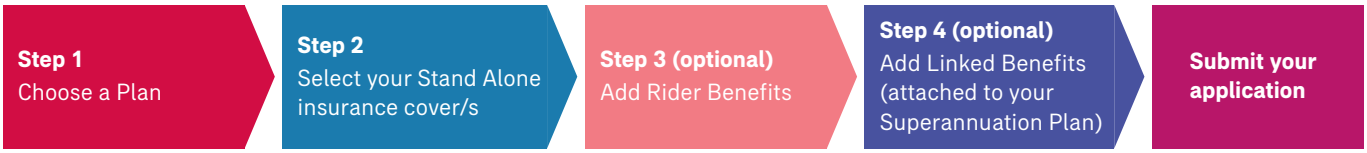
The trustee of the AIA Insurance Superannuation Scheme No2 also provides a cooling-off period in relation to your membership of the Scheme – see Section 9.4 for more information.

Information incorporated by reference in this PDS

Detailed information on the replacement of existing Priority Protection Income Protection and Income Protection Accident Only plans and Priority Protection plans with Term Level premiums is, where indicated, incorporated by reference in this PDS. This incorporated by reference material (AIA07702-04/25) can be accessed on the aia.com.au website. Alternatively, you can request a copy, free of charge, by contacting AIA on 1800 333 613.

1. STRUCTURING YOUR PRIORITY PROTECTION

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



Priority Protection Ordinary Plans

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

These are referred to as Ordinary Plans in this PDS.

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

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

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

Priority Protection Superannuation Plans

- Superannuation Life Cover Plan
- Superannuation Income Protection Plan

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

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

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

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

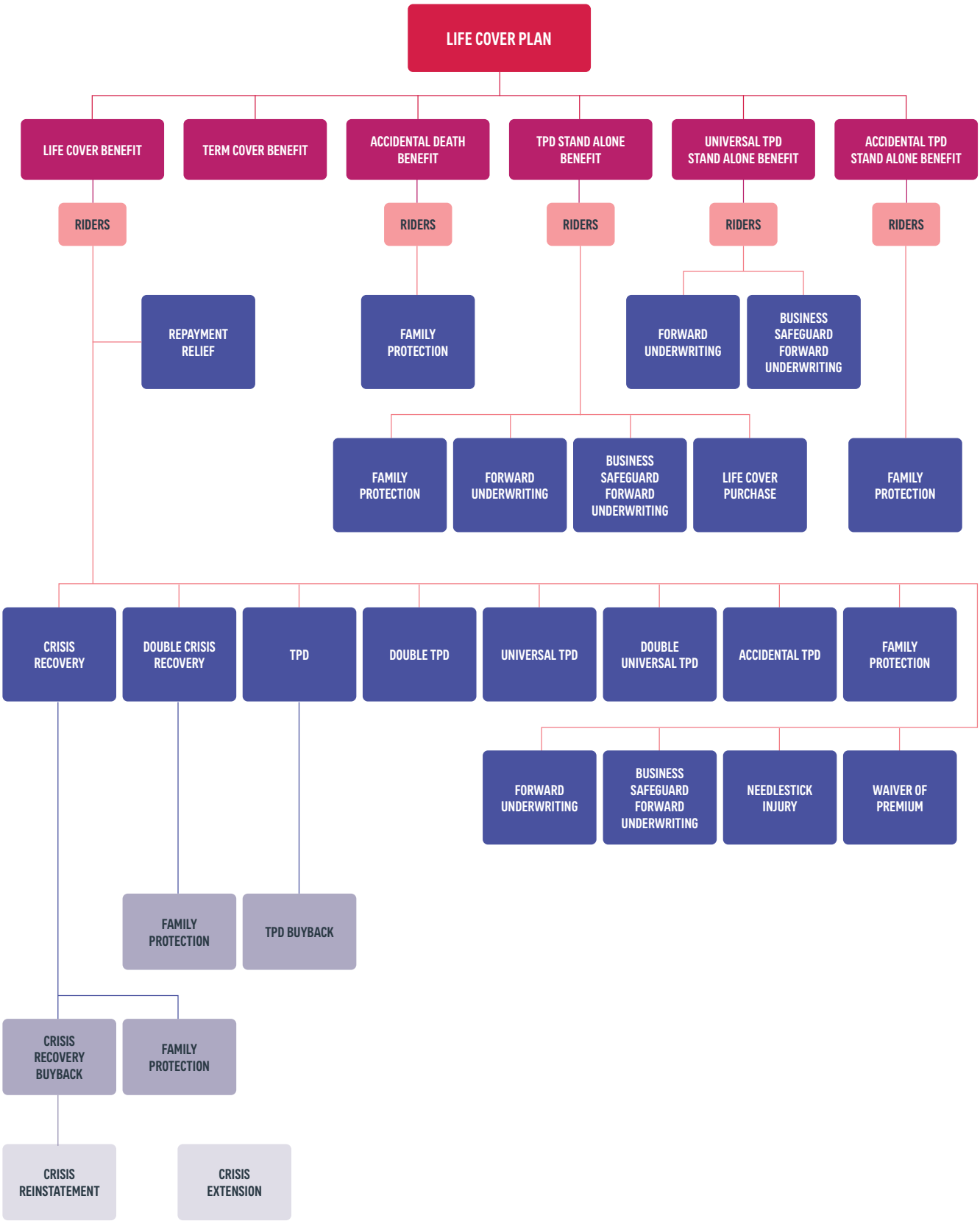
You can also choose to link non-superannuation benefits (Linked Benefits) to the Policy under which your Superannuation Plan benefits are provided. A Linked Benefit gives you access to insurance benefits generally not available inside superannuation.

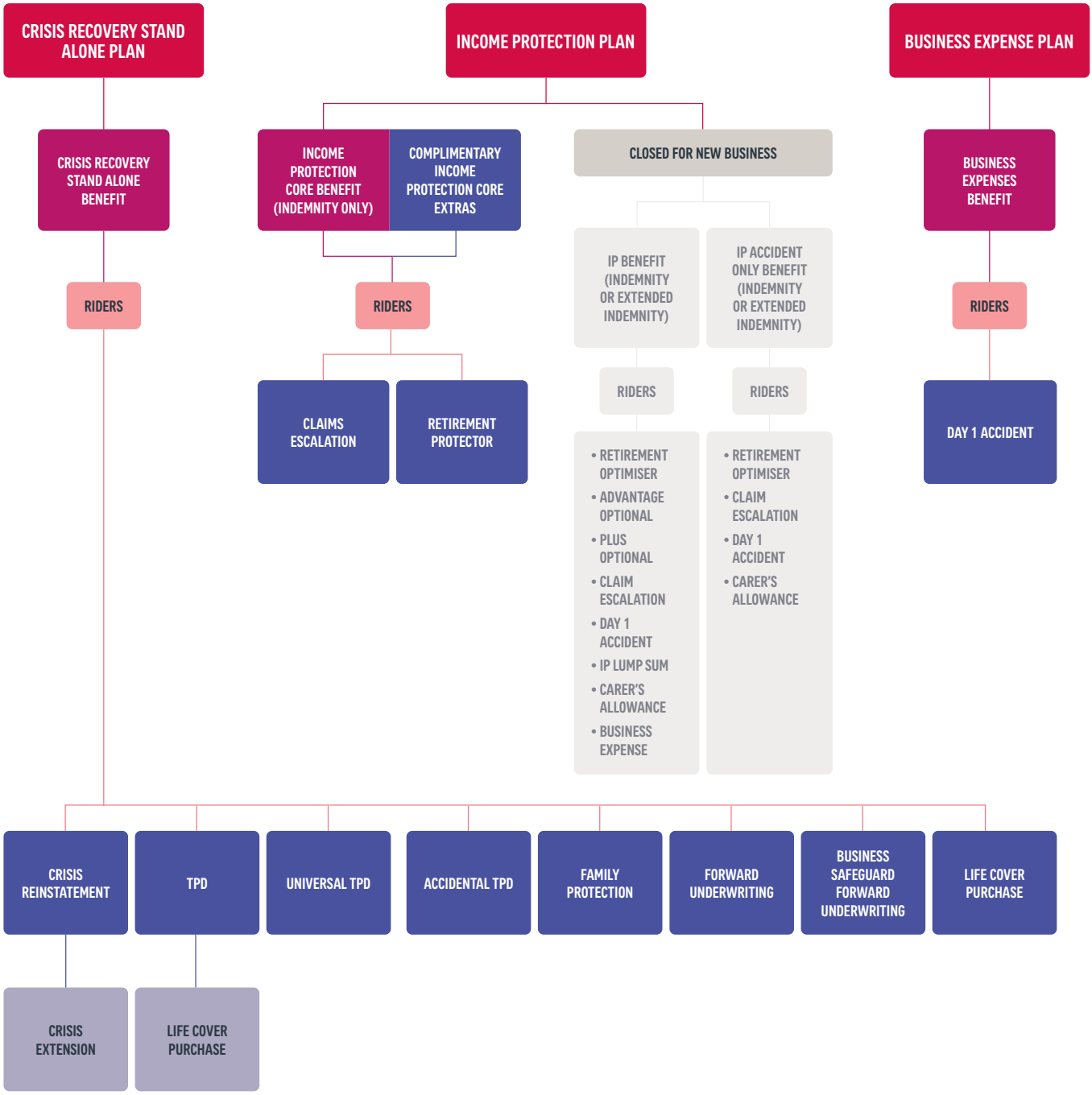
Linked Benefits provided are attached to a separate Policy outside of superannuation that we issue to you as the Policy Owner.

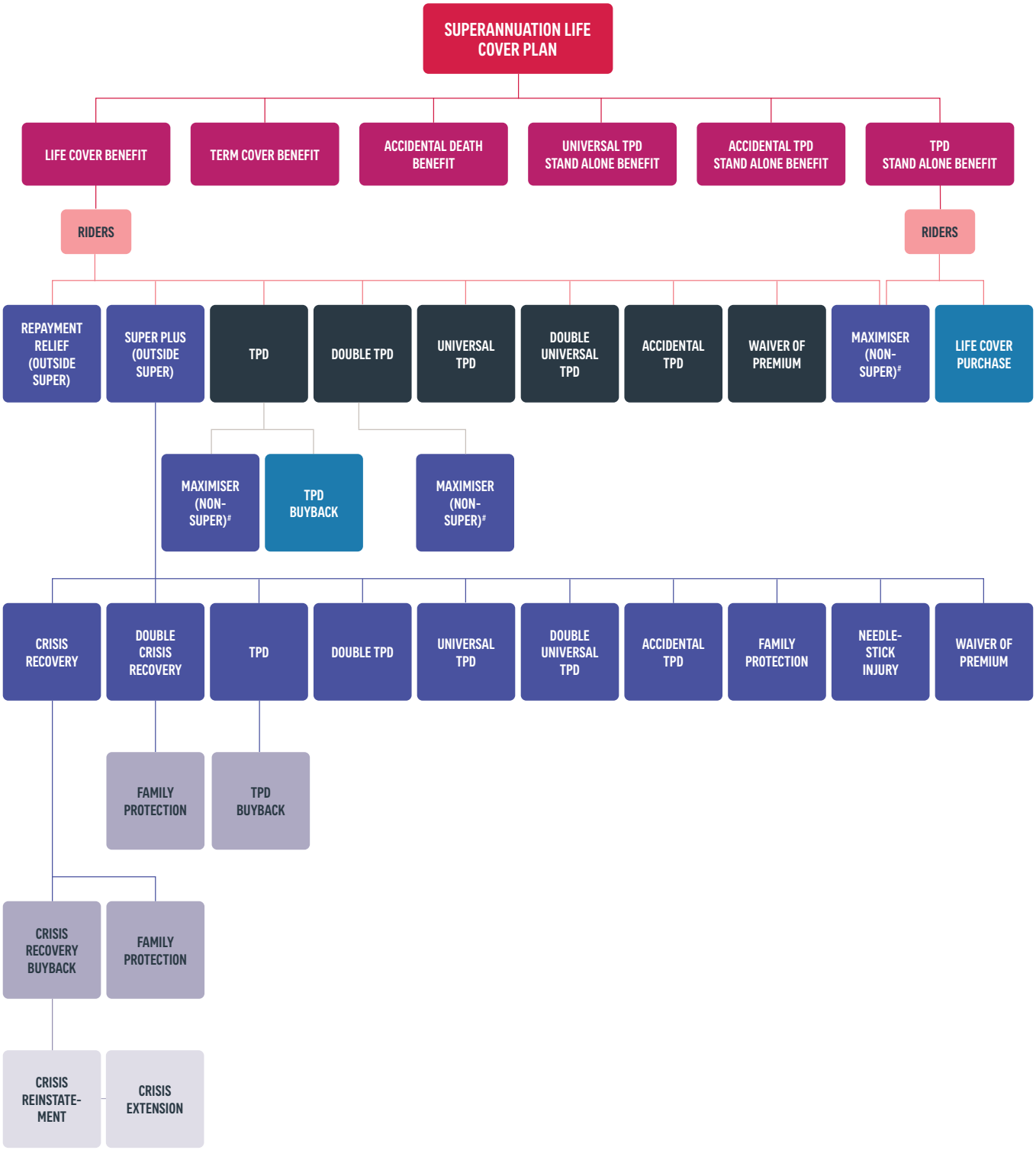
The proceeds of any claim on the Linked Benefits will be paid directly to you or your nominated beneficiaries.

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

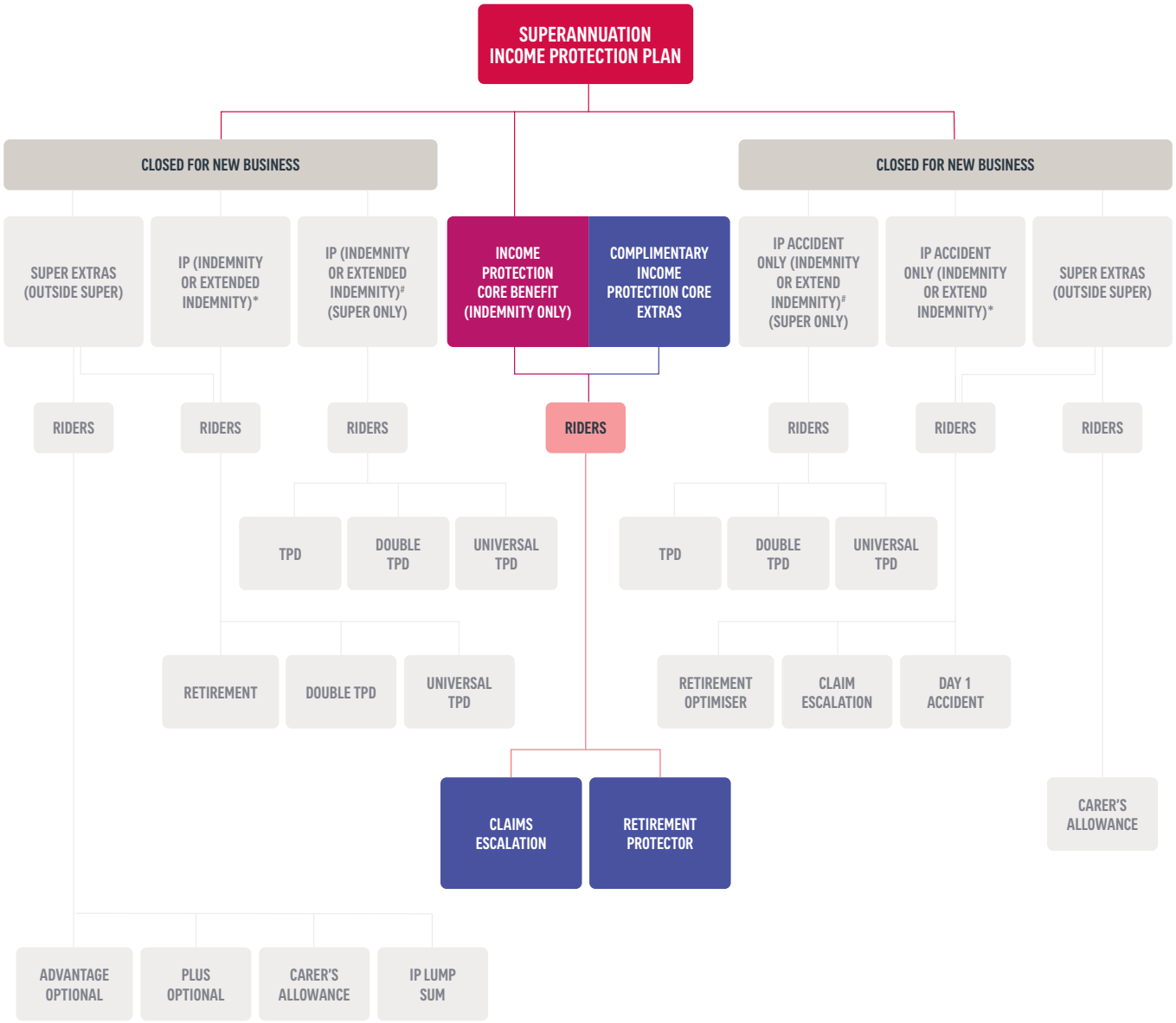
1.1 Structure Diagrams




CRISIS RECOVERY STAND ALONE PLAN
CRISIS RECOVERY STAND ALONE BENEFIT
RIDERS
INCOME PROTECTION PLAN
INCOME PROTECTION CORE BENEFIT (INDEMNITY ONLY)
COMPLIMENTARY INCOME PROTECTION CORE EXTRAS
RIDERS
CLAIMS ESCALATION
RETIREMENT PROTECTOR
CLOSED FOR NEW BUSINESS
IP BENEFIT (INDEMNITY OR EXTENDED INDEMNITY)
RIDERS
• RETIREMENT OPTIMISER
• ADVANTAGE OPTIONAL
• PLUS OPTIONAL
• CLAIM ESCALATION
• DAY 1 ACCIDENT
• IP LUMP SUM
• CARER'S ALLOWANCE
• BUSINESS EXPENSE
IP ACCIDENT ONLY BENEFIT (INDEMNITY OR EXTENDED INDEMNITY)
RIDERS
• RETIREMENT OPTIMISER
• CLAIM ESCALATION
• DAY 1 ACCIDENT
• CARER'S ALLOWANCE
BUSINESS EXPENSE PLAN
BUSINESS EXPENSES BENEFIT
RIDERS
DAY 1 ACCIDENT
CRISIS REINSTATEMENT
CRISIS EXTENSION
TPD
LIFE COVER PURCHASE
UNIVERSAL TPD
ACCIDENTAL TPD
FAMILY PROTECTION
FORWARD UNDERWRITING
BUSINESS SAFEGUARD FORWARD UNDERWRITING
LIFE COVER PURCHASE



Where Maximiser is selected, Crisis Recovery (including Rider Benefits to Crisis Recovery), Family Protection, Needlestick Injury (Occupation AA Only) and Waiver of Premium (where applicable), are the only benefits available to be selected under Superannuation PLUS. No other TPD benefits can be selected when Maximiser has been selected.



* Selection of this benefit automatically provides an Income Protection benefit in superannuation and an Income Protection benefit outside of the superannuation environment linked via Super Extras.

\# Please speak to your adviser about the availability of this feature.

1.2 Priority Protection Ordinary Plans

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

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

Step 1 Choose a Plan	**Step 2** Select your Stand Alone insurance cover/s	**Step 3 (optional)** Add Rider Benefit/s
Income Protection Plan	Income Protection CORE[1]	• Claim Escalation • Retirement Protector
	Only available for replacement of existing AIA Income Protection or Income Protection Accident Only policies.	
	Income Protection[2]	• Retirement Optimiser • Claim Escalation • Day 1 Accident • Income Protection Lump Sum • Carer's Allowance • Business Expenses – Day 1 Accident • Advantage Optional • PLUS Optional
	Income Protection Accident Only[2]	• Retirement Optimiser • Claim Escalation • Day 1 Accident • Carer's Allowance
Business Expenses Plan	Business Expenses	• Day 1 Accident

1. Additional benefits are provided under Complimentary Income Protection CORE Extras under a separate policy issued to the person(s) insured under Income Protection CORE (please refer to Section 5.2).
2. Priority Protection Income Protection and Income Protection Accident Only insurance cover is only available when replacing an existing Priority Protection Income Protection insurance or Income Protection Accident Only cover from AIA Australia and the cancellation and replacement is being performed for an administrative reason where an alteration to the existing policy is not available.
   Priority Protection Income Protection or Income Protection Accident Only insurance cover is not available for new business policies or when an existing Income Protection or Income Protection Accident Only insurance cover with AIA Australia is being canceled and replaced for any other reason than stated above.
   Agreed Value Income Protection insurance cover is only available if the Policy is replacing an existing Priority Protection Agreed Value Income Protection insurance cover from AIA Australia and the cancellation and replacement is being performed for an administrative reason where an alteration to the existing policy is not available.
   For more information on Income Protection or Income Protection Accident Only insurance cover please refer to Sections 16 to 18 of the incorporated by reference material.

1.3 Priority Protection Superannuation Plans

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

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

1. Additional benefits are provided under Complimentary Income Protection CORE Extras under a separate policy, outside superannuation, issued to the person(s) insured under Income Protection CORE (please refer to Section 5.2).
2. Priority Protection Income Protection and Income Protection Accident Only insurance cover is only available when replacing an existing Priority Protection Income Protection insurance or Income Protection Accident Only cover from AIA Australia and the cancellation and replacement is being performed for an administrative reason where an alteration to the existing policy is not available.

   Agreed Value Income Protection insurance cover is only available if the Policy is replacing an existing Priority Protection Agreed Value Income Protection insurance cover from AIA Australia and the cancellation and replacement is being performed for an administrative reason where an alteration to the existing policy is not available.

   For more information on Income Protection or Income Protection Accident Only insurance cover please refer to Sections 16 to 18 of the incorporated by reference material. For more explanation of the availability of replacement Income Protection or Income Protection Accident Only cover through superannuation, refer to Section 9 of this PDS.
3. For more information on Super Extras please refer to Sections 9 of this PDS and 16.2 of the incorporated by reference material.

2. LIFE COVER

Your insurance cover

Life Cover

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

Accidental Death

Pays a lump sum on your Accidental Death.

Term Cover

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

In this section

2.1 Life Cover
2.2 Accidental Death
2.3 Term Cover

Other important information

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

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

Availability

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

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

Worldwide cover

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

2.1 Life Cover

Your insurance cover

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

In this section

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

2.1.1 Benefit overview

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

Table 1

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Life Cover	• Variable age-stepped premium • Variable premium • Optimum

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

Built-in Benefits	Benefit availability	Section
Premium and Cover Pause Benefit For eligible policies, and subject to acceptance of an application, allows you to pause premiums and cover for a period of 3, 6 or 12 months in certain circumstances.		7.6
Financial Planning Reimbursement Pays up to $3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies. The maximum total amount payable under all policies with us for the life insured is $3,000.		7.5
Complimentary Interim Accidental Death Cover Pays a lump sum in the event of your Accidental Death occurring whilst we are assessing your application. This cover applies for up to 90 days from the date of your signed application.		13.1
Accommodation Benefit Where we pay the Death or Terminal Illness Sum Insured, we will reimburse the accommodation costs incurred by your immediate family members whilst you are confined to a bed more than 100 km from your usual place of residence (up to $250 per day for up to 30 days). The Accommodation benefit can assist an Immediate Family Member with the costs of accommodation to be near you provided you are confined to a bed or hospitalised.		2.1.2
Counselling Benefit Where we pay the Death or Terminal Illness Sum Insured, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member attend related to the claimable event, up to a maximum total value of $1,200 per Life Insured.		2.1.2
Rider Benefits – optional benefits at an additional cost		
Total and Permanent Disablement		3.1
Accidental Total and Permanent Disablement		3.1
Universal Total and Permanent Disablement		3.2
Crisis Recovery		4
Crisis Extension		8.6
Crisis Recovery Buy-back		8.7
Crisis Reinstatement		8.8
Double Crisis Recovery		8.9
Total and Permanent Disablement Buy-back		8.1
Double Total and Permanent Disablement		8.2
Double Universal Total and Permanent Disablement		8.3
Waiver of Premium		8.4
Family Protection		8.10
Needlestick Injury		8.11
Repayment Relief		8.17
Forward Underwriting		8.12
Business Safeguard Forward Underwriting		8.13

2.1.2 Built-in Benefits

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

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

Death benefit

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

Terminal Illness

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

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

In addition to the above requirements, under a Superannuation Plan a condition will only constitute a **Terminal Illness** where two Medical Practitioners, one of whom must be a specialist practising in an area related to the condition, must certify in their reasonable opinion that the condition is likely to result in you passing away within 24 months of the date of the certificate (certification period) and for each of the certificates, the certification period must not have ended.

Final Expenses

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

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

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

Accommodation Benefit

Where we pay the Death benefit or Terminal Illness Sum Insured, we will reimburse the accommodation costs incurred by your Immediate Family Members up to a maximum of $250 per day, for a maximum of 30 days, for each day:

- you are confined to bed due to the condition for which we paid the benefit
- you are confined to bed more than 100 kilometres from your usual place of residence; and
- the Immediate Family Member remains away from their home, having been required to travel more than 100 kilometres from their usual place of residence to be with the Life Insured.

We will require evidence which establishes your bed confinement and proof of the accommodation costs that have been paid.

If you are eligible for this benefit under more than one cover type, we will only pay up to a maximum of $250 per day and for a maximum of 30 days total per Life Insured, under all policies and benefit types. The total lifetime benefit paid under any Accommodation Benefit held under an AIA policy will not exceed $7,500 per Life Insured.

This Accommodation Benefit is not payable if you are also claiming Home Care Benefit under an AIA Priority Protection Income Protection benefit.

This benefit is not available when the benefit is solely structured through superannuation.

Counselling Benefit

Where we pay the Death benefit or Terminal Illness Sum Insured, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member of the Life Insured, attend with a counsellor or psychologist in relation to the claimable event.

Your counsellor or psychologist must, at the time of providing the counselling service, be registered with the Australian Counselling Association (www.theaca.net.au) or the Psychotherapy and Counselling Federation of Australia (pacfa.org.au).

The maximum total Counselling Benefit amount we will pay across all benefits and all policies held with AIA is $1,200 per Life Insured.

The Counselling Benefit will only be paid to policyholders or nominated beneficiaries and must be related to counselling sessions occurring within 24 months of the claimable event.

Counselling Benefit is not available when cover is solely structured through superannuation.

Complimentary Family Final Expenses

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

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

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

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

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

Benefit Indexation does not apply to this benefit.

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

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

Limitations – Complimentary Family Final Expenses

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

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

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

Exclusions – Complimentary Family Final Expenses

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

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

Where an event is caused by a congenital condition (i.e. a condition the child is born with), no benefit will be payable where the event occurs prior to the Child's 10th birthday.

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

2.1.3 General terms and conditions

Sum Insured limits

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

Entry age

Benefit	Premium type	Minimum entry age		Maximum entry age	
		Ordinary Plan	Super-annuation Plan	Ordinary Plan	Super-annuation Plan
Life Cover	Variable age-stepped premium	10 years	15 years	74 years	73 years
	Optimum & Variable premium	34 years	34 years	63 years	63 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Purchased as an Ordinary Plan	Owned by a trustee of an SMSF*	Owned by the Trustee of AIA Insurance Superannuation Scheme No2 or a trustee of an Approved Superannuation Fund
Life Cover	100th birthday	100th birthday	75th birthday

*This includes policies owned by a trustee of an SMSF via an Approved Superannuation Fund.

2.1.4 Limitations and exclusions

Limitations and exclusions that apply to Life Cover are set out below. If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

Benefit reductions – Life Cover

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

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

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

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

Exclusions – Life Cover

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

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

2.1.5 When cover begins and ends

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

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

2.2 Accidental Death

Your insurance cover

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

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

In this section

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

2.2.1 Benefit overview

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

Table 2

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	**Premium options**
Accidental Death	• Variable age-stepped premium

Built-in Benefits	**Benefit availability**	**Section**
Accidental Death benefit Pays a lump sum equal to the Sum Insured on your Accidental Death.	◆●	2.2.2
Final Expenses Advances 10% of the Sum Insured up to a maximum of $25,000 to assist in dealing with immediate financial expenses whilst we assess an Accidental Death claim.	◆	2.2.2
Complimentary Family Final Expenses Pays the lower of $20,000 or 10% of the Sum Insured if your Child passes away or is diagnosed with a Terminal Illness between the ages of two and 17.	◆	2.2.2
Benefit Indexation Automatically increases your Sum Insured at the Policy Anniversary each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of indexation on your application form or before any Policy Anniversary.	◆●	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.	◆❖●	7.1
Financial Planning Reimbursement Pays up to $3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies. The maximum total amount payable under all policies with us for the life insured is $3,000.	◆	7.5
Premium and Cover Pause Benefit For eligible policies, and subject to acceptance of an application, allows you to pause premiums and cover for a period of 3, 6 or 12 months in certain circumstances.	◆	7.6

Built-in Benefits	Benefit availability	Section
Accommodation Benefit Where we pay the Accidental Death Sum Insured, we will reimburse the accommodation costs incurred by your Immediate Family Members whilst you are confined to a bed more than 100 km from your usual place of residence (up to $250 per day for up to 30 days). The Accommodation benefit can assist an Immediate Family Member with the costs of accommodation to be near you provided you are confined to a bed or hospitalised.		2.2.2
Counselling Benefit Where we pay the Accidental Death Sum Insured, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member attend related to the claimable event, up to a maximum total value of $1,200 per Life Insured.		2.2.2
Complimentary Interim Accidental Death Cover Pays a lump sum outside superannuation in the event of your Accidental Death occurring whilst we are assessing your application. This cover applies for up to 90 days from the date of your signed application.		13.1
Rider Benefit – optional benefit at an additional cost		
Family Protection		8.10

2.2.2 Built-in Benefits

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

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

Accidental Death cover

In the event of your Accidental Death, we will pay a lump sum equal to the Accidental Death Sum Insured.

Accidental Death means death as a result of a physical injury which:

- is caused solely and directly by violent, external and unexpected means; and
- would have occurred in the absence of any mental or physical health condition which you were subject to at or prior to the relevant accident event.

Death resulting from a Sickness does not constitute 'Accidental Death'.

Final Expenses

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

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

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

Accommodation Benefit

Where we pay the Accidental Death benefit Sum Insured, we will reimburse the accommodation costs incurred by your Immediate Family Members up to a maximum of $250 per day, for a maximum of 30 days, for each day:

- you are confined to bed due to the condition for which we paid the benefit
- you are confined to bed more than 100 kilometres from your usual place of residence; and
- the Immediate Family Member remains away from their home, having been required to travel more than 100 kilometres from their usual place of residence to be with the Life Insured.

We will require evidence which establishes your bed confinement and proof of the accommodation costs that have been paid.

If you are eligible for this benefit under more than one cover type, we will only pay up to a maximum of $250 per day and for a maximum of 30 days total per Life Insured, under all policies and benefit types. The total lifetime benefit paid under any Accommodation Benefit held under an AIA policy will not exceed $7,500 per Life Insured.

This Accommodation Benefit is not payable if you are also claiming Home Care Benefit under an AIA Priority Protection Income Protection benefit.

This benefit is not available when the benefit is solely structured through superannuation.

Counselling Benefit

Where we pay the Accidental Death benefit Sum Insured, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member of the Life Insured, attend with a counsellor or psychologist in relation to the claimable event.

Your counsellor or psychologist must, at the time of providing the counselling service, be registered with the Australian Counselling Association (www.theaca.net.au) or the Psychotherapy and Counselling Federation of Australia (pacfa.org.au).

The maximum total Counselling Benefit amount we will pay across all benefits and all policies held with AIA is $1,200 per Life Insured.

The Counselling Benefit will only be paid to policyholders or nominated beneficiaries and must be related to counselling sessions occurring within 24 months of the claimable event.

Counselling Benefit is not available when cover is solely structured through superannuation.

Complimentary Family Final Expenses

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

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

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

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

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

Benefit Indexation does not apply to this benefit.

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

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

Limitations – Complimentary Family Final Expenses

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

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

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

Exclusions – Complimentary Family Final Expenses

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

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

Where an event is caused by a congenital condition (i.e. a condition the child is born with), no benefit will be payable where the event occurs prior to the Child's 10th birthday.

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

2.2.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Category	Maximum limit	Conditions
Accidental Death	All occupations	$2 million	Maximum limit applies to the total sums insured for Accidental Death cover and other similar benefits under other policies with us and other insurers.

Entry age

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

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

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

2.2.4 Limitations and exclusions

Limitations and exclusions that apply to Accidental Death cover are set out below. If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

Exclusions – Accidental Death

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

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

2.2.5 When cover begins and ends

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

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

2.3 Term Cover

Your insurance cover

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

In this section

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

2.3.1 Benefit overview

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

Table 3

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Term Cover	• Variable age-stepped premium • Variable premium

Built-in Benefits	Benefit availability	Section
Death benefit Pays a lump sum equal to your Sum Insured if you pass away.	◆●	2.1.2
Terminal Illness Pays the Sum Insured in advance if you are diagnosed with a Terminal Illness.	◆●	2.1.2
Final Expenses Advances 10% of the Sum Insured up to a maximum of $25,000 to assist in dealing with immediate financial expenses whilst we assess a death claim.	◆	2.1.2
Complimentary Family Final Expenses Pays the lower of $20,000 or 10% of the Sum Insured if your Child passes away or is diagnosed with a Terminal Illness between the ages of two and 17.	◆	2.1.2
Benefit Indexation Automatically increases your Sum Insured at the Policy Anniversary each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of indexation on your application form or before any Policy Anniversary.	◆●	7.2
Financial Planning Reimbursement Pays up to $3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies. The maximum total amount payable under all policies with us for the life insured is $3,000.	◆	7.5
Premium and Cover Pause Benefit For eligible policies, and subject to acceptance of an application, allows you to pause premiums and cover for a period of 3, 6 or 12 months in certain circumstances.	◆	7.6
Accommodation Benefit Where we pay the Death benefit or Terminal Illness Sum Insured, we will reimburse the accommodation costs incurred by your Immediate Family Members whilst you are confined to a bed more than 100 km from your usual place of residence (up to $250 per day for up to 30 days). The Accommodation benefit can assist an Immediate Family Member with the costs of accommodation to be near you provided you are confined to a bed or hospitalised.	◆❖	2.1.2

Built-in Benefits	Benefit availability	Section
Counselling Benefit Where we pay the Death benefit or Terminal Illness Sum Insured, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member attend related to the claimable event, up to a maximum total value of $1,200 per Life Insured.		2.1.2
Complimentary Interim Accidental Death Cover Pays a lump sum outside superannuation in the event of your Accidental Death occurring whilst we are assessing your application. This cover applies for up to 90 days from the date of your signed application.		13.1

2.3.2 Built-in Benefits

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

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

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

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

2.3.3 General terms and conditions

Sum Insured limits

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

Entry age

Benefit	Cover period	Premium type	Minimum entry age	Maximum entry age
Term Cover	5 Year Period	Variable age-stepped premium	10 years	59 years
		Variable premium	34 years	59 years
	10 Year Period	Variable age-stepped premium	10 years	54 years
		Variable premium	34 years	54 years

Expiry Date

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

2.3.4 Limitations and exclusions

Limitations and exclusions that apply to Term Cover are set out below. If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

Exclusions – Term Cover

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

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

Benefit reductions – Term Cover

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

- Death or Terminal lllness, and
- Final Expenses.

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

2.3.5 When cover begins and ends

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

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

3. TOTAL AND PERMANENT DISABLEMENT (TPD)

Your insurance cover

We offer three main types of TPD insurance cover:

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

Availability

TPD cover is available inside and outside of super.

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

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

Worldwide cover

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

In this section

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

Other important information

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

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

TPD eligibility requirements

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

Type of insurance cover	TPD definition	Description	Occupation Category	Weekly work hours	Employment types
• **TPD**	Own Occupation[5]	Provides cover if you are unlikely to ever work in your Own Occupation after a continuous three-month disablement period	A1, A2, M, A3, A4, B1, B2, C1 or C2	At least 20 hours per week	Employee or Self-employed[1] in Full-time Employment[2]
• **TPD** • **Accidental TPD**	Any Occupation	Provides cover if you are unlikely to ever work in any occupation suited to your education, training or experience after a continuous three-month disablement period	A1, A2, M, A3, A4, B1, B2, C1, C2 or D	At least 15 hours per week	Employee or Self-employed[1]: Full-time Employment[2] Permanent Part-time Employee[3]
• **TPD**	Universal	Provides cover if you suffer Loss of Independence, Mental Illness (severe and permanent), Motor Neurone Disease or Paralysis (total and permanent)	E	At least 20 hours per week	Employee or Self-employed[1] in Full-time Employment[2]
• **TPD** • **Accidental TPD**	Home Duties	Provides cover if you are unable to perform any Normal Domestic Duties after a continuous three-month disablement period	Home Duties	N/A	Home Duties[4]

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

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

Type of insurance cover	TPD definition	Description	Occupation Category	Weekly work hours	Employment types
• **Universal TPD**	Universal	Provides cover if you suffer Loss of Independence, Mental Illness (severe and permanent), Motor Neurone Disease or Paralysis (total and permanent)	A1, A2, M, A3, A4, B1, B2, C1, C2 or D	Less than 15 hours per week	All employment types
			E	Less than 20 hours per week	
			Home Duties	N/A	

3.1 Total and Permanent Disablement and Accidental Total and Permanent Disablement

Your insurance cover

Total and Permanent Disablement (TPD)

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

Accidental Total and Permanent Disablement (Accidental TPD)

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

In this section

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

Availability

TPD and Accidental TPD cover can be purchased as:

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

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

3.1.1 Benefit overview

Table 4 shows the benefits available under TPD and Accidental TPD. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. Please refer to the Your Obligations section of Section 10.1 of this PDS for important information on your obligations related to this benefit. The benefits that apply to you will be shown on your Policy Schedule.

Table 4

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Total and Permanent Disablement	• Variable age-stepped premium • Variable premium • Optimum
Accidental Total and Permanent Disablement	• Variable age-stepped premium

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

Built-in Benefits	Benefit availability		Section
	TPD	Accidental TPD	
Conversion option Allows you to convert your TPD cover under a Superannuation Life Cover Plan to an Ordinary Plan prior to the Expiry Date of your TPD benefit.	●	●	9.1
Day 1 TPD Removes the qualifying period for benefit payments for selected 'Other Serious Crisis Events'.	◆●	N/A	3.1.2
Financial Planning Reimbursement Pays up to $3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies. The maximum total amount payable under all policies with us for the life insured is $3,000.	◆❖	◆❖	7.5
Benefit Indexation Automatically increases your Sum Insured at the Policy Anniversary each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before any Policy Anniversary.	◆❖●	◆❖●	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.	◆❖●	◆❖●	7.1
Premium and Cover Pause Benefit For eligible policies, and subject to acceptance of an application, allows you to pause premiums and cover for a period of 3, 6 or 12 months in certain circumstances.	◆	◆	7.6
Accommodation Benefit Where we pay the Total and Permanent Disablement or Accidental Total and Permanent Disablement Sum Insured, we will reimburse the accommodation costs incurred by your Immediate Family Members whilst you are confined to a bed more than 100 km from your usual place of residence (up to $250 per day for up to 30 days). The Accommodation benefit can assist an Immediate Family Member with the costs of accommodation to be near you provided you are confined to a bed or hospitalised.	◆❖	◆❖	3.1.2
Counselling Benefit Where we pay the Total and Permanent Disablement or Accidental Total and Permanent Disablement Sum Insured, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member attend related to the claimable event, up to a maximum total value of $1,200 per Life Insured.	◆❖	◆❖	3.1.2
Complimentary Interim Accidental Total and Permanent Disablement Cover Pays a lump sum outside superannuation in the event that you become Totally and Permanently Disabled whilst we are assessing your application, **solely** because of an Accidental Injury. This cover applies for up to 90 days from the date of your signed application.	◆❖	◆❖	13.2
Rider Benefits – optional benefits at an additional cost			
Total and Permanent Disablement Buy-back (only available where TPD is purchased as a Rider Benefit to Life Cover)	◆❖●	N/A	8.1
Life Cover Purchase (only available under TPD Stand Alone or where TPD is purchased as a Rider Benefit to Crisis Recovery Stand Alone)	◆●	N/A	8.5
Family Protection (only available under TPD/Accidental TPD Stand Alone)	◆❖	◆❖	8.10

Rider Benefits – optional benefits at an additional cost	Benefit availability		Section
	TPD	Accidental TPD	
Forward Underwriting (only available under TPD Stand Alone)	◆	N/A	8.12
Business Safeguard Forward Underwriting (only available under TPD Stand Alone)	◆	N/A	8.13
Repayment Relief (only available under TPD Stand Alone)	◆	N/A	8.17

3.1.2 Built-in Benefits

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

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

1. Total and Permanent Disablement

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

The definitions available under the TPD benefit are:
- Total and Permanent Disablement (Own Occupation)*
- Total and Permanent Disablement (Any Occupation)
- Total and Permanent Disablement (Universal) – Occupation Category E only, and
- Total and Permanent Disablement (Home Duties)

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

See Section 12.1 for details of each TPD definition.

2. Accidental Total and Permanent Disablement

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

The definitions available under the Accidental TPD benefit are:
- Total and Permanent Disablement (Any Occupation), and
- Total and Permanent Disablement (Home Duties).

See Section 12.1 for details of each TPD definition.

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

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

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

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

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

4. Conversion to Loss of Independence

At the Expiry Date for your Occupation Category shown in Section 3.1.3, your TPD/Accidental TPD Stand Alone benefit will convert to a Loss of Independence benefit, which will continue until the earliest of:
- the Policy Anniversary prior to your 100th birthday or;
- the Expiry Date of the Life Cover benefit (where TPD and Accidental TPD cover is purchased as a Rider Benefit to Life Cover).

The TPD/Accidental TPD Stand Alone benefit does not convert to a Loss of Independence benefit and ceases at the Expiry Date:
- within a Superannuation Plan or Maximiser,
- if you are Occupation Category E, or
- if the TPD is a Rider Benefit to Crisis Recovery Stand Alone.

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

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

We will only pay this benefit once.

5. Day 1 TPD

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

- Alzheimer's Disease or Dementia with significant cognitive impairment
- Blindness
- Loss of Hearing
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paralysis (total and permanent), or
- Parkinson's Disease.

See the medical definitions above in Section 12.2.

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

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

6. Accommodation Benefit

Where we pay the Total and Permanent Disablement or Accidental Total and Permanent Disablement Sum Insured, we will reimburse the accommodation costs incurred by your Immediate Family Members up to a maximum of $250 per day, for a maximum of 30 days, for each day:

- you are confined to bed due to the condition for which we paid the benefit
- you are confined to bed more than 100 kilometres from your usual place of residence; and
- the Immediate Family Member remains away from their home, having been required to travel more than 100 kilometres from their usual place of residence to be with the Life Insured.

We will require evidence which establishes your bed confinement and proof of the accommodation costs that have been paid.

If you are eligible for this benefit under more than one cover type, we will only pay up to a maximum of $250 per day and for a maximum of 30 days total per Life Insured, under all policies and benefit types. The total lifetime benefit paid under any Accommodation Benefit held under an AIA policy will not exceed $7,500 per Life Insured.

This Accommodation Benefit is not payable if you are also claiming Home Care Benefit under an AIA Priority Protection Income Protection benefit.

This benefit is not available when the benefit is solely structured through superannuation.

7. Counselling Benefit

Where we pay the Total and Permanent Disablement or Accidental Total and Permanent Disablement Sum Insured, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member of the Life Insured, attend with a counsellor or psychologist in relation to the claimable event.

Your counsellor or psychologist must, at the time of providing the counselling service, be registered with the Australian Counselling Association (www.theaca.net.au) or the Psychotherapy and Counselling Federation of Australia (pacfa.org.au).

The maximum total Counselling Benefit amount we will pay across all benefits and all policies held with AIA is $1,200 per Life Insured.

The Counselling Benefit will only be paid to policyholders or nominated beneficiaries and must be related to counselling sessions occurring within 24 months of the claimable event.

Counselling Benefit is not available when cover is solely structured through superannuation.

3.1.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories				Conditions
	A1, A2, M, A3, A4, B1, B2, C1, C2	D	E	Home Duties	
TPD • Stand Alone • Rider Benefit to Life Cover	$5 million[1]	$2 million	$2 million	$2 million	Maximum limit applies to the total sums insured for TPD, TPD Stand Alone, Double TPD, Universal TPD, Universal TPD Stand Alone, Double Universal TPD, Accidental TPD, Accidental TPD Stand Alone and other similar benefits under other policies with us and other insurers. Rider Benefits cannot exceed the Sum Insured of the main benefit.
TPD • Rider Benefit to Crisis Recovery Stand Alone	$2 million	$2 million	$2 million	$1 million	
Accidental TPD • Stand Alone • Rider Benefit to Life Cover • Rider Benefit to Accidental Death • Rider Benefit to Crisis Recovery	$2 million	$2 million	Not available	$1 million	

1. The maximum total Sum Insured for TPD (from all sources) held under an Own Occupation definition is $3 million.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age					
		All occupations	A1, A2, M, A3, A4	B1, B2	C1, C2	D	E	Home Duties
TPD	Variable age-stepped premium	15 years	63 years	63 years	59 years	54 years	49 years	63 years
	Optimum & Variable premium	34 years	63 years	63 years	59 years	54 years	49 years	63 years
Accidental TPD	Variable age-stepped premium	15 years	63 years	63 years	59 years	54 years	N/A	63 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories			
	A1, A2, M, A3, A4	B1, B2, C1, C2, D	E	Home Duties
TPD	70th birthday	65th birthday	55th birthday	65th birthday
Accidental TPD	70th birthday	65th birthday	Not available	65th birthday

3.1.4 Limitations and exclusions

Limitations and exclusions that apply to TPD and Accidental TPD are listed below. If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

Exclusions

A benefit is not payable for TPD or Accidental TPD in relation to any event or disablement:

- where disablement is related to intentional self-inflicted injury or any such attempt by you
- where disablement is resulting from imprisonment or related to your participation in an unlawful activity punishable by imprisonment.

Benefit reductions – TPD and Accidental TPD

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

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

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

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

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

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

Sum Insured reduction – Total and Permanent Disablement

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

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

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

Loss of Independence Limitations

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

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

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

Loss of Independence Sum Insured

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

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

Conversion to Loss of Independence and Sum Insured reduction

Policy Anniversary prior to age 65 – Occupation Categories B1, B2, C1, C2, D and Home Duties

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

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

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

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

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

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

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

Sum Insured reductions – you choose

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

3.1.5 When cover begins and ends

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

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

3.2 Universal Total and Permanent Disablement

Your insurance cover

Universal Total and Permanent Disablement (Universal TPD) will pay a lump sum if you suffer a Loss of Independence, Mental Illness (severe and permanent), Motor Neurone Disease or Paralysis (total and permanent).

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

In this section

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

Availability

Universal TPD cover can be purchased as:

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

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

3.2.1 Benefit overview

Table 5 shows the benefits available under Universal TPD. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. Please refer to the Your Obligations section of Section 10.1 of this PDS for important information on your obligations related to this benefit. The benefits that apply to you will be shown on your Policy Schedule.

Table 5

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Universal Total and Permanent Disablement	• Variable age-stepped premium • Variable premium • Optimum

Built-in Benefits	Benefit availability	Section
Universal Total and Permanent Disablement Pays a lump sum equal to the Sum Insured if you suffer a Loss of Independence, Mental Illness (severe and permanent), Motor Neurone Disease or Paralysis (total and permanent) (see Section 12.1).	◆❖●	3.2.2
Conversion to Loss of Independence Instead of Universal TPD ending on your Expiry Date, we will convert the Universal TPD cover to a Loss of Independence benefit until the earliest of: • the Policy Anniversary prior to your 100th birthday or • the Expiry Date of the Life Cover benefit (where Universal TPD cover is purchased as a Rider Benefit to Life Cover). Conversion to Loss of Independence is not available within a Superannuation Plan or for Occupation Category E or where Universal TPD is a Rider Benefit to Crisis Recovery Stand Alone.	◆	3.2.2

Built-in Benefits	Benefit availability	Section
Benefit Indexation Automatically increases your Sum Insured at the Policy Anniversary each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of indexation on your application form or before any Policy Anniversary.		7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.		7.1
Financial Planning Reimbursement Pays up to $3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies. The maximum total amount payable under all policies with us for the life insured is $3,000.		7.5
Premium and Cover Pause Benefit For eligible policies, and subject to acceptance of an application, allows you to pause premiums and cover for a period of 3, 6 or 12 months in certain circumstances.		7.6
Accommodation Benefit Where we pay the Universal Total and Permanent Disablement Sum Insured, we will reimburse the accommodation costs incurred by your Immediate Family Members whilst you are confined to a bed more than 100 km from your usual place of residence (up to $250 per day for up to 30 days). The Accommodation benefit can assist an Immediate Family Member with the costs of accommodation to be near you provided you are confined to a bed or hospitalised.		3.2.2
Counselling Benefit Where we pay the Universal Total and Permanent Disablement Sum Insured, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member attend related to the claimable event, up to a maximum total value of $1,200 per Life Insured.		3.2.2
Complimentary Interim Accidental Total and Permanent Disablement cover Pays a lump sum outside superannuation in the event that you become Totally and Permanently Disabled whilst we are assessing your application, **solely** because of an Accidental Injury. This cover applies for up to 90 days from the date of your signed application.		13.2
Rider Benefits – optional benefits at an additional cost (available with Universal TPD Stand Alone only)		
Forward Underwriting		8.12
Business Safeguard Forward Underwriting		8.13
Repayment Relief (Only available on Universal TPD Stand Alone)		8.17

3.2.2 Built-in Benefits

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

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

1. Universal TPD

We will pay a lump sum equal to the Universal TPD Sum Insured if you meet the definition of Total and Permanent Disablement (Universal) (see Section 12.1).

We will pay the benefit once only.

2. Conversion to Loss of Independence

At the Expiry Date for your Occupation Category shown in Section 3.2.3, your Universal TPD benefit will convert to a Loss of Independence benefit, which will continue until the earliest of:

- the Policy Anniversary prior to your 100th birthday or;
- the Expiry Date of the Life Cover benefit (where Universal TPD cover is purchased as a Rider Benefit to Life Cover).

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

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

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

We will only pay this benefit once.

3. Accommodation Benefit

Where we pay the Universal Total and Permanent Disablement Sum Insured, we will reimburse the accommodation costs incurred by your Immediate Family Members up to a maximum of $250 per day, for a maximum of 30 days, for each day:

- you are confined to bed due to the condition for which we paid the benefit
- you are confined to bed more than 100 kilometres from your usual place of residence; and
- the Immediate Family Member remains away from their home, having been required to travel more than 100 kilometres from their usual place of residence to be with the Life Insured.

We will require evidence which establishes your bed confinement and proof of the accommodation costs that have been paid.

If you are eligible for this benefit under more than one cover type, we will only pay up to a maximum of $250 per day and for a maximum of 30 days total per Life Insured, under all policies and benefit types. The total lifetime benefit paid under any Accommodation Benefit held under an AIA policy will not exceed $7,500 per Life Insured.

This Accommodation Benefit is not payable if you are also claiming Home Care Benefit under an AIA Priority Protection Income Protection benefit.

This benefit is not available when the benefit is solely structured through superannuation.

4. Counselling Benefit

Where we pay the Universal Total and Permanent Disablement Sum Insured, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member of the Life Insured, attend with a counsellor or psychologist in relation to the claimable event.

Your counsellor or psychologist must, at the time of providing the counselling service, be registered with the Australian Counselling Association (www.theaca.net.au) or the Psychotherapy and Counselling Federation of Australia (pacfa.org.au).

The maximum total Counselling Benefit amount we will pay across all benefits and all policies held with AIA is $1,200 per Life Insured.

The Counselling Benefit will only be paid to policyholders or nominated beneficiaries and must be related to counselling sessions occurring within 24 months of the claimable event.

Counselling Benefit is not available when cover is solely structured through superannuation.

3.2.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B1, B2, C1, C2, D, E	Home Duties	
Universal TPD • Stand Alone • Rider Benefit to Life Cover	$2 million	$2 million	Maximum limit applies to the total sums insured for TPD, TPD Stand Alone, Universal TPD, Universal TPD Stand Alone, Double Universal TPD, Accidental TPD, Accidental TPD Stand Alone and other similar benefits under other policies with us and other insurers. Rider Benefit cannot exceed the Sum Insured of the main benefit.
Universal TPD • Rider Benefit to Crisis Recovery	$2 million	$1 million	

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age		
		All occupations	A1, A2, M, A3, A4, B1, B2, C1, C2, D	E	Home Duties
Universal TPD	Variable age-stepped premium	15 years	63 years	49 years	63 years
	Optimum & Variable premium	34 years	63 years	49 years	63 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

	Ordinary Plan			Superannuation Plan		
Occupation Categories	A1, A2, M, A3, A4, B1, B2, C1, C2, D	E	Home Duties	A1, A2, M, A3, A4, B1, B2, C1, C2, D	E	Home Duties
Universal TPD • Stand Alone • Rider Benefit to Life Cover	70th birthday	55th birthday	70th birthday	65th birthday	55th birthday	65th birthday
Universal TPD • Rider Benefit to Crisis Recovery Stand Alone	70th birthday	55th birthday	70th birthday	N/A	N/A	N/A

3.2.4 Limitations and exclusions

Limitations and exclusions that apply to Universal TPD are listed below. If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

Exclusions

A benefit is not payable for Universal TPD in relation to any event or disablement:

- where disablement is related to intentional self-inflicted injury or any such attempt by you
- where disablement is resulting from imprisonment or related to your participation in an unlawful activity punishable by imprisonment.

Benefit reductions – Universal TPD

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

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

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

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

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

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

Sum Insured reduction – all occupations

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

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

Sum Insured reductions – you choose

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

3.2.5 When cover begins and ends

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

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

4. CRISIS RECOVERY

Your insurance cover

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

Availability

The minimum Sum Insured for Crisis Recovery is $10,000.

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

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

In this section

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

Other important information

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

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

Worldwide cover

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

4.1 Benefit overview

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

Table 6

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Crisis Recovery	• Variable age-stepped premium • Variable premium • Optimum

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

Built-in Benefits	Benefit availability	Section
Conversion to Loss of Independence Instead of your Crisis Recovery benefit ending on your Policy Anniversary prior to your 70th birthday, we will convert Crisis Recovery to a Loss of Independence benefit until the earliest of: • the Policy Anniversary prior to your 100th birthday or; • the Expiry Date of the Life Cover benefit (where Crisis Recovery is purchased as a Rider Benefit to Life Cover). The Crisis Recovery benefit does not convert to a Loss of Independence benefit for Occupation Category E, or if you hold a Crisis Recovery Stand Alone benefit.	◆❖	4.2
Complimentary Family Protection Pays a lump sum of $20,000 per child if your Child passes away or is diagnosed with one of the listed Complimentary Family Protection Crisis Events between the ages of two and 17.	◆❖	4.2
Death benefit Pays a lump sum up to $5,000 if you pass away and no benefit is payable for a Crisis Event. This Death benefit is only available under Crisis Recovery Stand Alone.	◆	4.2
Terminal Illness If you are diagnosed with a Terminal Illness, we will pay a lump sum equal to the Crisis Recovery Sum Insured. A three-month qualifying period applies. Terminal Illness is listed as a Crisis Event and is only available under Crisis Recovery Stand Alone.	◆❖	4.2
Benefit Indexation Automatically increases your Sum Insured at the Policy Anniversary each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of indexation on your application form or before any Policy Anniversary.	◆❖	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.	◆❖	7.1
Financial Planning Reimbursement Pays up to $3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies. The maximum total amount payable under all policies with us for the life insured is $3,000.	◆❖	7.5
Premium and Cover Pause Benefit For eligible policies, and subject to acceptance of an application, allows you to pause premiums and cover for a period of 3, 6 or 12 months in certain circumstances.	◆	7.6
Accommodation Benefit Where we pay a lump sum under your Crisis Recovery Benefit, we will reimburse the accommodation costs incurred by your Immediate Family Members whilst you are confined to a bed more than 100 km from your usual place of residence (up to $250 per day for up to 30 days). The Accommodation benefit can assist an Immediate Family Member with the costs of accommodation to be near you provided you are confined to a bed or hospitalised.	◆❖	4.1.2
Counselling Benefit Where we pay a lump sum under your Crisis Recovery Benefit, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member attend related to the claimable event, up to a maximum total value of $1,200 per Life Insured.	◆❖	4.1.2
Complimentary Interim Accidental Crisis Recovery Cover Pays a lump sum in the event that you suffer a Crisis Event whilst we are assessing your application, **solely** as a result of an Accidental Injury. This cover applies for up to 90 days from the date of your signed application.	◆❖	13.3

Built-in Benefits	Benefit availability	Section
Complimentary Interim Accidental Death Cover Pays a lump sum in the event of your Accidental Death occurring whilst we are assessing your application. This cover applies for up to 90 days from the date of your signed application. Only available under Crisis Recovery Stand Alone.	◆	13.1

Rider Benefits – optional benefits at an additional cost	Benefit availability	Section
Crisis Extension	◆❖	8.6
Crisis Recovery Buy-back Crisis Recovery Buy-back is not available under a Crisis Recovery Stand Alone Plan.	◆❖	8.7
Crisis Reinstatement	◆❖	8.8
Family Protection	◆❖	8.10

Only available under Crisis Recovery Stand Alone	Benefit availability	Section
Total and Permanent Disablement	◆❖	3.1
Accidental Total and Permanent Disablement	◆❖	3.1
Universal Total and Permanent Disablement	◆❖	3.2
Life Cover Purchase	◆	8.5
Forward Underwriting	◆	8.12
Business Safeguard Forward Underwriting	◆	8.13

4.2 Built-in Benefits

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

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

Crisis Recovery references

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

1. Crisis Events

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

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

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

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

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

Crisis Events

Cancer Events

- Cancer[1] (including sarcoma, lymphoma, leukaemia and other malignant bone marrow disorders)
- Carcinoma in situ (limited to certain bodily sites)[1,2]
- Skin Cancer[1,2]
- Prostate Cancer[1]

Coronary Events

- Cardiac Arrest
- Cardiomyopathy with permanent and serious impairment
- Coronary Artery Angioplasty[1,2]
- Coronary Artery Bypass Surgery[1]
- Heart Attack[1]
- Heart Valve Surgery[1]
- Other Serious Coronary Artery Disease[1]
- Pulmonary Arterial Hypertension (Primary) with serious functional impairment[1,3]
- Stroke (acute) with serious functional impairment[1]
- Subdural Haematoma (acute and subacute) requiring surgical intervention[1]
- Surgery to the Aorta[1]

Other Serious Crisis Events

- Accidental HIV Infection[1]
- Alzheimer's Disease or Dementia with significant cognitive impairment[3]
- Aplastic Anaemia
- Bacterial Meningitis with serious functional impairment[3]
- Benign Brain or Spinal Cord Tumour with serious functional impairment[1,2]
- Blindness[3]
- Coma
- End Stage Kidney Failure[3]
- End Stage Liver Failure[3]
- End Stage Lung Failure[3]
- Intensive Care
- Loss of Hearing[3]
- Loss of Independence[3]
- Loss of Use of Limbs and/or Sight[2,3]
- Loss of Speech (complete and irrecoverable)[3]
- Major Burns of specified severity
- Major Head Trauma with serious functional impairment
- Major Organ Transplant[1,3]
- Motor Neurone Disease[3]
- Multiple Sclerosis[3]
- Muscular Dystrophy[3]
- Paralysis (total and permanent)[3]
- Parkinson's Disease[3]
- Pneumonectomy
- Severe Diabetes[1,3]
- Severe Rheumatoid Arthritis (failed conventional DMARDs)[2,3]
- Severe Rheumatoid Arthritis (failed conventional DMARDs and one bDMARD)[3]
- Terminal Illness (Stand Alone only)[1]
- Viral Encephalitis with serious functional impairment

1. Qualifying period applies (see below).
2. Partial payments apply, refer to Partial Benefit Payments in this section or go to Section 12.2 Medical Definitions.
3. This Event is considered a Progressive Event.

Qualifying Period

Certain Crisis Events are subject to a qualifying period, as indicated under Crisis Events.

A Crisis Recovery benefit is not payable if the Crisis Event first occurs or is first diagnosed or investigated, or the symptoms are reasonably apparent within three months after this benefit commences, is reinstated or increased (but only in relation to the increased amount).

We will waive this three-month qualifying period if:

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

Proof of positive diagnosis

Once you have notified us in writing by mailing, fax or email that you are submitting a claim on your Policy, we will provide you with the appropriate forms, including a proof of positive diagnosis form.

You must return proof of the positive diagnosis form to us.

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

The Crisis Recovery, Double Crisis Recovery, Crisis Recovery Stand Alone, Complimentary Family Protection or Family Protection benefits will not be payable unless the Crisis Event and the date of diagnosis are confirmed in writing by a Medical Practitioner and/or legally qualified pathologist.

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

2. Partial benefit payments

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

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

If you sustain another Crisis Event we will pay the reduced Sum Insured.

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

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

Partial benefit payment summary

The following terms and limitations apply to the payment of the Crisis Recovery, Double Crisis Recovery or Crisis Recovery Stand Alone benefit (where applicable):

- the amount of any partial benefit payment cannot exceed the relevant Sum Insured
- if we pay a Partial benefit payment the Sum Insured of any Crisis Recovery benefit will be reduced by the payment made for this benefit and premiums will be adjusted accordingly.

Crisis Event	Partial amount paid
Carcinoma in situ (limited to the following bodily sites) – must be confirmed by histopathology: • breast – where no mastectomy is performed and is confirmed by a biopsy • vagina, ovary, vulva and fallopian tube – where the tumour must be classified as TIS according to the TNM staging method • cervix-uteri – with a grading of either TNM stage TIS or CIN 3 or above, or • penis and testicle – where the tumour must be classified as TIS according to the TNM staging method. The full Sum Insured will be paid for Carcinoma in situ of the breast where the entire breast is removed or where other surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy) is performed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist Medical Practitioner.	The greater of $10,000 and 10% of the Sum Insured
Skin Cancer – where diagnosed by an appropriate specialist Medical Practitioner, we will pay: For any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion.	The greater of $10,000 and 15% of the Sum Insured
Benign Brain or Spinal Cord Tumour with serious functional impairment – where diagnosed by a consultant neurologist/neurosurgeon and gives rise to symptoms of neurological deficit.	25% of the Sum Insured up to a maximum of $50,000
Coronary Artery Angioplasty – after any payment for coronary artery angioplasty the Sum Insured will be reduced by the payment made.	
Where one coronary artery is obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or the insertion of up to two stents.	25% of the Sum Insured up to a maximum of $25,000
Where two coronary arteries are obstructed and corrected with the use of either angioplasty, atherectomy or laser therapy, or, the insertion of more than two stents (regardless of the number of coronary arteries involved).	50% of the Sum Insured up to a maximum of $50,000
For Partial payments under Coronary Artery Angioplasty, multiple claims may be made under the Crisis Recovery benefit. We will pay 100% of the Sum Insured where three or more coronary arteries are obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or stents. This procedure can be completed in one procedure or via multiple procedures within a two-month period.	
Loss of Use of Limbs and/or Sight A one-time partial benefit will be paid in the event of the total and permanent loss of use of one hand, one foot or sight in one eye (to the extent of 6/60 or less).	The greater of $10,000 and 25% of the Sum Insured
Severe Rheumatoid Arthritis (failed conventional DMARDs)	25% of the Sum Insured up to a maximum of $25,000

3. Conversion to Loss of Independence

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

Instead of your Crisis Recovery benefit expiring at the Policy Anniversary prior to your 70th birthday, your Crisis Recovery benefit will convert to a Loss of Independence benefit which will continue until the earliest of:

- the Policy Anniversary prior to your 100th birthday or;
- the Expiry Date of the Life Cover benefit (where Crisis Recovery is purchased as a Rider Benefit to Life Cover).

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

We will only pay this benefit once.

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

4. Complimentary Family Protection

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

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

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

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

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

Complimentary Family Protection Crisis Events

Crisis Events

- Death[1]
- Terminal Illness[1]

Cancer Events

- Cancer[1,2] (including sarcoma, lymphoma, leukaemia and other malignant bone marrow disorders)
- Skin Cancer[1,2]

Coronary Events

- Heart Attack[1]
- Pulmonary Arterial Hypertension (Primary) with serious functional impairment[1,4]
- Stroke (acute) with serious functional impairment[1]
- Subdural Haematoma (acute and subacute) requiring surgical intervention[1]

Other Serious Crisis Events

- Aplastic Anaemia
- Bacterial Meningitis with serious functional impairment[4]
- Benign Brain or Spinal Cord Tumour with serious functional impairment[1]
- Blindness[4]
- Coma
- End Stage Kidney Failure[4]
- End Stage Liver Failure[4]
- End Stage Lung Failure[4]
- Loss of Hearing
- Loss of Use of Limbs and/or Sight[3,4]
- Loss of Speech (complete and irrecoverable)[4]
- Major Burns of specified severity
- Major Head Trauma with serious functional impairment
- Major Organ Transplant[1,4]
- Paralysis (total and permanent)[4]
- Viral Encephalitis with serious functional impairment

1. Qualifying Period applies. The Complimentary Family Protection benefit is not payable if your Child suffers a Complimentary Family Protection Crisis Event within three months of the benefit being activated.
2. No payment for carcinoma in situ of any organ or for melanoma with a Breslow level <1mm thickness and less than Clark Level 3 in depth of invasion.
3. No payment for loss of use of one limb or loss of sight in one eye.
4. This Event is considered a Progressive Event.

Limitations – Complimentary Family Protection

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

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

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

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

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

Exclusions – Complimentary Family Protection

Pre-existing conditions

No Complimentary Family Protection benefit is payable if the Terminal Illness or death of your Child is a result of a Pre-existing Condition.

In addition, after the commencement or reinstatement of the Complimentary Family Protection Benefit as shown in your Policy Schedule and prior to the Child's second birthday, no Complimentary Family Protection benefit is payable if the Complimentary Family Protection Crisis Event is, or the passing away of your Child is a result of a health condition in respect of which your Child:

- experienced any symptoms;
- consulted a Medical Practitioner; or
- underwent any investigation.

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

- a congenital condition (i.e. a condition the child is born with), except where the condition was present at or prior to the commencement or reinstatement of the Complimentary Family Protection Benefit and you were not, or a reasonable person in your position would not be expected to be aware of, that condition (in the case of a policy which has been cancelled and replaced, commencement will be related to the date of the original policy commencement)
- an intentional act of the Child's parent or guardian
- an intentional act of someone who lives with or supervises the Child, or
- your intentional act.

When cover begins and ends

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

5. Death benefit

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

6. Terminal Illness

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

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

7. Accommodation Benefit

Where we pay a 100% lump sum under your Crisis Recovery benefit, we will reimburse the accommodation costs incurred by your Immediate Family Members up to a maximum of $250 per day, for a maximum of 30 days, for each day:

- you are confined to bed due to the condition for which we paid the benefit
- you are confined to bed more than 100 kilometres from your usual place of residence; and
- the Immediate Family Member remains away from their home, having been required to travel more than 100 kilometres from their usual place of residence to be with the Life Insured.

We will require evidence which establishes your bed confinement and proof of the accommodation costs that have been paid.

If you are eligible for this benefit under more than one cover type, we will only pay up to a maximum of $250 per day and for a maximum of 30 days total per Life Insured, under all policies and benefit types. The total lifetime benefit paid under any Accommodation Benefit held under an AIA policy will not exceed $7,500 per Life Insured.

This Accommodation Benefit is not payable if you are also claiming Home Care Benefit under an AIA Priority Protection Income Protection benefit.

This benefit is not available when the benefit is solely structured through superannuation.

8. Counselling Benefit

Where we pay a 100% lump sum under your Crisis Recovery benefit, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member of the Life Insured, attend with a counsellor or psychologist in relation to the claimable event.

Your counsellor or psychologist must, at the time of providing the counselling service, be registered with the Australian Counselling Association (www.theaca.net.au) or the Psychotherapy and Counselling Federation of Australia (pacfa.org.au).

The maximum total Counselling Benefit amount we will pay across all benefits and all policies held with AIA is $1,200 per Life Insured.

The Counselling Benefit will only be paid to policyholders or nominated beneficiaries and must be related to counselling sessions occurring within 24 months of the claimable event.

Counselling Benefit is not available when cover is solely structured through superannuation.

4.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B1, B2, C1, C2, D, E	Home Duties	
Crisis Recovery • Stand Alone • Rider Benefit to Life Cover	$2 million	$1 million	Maximum limit applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone, Crisis Extension and Double Crisis Recovery and other similar benefits under other policies with us and other insurers. Crisis Recovery and Crisis Extension Rider Benefits cannot exceed the Life Cover Sum Insured. The minimum Sum Insured for Crisis Recovery is $10,000.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Crisis Recovery	Variable age-stepped premium	15 years	63 years
	Optimum & Variable premium	34 years	63 years

Expiry Date

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

4.4 Limitations and exclusions

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

Special Acceptance Terms

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

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

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

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

Claim payments

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

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

Reinstatement

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

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

Exclusions – Crisis Recovery

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

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

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

Occupationally Acquired Hepatitis B or Hepatitis C Infection

We won't pay a Crisis Recovery benefit payment where the Life Insured has elected not to take available mandatory medical treatment which, if taken, would have prevented the infection with Hepatitis B and/or Hepatitis C.

Benefit reductions – Crisis Recovery

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

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

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

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

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

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

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

Loss of Independence Limitations

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

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

Loss of Independence Sum Insured

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

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

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

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

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

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

Sum Insured reductions – you choose

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

4.5 When cover begins and ends

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

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

5. INCOME PROTECTION

Income Protection insurance cover

We offer all customers access to the following income protection plan;

- **Income Protection CORE** – provides you with a monthly income if you become Totally or Partially Disabled. This cover is compliant with the APRA Income Protection design requirements mandatory for insurers from 1 October 2021.

The following types of cover are also available for existing customers but only when they are replacing an existing Income Protection or Income Protection Accident Only Policy from AIA Australia for an administrative reason where an alteration to the existing policy is not available.

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

In this section

5.1 Income Protection CORE
5.2 Complimentary Income Protection CORE Extras
5.3 Income Protection and Income Protection Accident Only

Other important information

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

You should read this PDS (or where relevant, the incorporated by reference material) in full before making a decision about purchasing the insurance cover described in this section.

For the full terms and conditions applicable to AIA Income Protection and Income Protection Accident Only please refer to Sections 16 to 18 of the incorporated by reference material. For an explanation of the availability of replacement Income Protection or Income Protection Accident Only cover through superannuation, refer to Section 9 of this PDS.

Availability

Please refer to Sections 5.1, 5.2 and 16.1 for the relevant Availability information.

Worldwide cover

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

Income Protection eligibility requirements

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

Income Protection options	Income Protection definitions		Description	Type of cover	Occupation Category & weekly work hours	Employment type
	Total Disablement	Partial Disablement				
• **Income Protection CORE**	Total Disablement (Income Protection CORE)	Partial Disablement (Income Protection CORE)	Total and partial disablement cover based on your inability to perform the duties of your Own Occupation in the first 24 months of benefit payments then the duties of a Suited Occupation thereafter. If you have selected Income Protection CORE – 5 year Benefit Period, Total and Partial Disablement cover is based on duties of your Own Occupation.	Indemnity (Income Protection CORE)	**A1, A2, M, A3, A4** At least 20 hours per week **B1, B2, C1, C2, D** At least 25 hours per week **Self-employed (all occupations except E)** At least 25 hours per week	• Full-time Employment[1] • Permanent Part-time Employee[2] for A1, A2, M, A3, A4 Occupation Categories only • Self-employed[3] working on a full-time basis[1]
Only available for replacement of existing AIA Income Protection or Income Protection Accident Only policies.						
• **Income Protection**[4] • **Income Protection Accident Only**[4]	Total Disablement (Income Protection) or Total Disablement (Income Protection – Occupation E)[5]	Partial Disablement (Income Protection)[5]	Total and partial disablement cover based on your occupational duties	• Indemnity[6] • Extended Indemnity[6] • Agreed Value[6,7,8]	**A1, A2, M, A3, A4** At least 20 hours per week **B1, B2, C1, C2, D, E** At least 25 hours per week **Self-employed (all occupations)** At least 25 hours per week	• Full-time Employment[1] • Permanent Part-time Employee[2] for A1, A2, M, A3, A4 Occupation Categories only • Self-employed[3] working on a full-time basis[1]
• **Advantage Optional**[4] • **PLUS Optional**[4]	Total Disablement – Multi Definition	Partial Disablement – Multi Definition	Enhanced cover for total and partial disablement based on hours, duties or income		All Occupation Categories except E	• Full-time Employment[1] • Self-employed[3] working on a full-time basis[1]

1. We classify full-time employment for this benefit as working a minimum of 25 hours per week, for 48 weeks per year excluding public holidays.
2. We classify permanent part-time employment for this benefit as being employed to undertake identifiable duties for at least three days a week and for a minimum of 20 hours per week, for 48 weeks per year (excluding public holidays) and with paid sick and holiday leave entitlements.
3. We classify self-employed for this benefit as working for payment or reward (other than as an employee) in a business or an enterprise over which you have power or control because you own it or you are a partner in the partnership that owns it.
4. Only available for eligible replacements of existing AIA Income Protection or Income Protection Accident Only policies.
5. Where Income Protection Accident Only applies, cover is only provided where disablement is **solely** as a result of an Accidental Injury.
6. Under the Superannuation Income Protection Plan, if your monthly benefit amount exceeds 100% of your Pre-disablement Income, the benefit may be reduced so that it does not exceed 100% of your Pre-disablement Income. The amount of such reduction can be paid under a Linked Benefit (Super Extras) if applicable.
7. Agreed Value Income Protection insurance cover is only available if the Policy is replacing an existing Priority Protection Agreed Value Income Protection insurance cover from AIA Australia and the cancellation and replacement is being performed for an administrative reason where an alteration to the existing policy is not available. Neither Agreed Value nor Extended Indemnity cover is available under Income Protection CORE.
8. If you are Occupation Category D or E, Agreed Value is not available. Subject to point 3, Agreed Value is only available under a Superannuation Income Protection Plan when you have purchased Super Extras as a Linked Benefit attached to a separate Policy issued to you outside of superannuation.

Benefit Period

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

Benefit Period	Income Protection CORE	Income Protection[1]	Income Protection Accident Only[1]	Premium cover[1]		Type of cover			Occupation Category
				Advantage Optional[2]	PLUS Optional[2]	Indemnity	Extended Indemnity[1]	Agreed Value[1]	
2 Years[2,3]	✓	✓	✓	✓	✓	✓	✓	✓[4,5]	A1, A2, M, A3, A4, B1, B2, C1, C2, D, E
5 Years[2,8]	✓[2]	✓	✓	✓	✓	✓	✓	✓[4,5]	A1, A2, M, A3, A4, B1, B2, C1, C2, D (excludes E)
To Age 65[3,6]	✓[2]	✓	✓	✓	✓	✓	✓	✓[4]	A1, A2, M, A3, A4, B1, B2, C1, C2 (excludes D & E)
To Age 70[6]	✗	✓	✗	✓[7]	✓[7]	✓	✓	✓[4]	A1, A2, M, A3, A4 only
2 Year Benefit to Age 70[6]	✗	✓	✗	✗	✗	✓	✗	✗	A1, A2, M, A3, A4 only

1. Only available for eligible replacements of existing AIA Income Protection or Income Protection Accident Only policies.
2. If you are Occupation Category E, Income Protection CORE, Advantage Optional and PLUS Optional are not available for any of the Benefit Period options.
3. For 2 and 5 year benefit periods, benefit payments will cease on the earlier of the end of the 2 or 5 year benefit payment period or the anniversary of the policy Commencement Date prior to the Life Insured's 65th birthday.
4. Agreed Value Income Protection insurance cover is only available if the Policy is replacing an existing Priority Protection Agreed Value Income Protection insurance cover from AIA Australia and the cancellation and replacement is being performed for an administrative reason where an alteration to the existing policy is not available. Neither Agreed Value nor Extended Indemnity cover are available under Income Protection CORE.
5. If you are Occupation Category D or E, Agreed Value is not available.
6. All references to benefit periods "To age 65", "To age 70" and "2 Year Benefit to Age 70" in this PDS are defined as covering the Life Insured up to the Policy Anniversary prior to their 65th and 70th birthdays respectively.
7. To Age 70 Benefit Period is available under Advantage Optional and PLUS Optional cover, however the enhanced benefits related to Advantage Optional and PLUS Optional will cease at the Policy Anniversary prior to your 65th birthday.
8. Where you selected Income Protection CORE – 5 year Benefit Period, Total and Partial Disablement cover is based on duties of your Own Occupation.

Waiting Period

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

Waiting Period	Income Protection CORE	Income Protection[1]	Income Protection Accident Only[1]	Premium cover[1]		Type of cover			Occupation Category
				Advantage Optional[2]	PLUS Optional[2]	Indemnity	Extended Indemnity[1]	Agreed Value[1]	
14 Days	✗	✓	✓	✓	✓	✓	✓	✓[3,4]	A1, A2, M, A3, A4, B1, B2, C1, C2 (excludes D & E)
30 Days	✓[2]	✓	✓	✓	✓	✓	✓	✓[3,4]	A1, A2, M, A3, A4, B1, B2, C1, C2, D, E
60 Days	✓[2]	✓	✓	✓	✓	✓	✓	✓[3,4]	A1, A2, M, A3, A4, B1, B2, C1, C2, D, E
90 Days	✓[2]	✓	✓	✓	✓	✓	✓	✓[3,4]	A1, A2, M, A3, A4, B1, B2, C1, C2, D, E
1 Year	✗	✓	✓	✓	✓	✓	✓	✓[3,4]	A1, A2, M, A3, A4, B1, B2, C1, C2, D, E
2 Years	✓[2]	✓	✓	✓	✓	✓	✓	✓[3,4]	A1, A2, M, A3, A4, B1, B2, C1, C2, D, E

1. Only available for eligible replacements of existing AIA Income Protection or Income Protection Accident Only policies.
2. If you are Occupation Category E, Income Protection CORE, Advantage Optional and PLUS Optional are not available for any of the Benefit Period Waiting Period options.
3. Agreed Value Income Protection insurance cover is only available if the Policy is replacing an existing Priority Protection Agreed Value Income Protection insurance cover from AIA Australia and the cancellation and replacement is being performed for an administrative reason where an alteration to the existing policy is not available. Neither Agreed Value nor Extended Indemnity cover are available under Income Protection CORE.
4. If you are Occupation Category D or E, Agreed Value is not available.

Other information

This table shows a comparison of our different income protection plans across a number of specific key features.

Cover type	Definition of disability	Insured Monthly Benefit calculation	Term of cover
Income Protection CORE[1] – 70% to 60% Option[7]	Unable to perform the Material and Substantial Duties of your Own Occupation for the initial 24 month Benefit Period and Suited Occupation thereafter. Please refer to Total Disablement (Income Protection CORE) in Section 12.1 for full definition.	Your Insured Monthly Benefit (subject to offsets) is the lesser of the Sum Insured[2] and: • in the first 24 months of the Benefit Period, 70%[3] of your monthly Pre-disablement Income (Income Protection CORE) at the time of you becoming Totally or Partially Disabled, or • after the expiry of the first 24 months of the Benefit Period, and for the balance of the Benefit Period, 60%[3] of your monthly Pre-disablement Income (Income Protection CORE) at the time of you becoming Totally or Partially Disabled. Please refer footnote 7. Claim offsets may also apply (please refer to Section 5.1.4).	Policy Guaranteed renewable until the Expiry Date. To age 65 only.
Income Protection CORE[1] – Flat 70% Option	Unable to perform the Material and Substantial Duties of your Own Occupation for the initial 24 month Benefit Period and Suited Occupation thereafter. Please refer to Total Disablement (Income Protection CORE) in Section 12.1 for full definition.	Your Insured Monthly Benefit (subject to offsets) is the lesser of the Sum Insured[2] and: • 70%[3] of your monthly Pre-disablement Income (Income Protection CORE) at the time of you becoming Totally or Partially Disabled.	Policy Guaranteed renewable until the Expiry Date. To age 65 only.
Income Protection CORE – 5 year Benefit Period Option[1]	Unable to perform the Material and Substantial Duties of your Own Occupation. Please refer to Total Disablement (Income Protection CORE) in Section 12.1 for full definition.	Your Insured Monthly Benefit (subject to offsets) is the lesser of the Sum Insured[2] and: • 70%[3] of your monthly Pre-disablement Income (Income Protection CORE) at the time of you becoming Totally or Partially Disabled.	Policy Guaranteed renewable until the Expiry Date. To age 65 only.
Income Protection and Income Protection Accident Only[4,5,6]	Unable to perform one or more essential income-producing duties of your usual occupation. Total Disablement – Multi Definition also available under Extended Indemnity Please refer to Total Disablement (Income Protection) and Total Disablement – Multi Definition in Section 18.1 of the incorporated by reference material for full definition.	Your Insured Monthly Benefit (subject to offsets) is the lesser of: • the monthly benefit stated on your Policy Schedule as the Sum Insured[2], and • up to 75%[3] of your monthly Pre-disablement Income (Indemnity) at the time of you becoming Totally or Partially Disabled.	Policy continues in accordance with its terms, subject to payment of premium, until the Expiry Date. To age 65 and To age 70 available subject to eligibility. Please refer to Section 16.1.3 of the incorporated by reference material for available policy expiry options and eligibility.

1. Please refer to Section 5.1 for more details on Income Protection CORE.
2. Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner such as any applicable Benefit Indexation.
3. If your monthly income exceeds $20,000, additional limits apply. See the relevant indemnity definitions in Section 12.1.
4. Where Income Protection Accident Only applies, cover is only provided where disablement is solely as a result of an Accidental Injury.
5. Please refer to Section 16.1 of the incorporated by reference material for more details on Income Protection and Income Protection Accident Only.
6. Only available for eligible replacements of existing AIA Income Protection or Income Protection Accident Only policies.
7. In relation to Income Protection CORE policies with a benefit reduction to 60% of Pre-disablement Income after 24 months, where, in the first 24 months of the Benefit Period, your monthly benefit is equal to the Sum Insured (i.e. in circumstances where the Sum Insured is less than 70% of your monthly Pre-disablement Income), then to determine your monthly benefit for any claim exceeding 24 months of the Benefit Period, the Sum Insured will be adjusted by the ratio of 60/70 to reflect the reduction in the percentage of Pre-disablement Income insured (please refer to the example in Section 5.1.2 for further detail).

5.1 Income Protection CORE

Your insurance cover

Income Protection CORE can provide you with a monthly income if you become Totally or Partially Disabled.

IMPORTANT:

- **Income Protection CORE** provides cover on more limited terms than those which apply in relation to the Income Protection cover and Income Protection Accident Only cover summarised in Section 5.3. (Now only available to eligible existing customers in limited circumstances. Please see Section 16.1 in the incorporated by reference material.)

  Income Protection CORE cover does not provide a number of the options available under Income Protection or Income Protection Accident Only cover. Please refer to Section 5 for a basic comparison of features.

In this section

5.1.1 Benefit overview
5.1.2 Built-in Benefits
5.1.3 General terms and conditions
5.1.4 Limitations and exclusions
5.1.5 When benefit payments cease
5.1.6 When cover begins and ends

Other important information

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

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

Availability

- Income Protection CORE can be purchased inside or outside of superannuation as Stand Alone cover with the following optional cover for an additional premium:
  - Claim Escalation
  - Retirement Protector
- Where you purchase Income Protection CORE cover, you will receive a number of additional benefits under a separate Complimentary Income Protection CORE Extras policy issued outside of superannuation to the person(s) insured under Income Protection CORE. Please see the following table for which benefits are provided under this separate policy.
- Full details of the Complimentary Income Protection CORE Extras policy can be found in Section 5.2.

Cover type	Outside super	Inside super	Applicable to all Income Protection CORE policies
Income Protection CORE	◆ Ordinary Plan	● Superannuation Plan	▲ Complimentary Income Protection CORE Extras

5.1.1 Benefit overview

Table 7 shows the benefits available when you purchase Income Protection CORE. The brief description given in the Built-in Benefits table are a summary only. For the detailed terms please refer to the relevant section noted in the table. Please refer to the Your Obligations section of Section 10.1 of this PDS for important information on your obligations related to this benefit. The benefits that apply to you will be shown on your Policy Schedule.

Table 7

Benefit availability ◆ Ordinary Plan ● Superannuation Plan ▲ Complimentary Income Protection CORE Extras

Insurance cover	Premium options
Income Protection CORE	• Variable age-stepped premium • Variable premium • Optimum

Type of cover	Benefit availability	Section
Income Protection CORE is available on an Indemnity basis only. If you have selected the 70% to 60% Option, your Insured Monthly Benefit (subject to claim offsets as described in Section 5.1.4) is the lesser of: • the Sum Insured^, and – in the first 24 months of the Benefit Period, 70%^^ of your monthly Pre-disablement Income at the time of you becoming Totally or Partially Disabled, or – after the expiry of the first 24 months of the Benefit Period, and for the balance of the Benefit Period, 60%^^ of your monthly Pre-disablement Income at the time of you becoming Totally or Partially Disabled. If you have selected the Income Protection CORE – Flat 70% Option or the Income Protection CORE – 5 year Benefit Period Option, your Insured Monthly Benefit (subject to claim offsets as described in Section 5.1.4) is the lesser of: • the Sum Insured^, and • 70%^^ of your monthly Pre-disablement Income at the time of you becoming Totally or Partially Disabled. In relation to Income Protection CORE policies with a benefit reduction to 60% of Pre-disablement Income after 24 months, where, in the first 24 months of the Benefit Period, your monthly benefit is equal to the Sum Insured (i.e. in circumstances where the Sum Insured is less than 70% of your monthly Pre-disablement Income), then to determine your monthly benefit for any claim exceeding 24 months of the Benefit Period, the Sum Insured will be adjusted by the ratio of 60/70 to reflect the reduction in the percentage of Pre-disablement Income insured (please refer to the example in Section 5.1.2 for further detail). Claim offsets may also apply (please refer to Section 5.1.4). Where you are Actively Employed on the Date of Disablement your Pre-disablement Income will be the average monthly Income for the 12 consecutive months preceding the Date of Disablement. If, at the Date of Disablement, your Employment status[1] has not changed in the last 12 months and you can demonstrate that your Pre-disablement Income has reduced by 25% or more compared to the 12 months preceding that period, you can request your Pre-disablement Income be based on your average monthly Income for a period of up to 24 consecutive months immediately prior to the Date of Disablement. If you have been unemployed, or on employer approved maternity leave, paternity leave or Sabbatical Leave for a consecutive period of less than 12 months on the Date of Disablement, your Pre-disablement Income will be the average monthly Income in the 12 month period ending on the first day of the most recent period of Unemployment or Leave commencement. If you have been unemployed, or on employer approved maternity leave, paternity leave or Sabbatical Leave for a consecutive period of 12 months or more on the Date of Disablement, your Pre-disablement Income will be the average monthly Income in the 12 month period ending 12 months prior to Date of Disablement. In determining your Income, we may reference several sources of information including, amongst others, payslips and other employer information, bank statements and your lodged tax return (consistent with ATO normal specified time frames). As part of determining your Pre-disablement Income, we may request and require that you complete your annual tax assessment. 1. *Employment status is either Employed or Self-employed* 2. *Please note, no benefit payments will be payable under this policy if you are unemployed or on maternity leave, paternity leave, Sabbatical Leave for 24 months or more. Following a period of unemployment, maternity leave, paternity leave, Sabbatical Leave or Study Leave that exceeds 12 months your Pre-disablement income and corresponding monthly benefit will decrease each month until, after 24 months, your monthly benefit will be zero. You should therefore ensure you review the appropriateness of your policy regularly during a period or extended leave from employment.* ^Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner such as any applicable Benefit Indexation. ^^If your monthly income exceeds $20,000 then additional limits apply. See the Indemnity (Income Protection CORE) section in Section 12.1.	◆ ● ▲	5.1.2

Important – you should regularly review the suitability of your Sum Insured:

In the event of claim, an Indemnity based income protection policy will calculate benefits with reference to your actual Income in the 12 months prior to your disablement, provided that the benefit you receive in the event of a claim will not exceed your Sum Insured. If your Income has reduced since you originally started your policy this may mean that the benefit you receive in the event of a claim will be less than your Sum Insured. Alternatively, if your Income has increased since you originally started your policy, and you have not updated your Sum Insured to reflect this, the benefit you receive in the event of a claim will be capped by your Sum Insured and accordingly will not be reflective of the increase to your Income.

It is important therefore to regularly review the suitability of your current Sum Insured. Your financial adviser will be able to support you with this process.

Built-in Benefits	Benefit availability	Section
Total Disablement (Income Protection CORE) Pays a benefit if you meet the definition of Total Disablement (Income Protection CORE). Payments (monthly in arrears) will commence after the Waiting Period has been met and continue until the end of the Benefit Period as long as you remain Totally Disabled.	◆●	5.1.2
Partial Disablement (Income Protection CORE) Pays a benefit if you meet the definition of Partial Disablement (Income Protection CORE). Payments (monthly in arrears) will commence after the Waiting Period has been met and continue until the end of the Benefit Period as long as you remain Partially Disabled.	◆●	5.1.2
Total Disablement (Complimentary Income Protection CORE Extras) Pays a benefit outside super in specific circumstances where you do not meet the conditions for the payment of a Total Disablement benefit under your Income Protection CORE policy.	▲	5.2.2
Partial Disablement (Complimentary Income Protection CORE Extras) Pays a benefit outside super in specific circumstances where you do not meet the conditions for the payment of a Partial Disablement benefit under your Income Protection CORE policy.	▲	5.2.3
Recurrent Disablement If, after payment of a disability benefit, you return to paid, full pre-disability duties and hours and a disablement due to the same or related cause reoccurs within 12 months, we will recommence payments on the same claim without a further Waiting Period. The period for which you were previously eligible to receive a disability benefit in respect of disablement caused by the same or related condition will be counted for the purpose of determining whether you meet the relevant disablement definition and the monthly benefit you are entitled to receive.	◆●	5.1.2
Benefit Indexation Automatically increases your Sum Insured each year by the level of the CPI Increase and adjusts your premium accordingly. You can opt out of this benefit on your application form, at the time of a policy cancellation and replacement or before a Policy Anniversary.	◆●	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.	◆●▲	7.1
Premium and Cover Pause Benefit For eligible policies, and subject to acceptance of an application, allows you to pause premiums and cover for a period of 3, 6 or 12 months in certain circumstances.	▲	7.6
Waiver of Premium Waives your Income Protection CORE premiums whilst you are being paid a Total or Partial Disablement benefit under your Income Protection CORE cover or Complimentary Income Protection CORE Extras policy.	◆●	5.1.2

Built-in Benefits	Benefit availability	Section
Elective Surgery Pays a monthly benefit if you remain Totally Disabled after the Waiting Period due to cosmetic surgery, elective surgery, or as a result of surgery to transplant an organ or bone marrow into another person. A six-month qualifying period applies.	◆●	5.1.2
Complimentary Interim Accidental Income Protection Cover Pays a monthly benefit outside superannuation up to $10,000 for up to six months after the proposed Waiting Period in the event you become Totally Disabled due to an Accidental Injury whilst we are assessing your application. This cover applies for up to 90 days from the date of your signed application.	◆	13.4
Salary Increase Benefit Allows you to increase your Insured Monthly Benefit by 15% up to a maximum of $2,500 when your salary increases, without providing further evidence of your health or insurability. Under Income Protection CORE, the monthly benefit cannot exceed 70% of your Pre-disablement Income.	◆●	7.4
Involuntary Unemployment Waiver of Premium Waives Income Protection CORE premiums (including any Rider Benefits attached to your Income Protection CORE cover) for up to three months if you meet the definition for Involuntary Unemployment. We will only provide this benefit once in any 12-month period.	◆●	5.1.2
Rehabilitation Expenses Reimburses or covers the cost of your participation in a pre-approved rehabilitation program, occupational services, aides, equipment and/or modifications for up to a maximum of 12 times your Insured Monthly Benefit.	◆●	5.2
Needlestick Injury (Occupation Category M only) Pays a benefit outside super if your earnings are reduced due to you being accidentally infected with HIV, AIDS or Hepatitis B or C as a result of a needlestick or splash injury whilst performing duties of your normal occupation.	▲	5.2

Rider Benefit – optional benefit at an additional cost	Benefit availability	Section
Claim Escalation benefit	◆●	8.15
Retirement Protector benefit	◆●	8.16

5.1.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Income Protection CORE as indicated in Table 7. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 5.1.2–7 and Section 10.2.

When a claim is made it will firstly be assessed under your Income Protection CORE policy. If the claim is not payable under your Income Protection CORE policy, we will then assess your claim under your Complimentary Income Protection CORE Extras policy (please see Section 5.2).

1. Type of cover

Your Insured Monthly Benefit in respect of a claim made under Income Protection CORE (subject to claim offsets – see Condition 5.1.4) is;

For the first 24 months of the Benefit Period applicable to that claim, the lesser of:

- the Sum Insured^, and
- 70%^^ of your monthly Pre-disablement Income at the time of you becoming Totally Disabled.

^^ Your Pre-disablement Income is calculated as follows:
In the first 24 months of disablement, 70% of your monthly Pre-disablement Income is calculated as follows:

- 70% of the first $20,000 of your monthly pre-disablement income, plus
- 50% of the next $20,000 of your monthly pre-disablement income, plus
- 20% of the next $30,000 of your monthly pre-disablement income.

Unless you have selected Income Protection CORE – Flat 70% Option or Income Protection CORE – 5 year Benefit Period Option, then after the expiry of the first 24 months of the Benefit Period applicable to that claim and for the balance of that Benefit Period, the Insured Monthly Benefit will be the lesser of

- the Sum Insured^ (as reduced, if applicable, in accordance with this Section 5.1.2), and
- 60%^^^ of your monthly Pre-disablement Income at the time of you becoming Totally Disabled.

^^^ In any period which exceeds 24 months of disablement, 60% of your monthly Pre-disablement Income is calculated as follows:

- 60% of the first $20,000 of your monthly pre-disablement income, plus
- 43% of the next $20,000 of your monthly pre-disablement income, plus
- 17% of the next $30,000 of your monthly pre-disablement income.

^Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner such as any applicable Benefit Indexation.

In relation to Income Protection CORE policies with a benefit reduction to 60% of Pre-disablement Income after 24 months, where, in the first 24 months of the Benefit Period, your monthly benefit is equal to the Sum Insured (i.e. in circumstances where the Sum Insured is less than 70% of your monthly Pre-disablement Income), then to determine your monthly benefit for any claim exceeding 24 months of the Benefit Period, the Sum Insured will be adjusted by the ratio of 60/70 to reflect the reduction in the percentage of Pre-disablement Income insured (please refer to the example in Section 5.1.2 for further detail).

If you have selected the Income Protection CORE – Flat 70% Option or Income Protection CORE – 5 year Benefit Period Option, then after 24 months of the Benefit Period your Insured Monthly Benefit (subject to claim offsets as described in Section 5.1.4) will continue to be the lesser of:

- the Sum Insured^, and
- 70%^^ of your monthly Pre-disablement Income at the time of you becoming Totally or Partially Disabled.

^^ For Income Protection CORE, 70% of your monthly Pre-disablement Income is calculated as follows:

- 70% of the first $20,000 of your monthly pre-disablement income, plus
- 50% of the next $20,000 of your monthly pre-disablement income, plus
- 20% of the next $30,000 of your monthly pre-disablement income.

Claim offsets may also apply (please refer to Section 5.1.4).

Example:

Pre-disablement Income	$10,000
Sum Insured selected by insured	$5,000
Benefit in first 2 years	Lower of Sum Insured or 70% of Pre-disablement Income = $5,000
Benefit after 2 years (adjusted to reflect the reduction in the percentage of Pre-disablement Income insured to 60%)	Sum Insured ($5,000) x 60%/70% = $4,286

2. Total Disablement

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

If you are:

- Totally Disabled for at least one day, and
- continuously disabled (either Totally Disabled or Partially Disabled) for the duration of the Waiting Period, and
- Totally Disabled from the end of the Waiting Period,

a Total Disablement monthly benefit is payable provided you meet the Total Disablement definition that applies to you at the end of the Waiting Period.

If your disability does not meet the above definition your claim will be assessed under your Complimentary Income Protection CORE Extras policy and benefits paid if eligible.

Occupation Categories – B1, B2, C1, C2 and D.

If you are:

- Totally Disabled for at least seven out of 12 consecutive days during the Waiting Period, and
- continuously disabled (either Totally Disabled or Partially Disabled) for the balance of the Waiting Period, and
- Totally Disabled from the end of the Waiting Period,

a Total Disablement benefit is payable provided you meet the Total Disablement definition that applies to you at the end of the Waiting Period.

If your disability does not meet the above definition your claim will be assessed under your Complimentary Income Protection CORE Extras policy and benefits paid if eligible.

All Occupation Categories

You must also at the time of making the claim, be disabled in a manner consistent with the Temporary Incapacity condition of release under the *Superannuation Industry (Supervision) Regulations 1994*.

Your state of ill health at the time of making a claim must be such as to have caused you to cease to be employed or self-employed for gain or reward in a business, trade, profession, vocation, calling, occupation or any other employment.

In the event of a claim, Total Disablement benefits may be paid either under this policy or the Complimentary Income Protection CORE Extras policy which is also provided to everyone insured under Income Protection CORE. If your disability does not meet the above definition your claim will be assessed under your Complimentary Income Protection CORE Extras policy and benefits paid if eligible.

For full details on Complimentary Income Protection CORE Extras please refer to Section 5.2.

The benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant Total Disablement definition. Claim offsets and limitations may apply (see Section 5.1.4).

Except where you have selected Income Protection CORE – 5 year Benefit Period Option, if you have been Totally or Partially Disabled for 24 months or more from the end of your Waiting Period, your receipt of disability benefits for subsequent periods will be based on your capability to perform a Suited Occupation.

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

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

3. Partial Disablement

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

If you are:
- Totally Disabled for at least one day, and
- continuously disabled (either Totally Disabled or Partially Disabled) for the duration of the Waiting Period, and
- Partially Disabled from the end of the Waiting Period,

a Partial Disablement monthly benefit is payable provided you meet the Partial Disablement definition that applies to you.

If during the waiting period you do not meet the above definition your claim will be assessed under your Complimentary Income Protection CORE Extras policy and benefits paid if eligible.

Occupation Categories – B1, B2, C1, C2 and D

If you are:
- Totally Disabled for at least seven out of 12 consecutive days during the Waiting Period, and
- continuously disabled (either Totally Disabled or Partially Disabled) for the balance of the Waiting Period, and
- Partially Disabled from the end of the Waiting Period,

a Partial Disablement monthly benefit is payable provided you meet the Partial Disablement definition that applies to you.

If during the waiting period you do not meet the above definition your claim will be assessed under your Complimentary Income Protection CORE Extras policy and benefits paid if eligible.

All Occupation Categories

You must also at the time of making the claim, be disabled in a manner consistent with the Temporary Incapacity condition of release under the *Superannuation Industry (Supervision) Regulations 1994*.

Your state of ill health at the time of making a claim must be such as to have caused you to cease to be employed or self-employed for gain or reward in a business, trade, profession, vocation, calling, occupation or any other employment.

In the event of a claim, Partial Disablement benefits may be paid either under this policy or the Complimentary Income Protection CORE Extras policy which is provided to everyone insured under Income Protection CORE. If your disability does not meet the above definition your claim will be assessed under your Complimentary Income Protection CORE Extras policy and benefits paid if eligible.

For full details on Complimentary Income Protection CORE Extras please refer to Section 5.2.

The benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant Partial Disablement definition. Claim offsets and limitations may apply (see Section 5.1.4).

Except where you have selected Income Protection CORE – 5 year Benefit Period Option, if you have been Totally or Partially Disabled for 24 months or more from the end of your Waiting Period, your Disablement will be assessed with regard to your capability to perform a Suited Occupation (please refer to Section 12.1).

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

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

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

4. Recurrent Disablement

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

- you return to paid, full pre-disability duties and hours after payment of a Total Disablement or a Partial Disablement benefit, and
- you suffer the same or a related Injury or Sickness within 12 months of your return to paid, full pre-disability duties and hours.

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

The period for which you were previously eligible to receive a Total Disablement or Partial Disablement benefits in respect of the relevant Injury or Sickness will be included for the purpose of determining whether you meet the Total Disablement or Partial Disablement definition (as applicable) and the monthly benefit you are entitled to receive.

Recurrence after 12 months:

Any recurrence of Total Disablement or Partial Disablement occurring more than 12 months after you return to paid, full pre-disability duties and hours, will be treated as a new claim and be subject to a new Waiting Period and a new Benefit Period.

5. Waiver of Premium

If a Total Disablement or Partial Disablement benefit is payable, we will:

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

Where your Policy is held within superannuation, any premiums paid for the Policy will be reimbursed to the trustee of the relevant fund. Where your Policy is held within a risk-only division of a superannuation fund, you will need to nominate details of an account in a complying superannuation fund to which the trustee can roll-over any reimbursement. If no nomination is made to the trustee of the Scheme the monies will be transferred to the ATO.

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

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

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

Please refer to the definition of Waive in Section 12.1.

6. Involuntary Unemployment Waiver of Premium

Where you are the Life Insured and Policy Owner, we will Waive your Income Protection CORE premiums (including any Rider Benefits attached to your Income Protection CORE cover) for a period of up to three months if you become involuntarily unemployed, and suitable evidence is provided to us that shows you meet the definition of Involuntary Unemployment.

Your cover will not cease during this period.

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

After this benefit has been claimed once, we will not provide the benefit again unless you return to work at no less than your pre-disability hours, for at least 12 consecutive months and you are then able to satisfy our definition of Involuntary Unemployment again.

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

The Policy must be in-force for a minimum of 12 months from the commencement or latest reinstatement date (in the case of a policy which has been cancelled and replaced, the 12 month period will start from the date of the original policy commencement). No premiums will be waived beyond the insured's 60th birthday.

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

7. Benefit Indexation

If your application includes Benefit Indexation, or you are cancelling and replacing an existing policy which includes Benefit Indexation, we will automatically increase the applicable Sum Insured or Insured Monthly Benefit at the Policy Anniversary each year. The Insured Monthly Benefit amount will increase by the level of CPI annually.

Where the CPI change is zero or negative no change will be applied for that year.

Premiums will be adjusted according to your age at the time of the increase.

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

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

Benefit Indexation will cease at the earliest of:
- the Policy Anniversary on or prior to your 65th birthday, and
- the Expiry Date of the benefit.

Limitations

Benefit Indexation is not available for Needlestick Injury under your Complimentary Income Protection CORE Extras policy.

8. Rehabilitation Expenses Benefit

As a result of a claim under this policy, we will pay the costs of your participation in an Occupational Rehabilitation Program approved by us that is part of a structured return to work program and is necessary to assist in your rehabilitation back to work, following your Injury or Sickness.

We will pay this benefit for the following types of programs:
- graded exercise programs
- wellness programs
- business coaching
- graded return-to-work programs
- modification of work environments
- vocational counselling
- career advice and redirection
- re-skilling or retraining
- the supply of ergonomic equipment
- other types of programs which we approve from time to time.

However, we will not reimburse costs of participating in any program where the relevant program:
- is not a service approved by us, and provided by one of AIA's supplier panel; or
- involves 'treatment' as defined by the Life Insurance Act and Health Insurance Act; or
- provides ongoing services that do not have the specific and stated objective of leading to an increase in function; or
- does not have the primary purpose of returning you to paid employment; or
- does not have goals incorporated into the plan that can be measured; or
- is of a type ordinarily engaged in for general health and wellbeing.

We recommend you seek our approval of the program prior to your participation otherwise there is the risk that your participation in the program may not be approved and, as a result, you are out of pocket for the costs incurred. We won't unreasonably delay letting you know whether or not we'll reimburse you for the proposed rehabilitation program.

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

These expenses must be approved by us and are limited to the maximum benefit of 12 times the Insured Monthly Benefit applicable under your Income Protection CORE policy.

Regardless of when rehabilitation commences, the Insured Monthly Benefit used to calculate the Rehabilitation Expenses Benefit will be that assessed applicable to the first 24 month benefit payment period.

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

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

Some of the above benefits may be paid from your Complimentary Income Protection CORE Extras policy where they are not payable under the terms of your Income Protection CORE cover (please refer to Section 5.2).

9. Elective Surgery Benefit

We will pay a Total Disablement benefit if you become Totally Disabled and remain Totally Disabled after the Waiting Period as a result of:
- cosmetic surgery,
- other elective surgery, or
- surgery to transplant an organ or bone marrow from you into the body of another person.

This benefit does not apply if the surgery or transplant takes place within six months of the Income Protection benefit commencing, being reinstated, or increased (but only in relation to the increased amount). In the case of a policy which has been cancelled and replaced, the six month period will start from the date of the original policy commencement.

Normal post-surgery recovery is not considered to be Total Disablement for the purposes of this benefit.

No benefit will be paid for normal post-surgery recovery.

In all cases the surgery must be performed by an appropriately qualified Doctor.

5.1.3 General terms and conditions

Sum Insured limits

Maximum Insured Monthly Benefit

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

Maximum Insured Monthly Benefit for Income Protection CORE policies only

Benefit Period	Occupation Categories			Conditions
	A1, A2, M, A3, A4	B1, B2, C1, C2	D	
• 2 year • 5 year • To Age 65	$30,000 per month[1,2]	$25,000 per month[1]	$15,000 per month[1]	1. Maximum limit applies to the total sums insured for income protection with us and other insurers. 2. Not available to all occupations – speak to your financial adviser for more information.

Maximum total Insured Monthly Benefit for combined Income Protection, Income Protection Accident Only, Income Protection Essentials and Income Protection CORE policies only

	Occupation Categories			Conditions
	A1, A2, M, A3, A4	B1, B2, C1, C2	D	
Maximum total Insured Monthly Benefit	$30,000 per month[1]	$25,000 per month[1]	$15,000 per month[1]	1. Maximum limit applies to the total sums insured for income protection with us and other insurers.

Maximum total Insured Monthly Benefit for combined Income Protection, Income Protection Accident Only, Income Protection Essentials, Income Protection CORE policies and Business Expenses cover

	Occupation Categories				Conditions
	A1, A2, M	A3, A4	B1, B2	C1, C2, D	
Maximum total Insured Monthly Benefit	$90,000 per month[1]	$60,000 per month[1]	$40,000 per month[1]	$25,000 per month[1]	1. Maximum combined total sums insured monthly benefit for Income Protection, Income Protection Accident Only, Income Protection Essentials, Income Protection CORE and Business Expenses with us and other insurers.

Entry age

Benefit Period	Premium type	Minimum entry age	Maximum entry age	
		All occupations	AI, A2, M, A3, A4, B1, B2	C1, C2, D
• 2 year • 5 year • To Age 65	Variable age-stepped premium	15 years	59 years	54 years
	Optimum & Variable premium	34 years	59 years	54 years

Expiry Date

The Expiry Date for Income Protection CORE insurance is the Policy Anniversary prior to your 65th birthday.

5.1.4 Other limitations and exclusions

Other limitations and exclusions that apply to Income Protection insurance CORE are set out below. If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

Limitations:

Two and Five Year Benefit Periods

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

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

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

Exclusions

We will not pay a disablement benefit claim:

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

Claim Offsets

If you make a claim for a Total Disablement or Partial Disablement benefit, the benefit amount you are entitled to receive will be reduced by;

- Any payments received from your employer over the period of sickness or injury including sick pay. This does not include payments received due to annual or long service leave,
- Any Income, profits or other remuneration that the Life Insured continues to receive or is entitled to receive from his or her current or former business or businesses or any entities related to that business or businesses,
- Any Social Security payments or other government grants you receive or become entitled to in respect of your injury or sickness,
- Any payments you receive or become entitled to in respect of injury or sickness under any Australian state, territory or the Commonwealth, or as damages under common law (whether or not modified by statute), for loss of income, loss of earning capacity or any other economic loss (including any benefits or payments for work injury damages), whether paid as a lump sum or not. Examples include but not limited to, workers compensation and motor vehicle claim
- Any payments you receive in respect of your injury or sickness from another Individual or Group income replacement insurance policy, salary continuance or mortgage repayment cover.

If any of these payments are received as a lump sum rather than a monthly payment they will be converted, for the purpose of applying this offset provision, to a monthly amount equivalent to one-sixtieth (1/60th) of the lump sum amount for a period of 5 years.

You must provide to us, as soon as reasonably practicable, a breakdown of any lump sum received. This should include (where applicable) the portions of the lump sum relating to loss of income, loss of earning capacity or any other economic loss because of the Injury or Sickness, and any other information we reasonably require for the purpose of verifying the amount of such payments.

Where you do not provide sufficient information for us to reasonably identify the above portions of the lump sum received, for the purposes of calculating the amount to be offset we will (acting reasonably on the basis of the information which we have received regarding the lump sum payment), decide what portion of the lump sum relates to loss of income, loss of earning capacity or any other economic loss as a result of the Injury or Sickness and advise you of this in writing prior to applying the offset based on the lump sum payment. Should you disagree with our assessment, you can request a review at which point we will act reasonably in considering any additional information you provide in relation to the lump sum payment.

Any lump sum TPD, Needlestick (Lump Sum Benefit), Crisis Recovery or Terminal Illness benefit payments **will not be offset** against your Total Disablement or Partial Disablement benefit payments.

Your Total Disability Benefit will only be reduced to the amount required to ensure that the AIA Income Protection CORE benefit paid, together with any ongoing payments received from allowable offsets, does not exceed a value equal to 70%[1] of the first $20,000 of your monthly pre-disablement income, plus 50%[2] of the next $20,000 of your monthly pre-disablement income, plus 20%[3] of the next $30,000 of your monthly pre-disablement income.

1. 60% after 24 months of disablement for the Income Protection CORE 70/60 variant
2. 43% after 24 months of disablement for the Income Protection CORE 70/60 variant
3. 17% after 24 months of disablement for the Income Protection CORE 70/60 variant

If the monthly benefit payable to you under this policy is reduced because you have a claim offset, or have a Partial Disablement rather than a Total Disablement, then any Retirement Protector benefit payment to your nominated Superannuation Fund will be reduced by the same proportion.

In respect of **Total Disablement Benefit** we will calculate your Insured Monthly Benefit and reduce it by the total value of any ongoing amounts as listed above.

Example:

Pre-disablement Income	$10,000
Sum Insured	$7,000
Your Insured Monthly Benefit	Lower of Sum Insured or 70%* of Pre-disablement Income = $7,000
Value of ongoing Income or other amounts that can be offset (e.g. sick pay, workers compensation)	$1,000
Total Disablement Benefit Paid	Insured Monthly Benefit ($7,000) less total offsets ($1,000) = $6,000

In respect of **Partial Disablement Benefit**, your benefit will be calculated with reference to the following formula.

Total Disablement Benefit (before any claim offsets) less, 70%* x current earned income while partially disabled less, 100% of any other applicable claim offsets.

Example:

Pre-disablement Income	$10,000
Sum Insured	$7,000
Total Disablement Benefit	Lower of Sum Insured or 70%* of Pre-disablement Income = $7,000
Value of ongoing earned income	$2,000
Value other applicable claim offsets	$1,000
Partial Disablement Benefit Paid	Total Disablement Benefit ($7,000) less 70% of earned Income ($2000 x 70%) = $1400 less 100% of other applicable claim offsets (100% x $1000) Partial Disablement Benefit Paid = $4,600

*If you have selected the Income Protection CORE – 70% to 60% Option, then this reduces to 60% for any claim periods exceeding 24 months of benefit payments.

5.1.5 When benefit payments cease

Benefit payments will cease at the earlier of:

- you cease to be Totally Disabled or Partially Disabled
- the end of the Benefit Period or the insurance cover ends (whichever comes first).

For To Age 65 benefit periods, benefit payments will cease on the anniversary of the policy Commencement Date prior to the Life Insured's 65th birthday. For 2 year or 5 year benefit periods, benefit payments will cease on the earlier of the end of the 2 or 5 year benefit payment period or the anniversary of the policy Commencement Date prior to the Life Insured's 65th birthday.

5.1.6 When cover begins and ends

Cover will begin on the applicable Commencement Date shown on your Policy Schedule and end at the earliest of:

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

5.2 Complimentary Income Protection CORE Extras

Applicable to all Income Protection CORE policies

We provide Complimentary Income Protection CORE Extras cover to all individuals insured under Income Protection CORE policies.

Complimentary Income Protection CORE Extras cover is provided under a separate policy held outside super, in the name of the person(s) insured under the associated Income Protection CORE cover.

This separate policy provides access to a number of additional claimable events which are not available under the main Income Protection CORE policy.

In this section

5.2.1 Benefit overview
5.2.2 Total Disablement
5.2.3 Partial Disablement
5.2.4 Rehabilitation Expenses Benefit
5.2.5 Needlestick Injury Benefit
5.2.6 Recurrent Disablement
5.2.7 Other limitations and exclusions
5.2.8 When benefit payments cease
5.2.9 When cover begins and ends

Availability

- Complimentary Income Protection CORE Extras is only provided to you if you have purchased Income Protection CORE.

5.2.1 Benefit overview

The additional benefits which your Complimentary Income Protection CORE Extras policy provides access to are summarised in the table below. Please refer to the Your Obligations section of Section 10.1 of this PDS for important information on your obligations related to this benefit. For more details on the individual benefits, please refer to the section number as shown.

Table 8

Claimable events available outside super under Complimentary Income Protection CORE Extras	Section
Total Disablement (Complimentary Income Protection CORE Extras) Pays a benefit in specific circumstances where you do not meet the conditions for the payment of a Total Disablement benefit under your Income Protection CORE policy.	5.2.2
Partial Disablement (Complimentary Income Protection CORE Extras) Pays a benefit in specific circumstances where you do not meet the conditions for the payment of a Partial Disablement benefit under your Income Protection CORE policy.	5.2.3
Rehabilitation Expenses Reimburses or covers the cost of your participation in a pre-approved rehabilitation program, occupational services, aides, equipment and/or modifications for up to a maximum of 12 times your Insured Monthly Benefit.	5.2.4
Needlestick Benefit (Occupation M only) Pays a monthly benefit if your earnings are reduced due to you being accidentally infected with HIV, AIDS or Hepatitis B or C as a result of a needlestick or splash injury whilst performing duties of your normal occupation.	5.2.5
Recurrent Disablement If you return to paid, full pre-disability duties and hours after payment of a disablement benefit and a disablement due to same or related cause reoccurs within 12 months, we will recommence payments on the same claim without a further Waiting Period. The period for which you were previously eligible for a disability benefit in respect of disablement caused by the same or related condition will be counted for the purpose of determining whether you meet the relevant disablement definition and the monthly benefit you are entitled to receive.	5.2.6
Premium and Cover Pause Benefit For eligible policies, and subject to acceptance of an application, allows you to pause premiums and cover for a period of 3, 6 or 12 months in certain circumstances.	7.6

How your Complimentary Income Protection CORE Extras works

By purchasing an Income Protection CORE policy, we provide you with a Complimentary Income Protection CORE Extras policy.

The policy is in the name of the Income Protection CORE life insured and provides access to a number of additional claimable events which are not available under the main Income Protection CORE policy.

5.2.2 Total Disablement (Complimentary Income Protection CORE Extras)

If a claim for Total Disablement is made, it will firstly be assessed under your Income Protection CORE policy and the Insured Monthly Benefit will be determined with reference to your Income Protection CORE policy. If we accept the claim then your Total Disablement benefit will be paid under your Income Protection CORE cover and no Total Disablement benefit will be payable under your Income Protection CORE Extras cover.

If we do not accept the claim under your Income Protection CORE policy, we will assess whether it is payable under your Income Protection CORE Extras policy.

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

If you are:
- continuously disabled (either Totally Disabled or Partially Disabled) for the duration of the Waiting Period, and
- Totally Disabled from the end of the Waiting Period,

a Total Disablement monthly benefit is payable provided you meet the Total Disablement definition that applies to you under your Income Protection CORE policy at the end of the Waiting Period.

Occupation Categories – B1, B2, C1, C2 and D

If you are:
- Totally Disabled for at least seven out of 12 consecutive days during the Waiting Period, and
- continuously disabled (either Totally Disabled or Partially Disabled) for the balance of the Waiting Period, and
- Totally Disabled from the end of the Waiting Period,

a Total Disablement monthly benefit is payable provided you meet the Total Disablement definition that applies to you under your Income Protection CORE policy at the end of the Waiting Period.

All Occupation Categories

Except where you have selected Income Protection CORE – 5 year Benefit Period Option, if you have been disabled for 24 months or more from the end of your Waiting Period, your receipt of Total Disablement benefits for subsequent periods is subject to you being unable to perform the Material and Substantial Duties of any Suited Occupation.

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

No Total Disablement benefits will be payable at any time you qualify for Partial Disablement Benefits.

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

The amount of benefit payable in a month may be reduced for any claim offsets as defined under your Income Protection CORE policy.

The Insured Monthly Benefit due will be determined in accordance with the Income Protection CORE policy conditions relating to the payment and calculation of Total Disablement benefit and with reference to the Sum Insured^.

The monthly benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant definition of Total Disability under this policy or your Income Protection CORE policy. Claim offsets and limitations as defined in your Income Protection CORE policy will apply to all Total Disability payments whether paid under the Income Protection CORE policy or the Complimentary Income Protection CORE Extras policy.

Total Disablement (not actively employed)

A Total Disablement monthly benefit is payable under Complimentary Income Protection CORE Extras in the event you are Totally Disabled whilst unemployed, on maternity, paternity or Sabbatical Leave at the Date of Disablement, provided you meet the Total Disablement definition that applies to you under your Income Protection CORE policy at the end of the Waiting Period.

If you have been unemployed or on maternity, paternity or Sabbatical Leave for more than 12 consecutive months, immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (not actively employed) means that, solely because of Injury or Sickness, you are:
- not capable of performing the Material and Substantial Duties of a Suited Occupation in any capacity, and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by, a Medical Practitioner, in relation to that Injury or Sickness; and
- not working (whether paid or unpaid).

If you are capable of performing the Material and Substantial Duties of a Suited Occupation in a reduced capacity, you won't be Totally Disabled but you may be Partially Disabled.

The Insured Monthly Benefit due will be determined in accordance with the Income Protection CORE policy conditions relating to the payment and calculation of Total Disablement benefit and with reference to the Sum Insured^.

The monthly benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant definition of Total Disability under this policy or your Income Protection CORE policy. Claim offsets and limitations as defined in your Income Protection CORE policy will apply to all Total Disability payments whether paid under the Income Protection CORE policy or the Complimentary Income Protection CORE Extras policy.

^Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner such as any applicable Benefit Indexation.

Claim offsets for other sources of income may apply (see Section 5.2.7).

No Total Disablement benefits will be payable at any time you qualify for Partial Disablement Benefits.

In determining whether you are capable of working in a Suited Occupation, we will take into account available medical evidence (including the opinion of your Medical Practitioner) and any other relevant considerations directly related to your medical condition (including information provided by you).

If we are making monthly benefit payments and these are adjusted in accordance with the terms of the Policy, we will notify you 30 days prior to this taking place.

5.2.3 Partial Disablement (Complimentary Income Protection CORE Extras)

If a claim for Partial Disablement is made, it will firstly be assessed under your Income Protection CORE policy and the Insured Monthly Benefit will be determined with reference your Income Protection CORE policy. If we accept the claim then your Partial Disablement benefit will be paid under your Income Protection CORE cover and no Partial Disablement benefit will be payable under your Income Protection CORE Extras cover.

If we do not accept the claim under your Income Protection CORE policy, we will assess whether it is payable under your Income Protection CORE Extras policy.

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

If you are:
- continuously disabled (either Totally Disabled or Partially Disabled) for the duration of the Waiting Period, and
- Partially Disabled from the end of the Waiting Period,

a Partial Disablement monthly benefit is payable under this policy provided you meet the Partial Disablement definition that applies to you under your Income Protection CORE policy at the end of the Waiting Period.

Occupation Categories – B1, B2, C1, C2 and D

If you are:
- Totally Disabled for at least seven out of 12 consecutive days during the Waiting Period, and
- continuously disabled (either Totally Disabled or Partially Disabled) for the balance of the Waiting Period, and
- Partially Disabled from the end of the Waiting Period,

a Partial Disablement monthly benefit is payable under this policy provided you meet the Partial Disablement definition that applies to you under your Income Protection CORE policy at the end of the Waiting Period.

All Occupation Categories

Except where you have selected Income Protection CORE – 5 year Benefit Period Option, if you have been Totally or Partially Disabled for 24 months or more from the end of your Waiting Period, your receipt of Partial Disablement benefits for subsequent periods is subject to your capability to perform a Suited Occupation.

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

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

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

The amount of benefit payable in a month may be reduced for any claim offsets as defined under your Income Protection CORE policy.

The Insured Monthly Benefit due will be determined in accordance with the Income Protection CORE policy conditions relating to the payment and calculation of Partial Disablement benefit and with reference to the Sum Insured^ as stated on your Income Protection CORE Policy Schedule. The monthly benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant definition of Partial Disability under this policy or your Income Protection CORE policy. Claim offsets and limitations as defined in your Income Protection CORE policy will apply to all Partial Disability payments whether paid under the Income Protection CORE policy or the Complimentary Income Protection CORE Extras policy (please refer to Section 5.1.4).

^Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner such as any applicable Benefit Indexation.

Partial Disablement (not actively employed)

A Partial Disablement monthly benefit is payable under this policy in the event you are Partially Disabled whilst unemployed, on maternity, paternity or Sabbatical Leave at the Date of Disablement, provided you meet the Partial Disablement definition that applies to you under your Income Protection CORE policy at the end of the Waiting Period.

If you have been unemployed or on maternity, paternity or Sabbatical Leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim, then Partial Disablement (not actively employed) means that, solely because of Injury or Sickness, you are:

- only capable of working in a Suited Occupation in a reduced capacity for no more than the lower of:
  - 40 hours a week or
  - 80% of the average weekly hours worked by you in the 12 month period prior to disability ending on the first day of the most recent period of unemployment or leave commencement; and
- earning an Income which is less than 80% of your Pre-disablement Income (Income Protection CORE); and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by, a Medical Practitioner, in relation to that Injury or Sickness.

If you are Partially Disabled and you are either not working in, or not working to the extent of your capability in, a Suited Occupation (having regard to your Injury or Sickness) and this situation continues for at least two months, then your benefit will be calculated based on what you could reasonably be expected to earn in a Suited Occupation if you were working in that Suited Occupation to the extent of your capability.

The Insured Monthly Benefit due will be determined in accordance with the Income Protection CORE policy conditions relating to the payment and calculation of Partial Disablement benefit and with reference to the Sum Insured^ as stated on your Income Protection CORE Policy Schedule.

The monthly benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant definition of Partial Disability under this policy or your Income Protection CORE policy. Claim offsets and limitations as defined in your Income Protection CORE policy will apply to all Partial Disability payments whether paid under the Income Protection CORE policy or the Complimentary Income Protection CORE Extras policy.

^Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner such as any applicable Benefit Indexation.

Claim offsets for other sources of income may apply (see Section 5.2.7).

If you are Partially Disabled and are not working to the extent of your capability, or working in a reduced capacity which is less than your capability (having regard to your Injury or Sickness), and this situation continues for at least two months, then your benefit will be calculated based on what you could reasonably be expected to earn if you were working to the extent of your capability.

Your capability (having regard to your Injury or Sickness) and what you could reasonably be expected to earn if you were working to the extent of your capability will be determined by taking into account available medical evidence (including the opinion of your Medical Practitioner) and any other relevant considerations directly related to your medical condition (including information provided by you).

If we are making monthly benefit payments and these are adjusted in accordance with the terms of the Policy, we will notify you 30 days prior to this taking place.

This Capability Clause will not be applied to any work within an occupation which we do not assess to be Own or Suited.

5.2.4 Rehabilitation Expenses Benefit

If we accept a claim for Total or Partial Disablement under your Income Protection CORE or Complimentary Income Protection CORE Extras cover, we will pay the costs of your participation in an Occupational Rehabilitation Program approved by us that is part of a structured return to work program and is necessary to assist in your rehabilitation back to work, following your Injury or Sickness.

We will pay this benefit for the following types of programs:

- graded exercise programs
- wellness programs
- business coaching
- graded return-to-work programs
- modification of work environments
- vocational counselling
- career advice and redirection
- re-skilling or retraining
- the supply of ergonomic equipment
- other types of programs which we approve from time to time.

However, we will not reimburse costs of participating in any program where the relevant program:

- is not a service approved by us, and provided by one of AIA's supplier panel; or
- involves 'treatment' as defined by the Life Insurance Act and Health Insurance Act; or
- provides ongoing services that do not have the specific and stated objective of leading to an increase in function; or
- does not have the primary purpose of returning you to paid employment; or
- does not have goals incorporated into the plan that can be measured; or
- is of a type ordinarily engaged in for general health and wellbeing.

We recommend you seek our approval of the program prior to your participation otherwise there is the risk that your participation in the program may not be approved and, as a result, you are out of pocket for the costs incurred. We won't unreasonably delay letting you know whether or not we'll reimburse you for the proposed rehabilitation program.

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

These expenses must be approved by us and are limited to the maximum benefit of 12 times the Insured Monthly Benefit applicable under your Income protection CORE policy.

Regardless of when rehabilitation commences, the Insured Monthly Benefit used to calculate the Rehabilitation Expenses Benefit will be that assessed applicable to the first 24 month benefit payment period.

This benefit is payable in addition to any other benefit paid. We will not pay this benefit for expenses that are reimbursed from any other source.

5.2.5 Needlestick Injury Benefit

Only Occupation Category M is eligible for this benefit.

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

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

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

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

Needlestick Injury benefit payable

The Needlestick Injury Benefit Amount (Income Protection CORE) will be:

The Needlestick Injury benefit amount will be;
Total Disablement Benefit (before any claim offsets) less,
70%* x current earned Income while partially disabled less,
100% of any applicable claim offsets.

*If you have selected the Income Protection CORE – 70% to 60% Option, then this reduces to 60% for any claim periods exceeding 24 months of benefit payments.

If the resulting partial benefit is negative it will be treated as zero.

Monthly Income is the income earned or capable of being earned by you in your usual or alternative occupation. If your monthly Income while is negative, we will treat it as zero. Should you commence a secondary occupation whilst on claim and the income from that occupation is negative, we will treat it as zero.

If there is a delay between the time you generate the monthly Income and when you actually received it, we will deem the Income to have been received in the month in which it was actually generated and this Income will form the basis of our calculation of your monthly Income.

The amount of benefit payable will be adjusted for any claim offsets (see condition 5.1.4).

If you are earning an income (or capable of earning an income) that is greater or equal to 80% of your pre-disability income, then you will no longer be considered eligible for a Needlestick Injury Benefit.

The aggregate of the Needlestick Injury Benefit Amount, your earnings in that month from personal exertion and any other payments received by you where applicable, cannot exceed the lower of the Insured Monthly Benefit under the Needlestick Injury Benefit Amount and 100% of your Pre-needlestick Injury Income.

Limitations:

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

The Needlestick Injury benefit is not payable in conjunction with the Accidental HIV Infection Crisis Event under the Crisis Recovery benefit under the Income Protection product, or the Occupationally Acquired Hepatitis B or Hepatitis C Infection under the Income Protection EXTRA Optional benefit.

Waiting Period (Needlestick) is stated on your Income Protection CORE Policy Schedule and means the number of days at the beginning of a Needlestick Injury benefit claim (applicable to Occupational Category M only) in respect of which no Needlestick Injury benefit is payable.

The Waiting Period begins at the Date of Loss (Needlestick).

5.2.6 Recurrent Disablement

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

- you return to paid, full pre-disability duties and hours, after payment of a Total Disablement or a Partial Disablement benefit under this policy, and
- you suffer the same or a related Injury or Sickness within 12 months of your return to paid, full pre-disability duties and hours.

The claim will be treated as a continuation of the most recent claim and will be payable for up to the balance of the Benefit Period. The period for which you were previously eligible for a Total Disablement or Partial Disablement benefits in respect of the relevant Injury or Sickness will be included for the purpose of determining whether you meet the Total Disablement or Partial Disablement definition (as applicable) and the monthly benefit you are entitled to receive.

Recurrence after 12 months:

Any recurrence of Total Disablement or Partial Disablement occurring more than 12 months after your return to paid, full pre-disability duties and hours, will be treated as a new claim and be subject to a new Waiting Period and a new Benefit Period.

5.2.7 Other limitations and exclusions

Other limitations and exclusions that apply to Complimentary Income Protection CORE Extras policy are set out below.

Limitations:

Two and Five Year Benefit Periods

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

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

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

Exclusions

We will not pay a disablement benefit claim:

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

Claim Offsets

If you make a claim for a Total Disablement or Partial Disablement benefit, the benefit amount you are entitled to receive will be reduced by;

- Any payments received from your employer over the period of sickness or injury including sick pay. This does not include payments received due to annual or long service leave,
- Any Income, profits or other remuneration that the Life Insured continues to receive or is entitled to receive from his or her current or former business or businesses or any entities related to that business or businesses,
- Any Social Security payments or other government grants you receive or become entitled to in respect of your injury or sickness,
- Any payments you receive or become entitled to in respect of injury or sickness under any Australian state, territory or the Commonwealth, or as damages under common law (whether or not modified by statute), for loss of income, loss of earning capacity or any other economic loss (including any benefits or payments for work injury damages), whether paid as a lump sum or not. Examples include but not limited to, workers compensation and motor vehicle claim,
- Any payments you receive in respect of your injury or sickness from another Individual or Group income replacement insurance policy, salary continuance or mortgage repayment cover.

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

We will only reduce what we pay to you by the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss suffered on account of your sickness or injury for the same period, as reasonably determined by us.

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

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

Any lump sum TPD, Needlestick (Lump Sum Benefit), Crisis Recovery or Terminal Illness benefit payments will not be offset

against your Total Disablement or Partial Disablement benefit payments.

Your Total Disability Benefit will only be reduced to the amount required to ensure that the AIA Income Protection CORE benefit paid, together with any ongoing payments received from allowable offsets, does not exceed a value equal to 70%[1] of the first $20,000 of your monthly pre-disablement income, plus 50%[2] of the next $20,000 of your monthly pre-disablement income, plus 20%[3] of the next $30,000 of your monthly pre-disablement income.

1. 60% after 24 months of disablement for the Income Protection CORE 70/60 variant
2. 43% after 24 months of disablement for the Income Protection CORE 70/60 variant
3. 17% after 24 months of disablement for the Income Protection CORE 70/60 variant

If the monthly benefit payable to you under this policy is reduced because you have a claim offset, or have a Partial Disablement rather than a Total Disablement, then any Retirement Protector benefit payment to your nominated Superannuation Fund will be reduced by the same proportion.

In respect of **Total Disablement Benefit** we will calculate your Insured Monthly Benefit and reduce it by the total value of any ongoing amounts as listed above.

Example:

Pre-disablement Income	$10,000
Sum Insured	$7,000
Your Insured Monthly Benefit	Lower of Sum Insured or 70%* of Pre-disablement Income = $7,000
Value of ongoing Income or other amounts that can be offset (e.g. sick pay, workers compensation)	$1,000
Total Disablement Benefit Paid	Insured Monthly Benefit ($7,000) less total offsets ($1,000) = $6,000

In respect of **Partial Disablement Benefit**, your benefit will be calculated with reference to the following formula.

Total Disablement Benefit (before any claim offsets) less, 70%* x current earned income while partially disabled less, 100% of any other applicable claim offsets.

Example:

Pre-disablement Income	$10,000
Sum Insured	$7,000
Total Disablement Benefit	Lower of Sum Insured or 70%* of Pre-disablement Income = $7,000
Value of ongoing earned income	$2,000
Value other applicable claim offsets	$1,000
Partial Disablement Benefit Paid	Total Disablement Benefit ($7,000) less 70% of earned Income ($2000 x 70%) = $1400 less 100% of other applicable claim offsets (100% x $1000) Partial Disablement Benefit Paid = $4,600

*If you have selected the Income Protection CORE – 70% to 60% Option, then this reduces to 60% for any claim periods exceeding 24 months of benefit payments.

5.2.8 When benefit payments cease

Benefit payments will cease at the earlier of:

- you cease to be Totally Disabled or Partially Disabled
- the end of the Benefit Period or the insurance cover ends (whichever comes first).

For To Age 65 benefit periods, benefit payments will cease on the anniversary of the policy Commencement Date prior to the Life Insured's 65th birthday. For 2 year or 5 year benefit periods, benefit payments will cease on the earlier of the end of the 2 or 5 year benefit payment period or the anniversary of the policy Commencement Date prior to the Life Insured's 65th birthday.

5.2.9 When cover begins and ends

Cover will begin on the applicable Commencement Date shown on your Income Protection CORE Policy Schedule and end at when you Income Protection CORE policy ends.

5.3 Income Protection and Income Protection Accident Only

Important information relating to AIA Priority Protection Income Protection and Income Protection Accident Only policies.

AIA Priority Protection Income Protection and Income Protection Accident Only policies summarised in this section are not open to new business due to the implementation by AIA Australia of the APRA IDII Guidelines which are mandatory for insurers from 1 October 2021.

However, existing AIA Priority Protection customers who already hold these benefits are still able to cancel their existing policy and replace it for an administrative reason where an alteration to the existing policy is not available.

Priority Protection Income Protection or Income Protection Accident Only insurance cover is not available for new business policies or when an existing Income Protection or Income Protection Accident Only insurance cover with AIA Australia is being cancelled and replaced for any other reason than stated above.

Detailed information on the cancellation and replacement of existing Priority Protection Income Protection and Income Protection Accident Only plans is available in Sections 16 to 18 of the incorporated by reference material. This incorporated by reference material (AIA07702-04/25) can be accessed on the Income Protection product pages of the aia.com.au website. Alternatively, you can request a copy, free of charge, by contacting AIA on 1800 333 613. For an explanation of the availability of replacement Income Protection or Income Protection Accident Only cover through superannuation, refer to Section 9 of this PDS.

Please note this information is not relevant to the cancellation and replacement of any other AIA Priority Protection benefits including Income Protection CORE.

In this section

5.3.1 Benefit overview

Other important information

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

You should read this PDS and the incorporated by reference material in full before making a decision about purchasing the insurance cover described in this section.

Your insurance cover

Income Protection

This insurance cover provides you with a monthly income if you become Totally or Partially Disabled due to Injury or Sickness.

Income Protection Accident Only

This insurance cover provides you with a monthly income if you become Totally or Partially Disabled due to an Accidental Injury.

Availability

- Income Protection and Income Protection Accident Only is available as Stand Alone cover in the limited circumstances described above, with optional Rider Benefits also available for an additional premium.
- If your Income Protection cover is held inside super, you can enhance this cover by selecting a Linked Benefit (Super Extras) that provides additional benefits generally not available inside super.
- Agreed Value Income Protection insurance cover is only available if the Policy is replacing an existing Priority Protection Agreed Value Income Protection insurance cover from AIA Australia and the replacement is being performed for an administrative reason where an alteration to the existing policy is not available.

Worldwide cover

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

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

Premium options

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

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

5.3.1 Benefit overview

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

Table 9

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
• **Income Protection** • **Advantage Optional** • **PLUS Optional** • **Income Protection Accident Only**	• Variable age-stepped premium • Variable premium • Optimum

Type of cover	Income Protection	Advantage Optional	PLUS Optional	Income Protection Accident Only	Section[1]
Indemnity Your Insured Monthly Benefit (subject to offsets) is the lesser of: • the monthly benefit stated on your Policy Schedule as the Sum Insured^, and • 75%^^ of your monthly Pre-disablement Income (Indemnity) at the time of you becoming Totally Disabled. Your Pre-disablement Income (Indemnity) is based on your average monthly Income either in the 12 consecutive months or in the latest financial year immediately preceding your disablement (whichever is greater). ^Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner such as any applicable Benefit Indexation. ^^If your monthly income exceeds $26,667, additional limits apply. See the Indemnity definition in Section 18.1 of the incorporated by reference material.	◆❖●	◆❖	◆❖	◆❖●	16.1.2

1. Please note, Sections 16 to 18 are included in the incorporated by reference material

Type of cover	Income Protection	Advantage Optional	PLUS Optional	Income Protection Accident Only	Section[1]
Extended Indemnity Your Insured Monthly Benefit (subject to offsets) is the lesser of: • the monthly benefit stated on your Policy Schedule as the Sum Insured^, and • 75%^^ of your monthly Pre-disablement Income (Extended Indemnity) at the time of you becoming Totally Disabled. Your Pre-disablement Income for Extended Indemnity is the highest average of monthly Income in any consecutive 12-month period in the three years immediately preceding your disablement. ^Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner such as any applicable Benefit Indexation. ^^If your monthly income exceeds $26,667, additional limits apply. See the Extended Indemnity definition in Section 18.1 of the incorporated by reference material. *Please speak to your financial adviser about the availability of this feature.	◆❖●*	◆❖	◆❖	◆❖●*	16.1.2
Agreed Value Your Insured Monthly Benefit is agreed with you based on your Income at the time your application is underwritten. The monthly benefit we pay may be subject to offsets. *You can only select Agreed Value with a Superannuation Plan where you have purchased Super Extras as a Linked Benefit. If your monthly benefit exceeds 100% of your Pre-disablement Income, the excess amount will be paid under Super Extras.	Only available where Income Protection insurance cover is replacing existing Priority Protection Agreed Value Income Protection insurance cover from AIA Australia and the cancellation and replacement is being performed for an administrative reason where an alteration to the existing policy is not available.				16.1.2

1. Please note, Sections 16 to 18 are included in the incorporated by reference material

Important – you should regularly review the suitability of your Sum Insured:

In the event of claim, an Indemnity based income protection policy will calculate benefits with reference to your actual Income in the 12 months, or last financial year, prior to the claim. If your Income has reduced since you originally started your policy this may mean that the benefit you receive in the event of a claim will be less than your Sum Insured. Alternatively, if your Income has increased since you originally started your policy, and you have not updated your Sum Insured to reflect this, the benefit you receive in the event of a claim will be capped by your Sum Insured and accordingly will not be reflective of the increase to your Income.

It is important therefore to regularly review the suitability of your current Sum Insured. Your financial adviser will be able to support you with this process.

Built-in Benefits	Income Protection	Advantage Optional	PLUS Optional	Income Protection Accident Only	Section[1]
Total Disablement Pays the Insured Monthly Benefit if you meet the definition of Total Disablement. The definition is based on your duties. Payments (monthly in arrears) will commence after the Waiting Period has been met and continue until the end of the Benefit Period as long as you remain Totally Disabled. If you have selected Income Protection Accident Only cover, the disablement must result **solely** from Accidental Injury.	◆❖●	◆❖	◆❖	◆❖●	16.1.2
Partial Disablement Pays a proportion of the Insured Monthly Benefit if you meet the definition of Partial Disablement. Payments (monthly in arrears) will commence after the Waiting Period* has been met and continue until the end of the Benefit Period as long as you remain Partially Disabled. Under an Ordinary Plan, if you are earning less than 25% of your Pre-disablement Income while Partially Disabled during any of the first 90 days after the Waiting Period has been met, we will pay the Total Disablement monthly benefit for that month. If you have selected Income Protection Accident Only cover, the Partial Disablement must result **solely** from Accidental Injury. *For Occupation Categories B1, B2, C1, C2, D and E, you will need to have been Totally Disabled for part of the applicable Waiting Period.	◆❖●	◆❖	◆❖	◆❖●	16.1.2
Recurrent Disablement If you return to full-time work after payment of a disablement benefit and a disablement due to same or related cause reoccurs within 12 months, we will recommence payments on the same claim without a further Waiting Period.	◆❖●	◆❖	◆❖	◆❖●	16.1.2
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 3%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or when you are cancelling and replacing an existing policy which includes Benefit Indexation, or before a Policy Anniversary.	◆❖●	◆❖	◆❖	◆❖●	16.1.2
Waiver of Premium Waives your Income Protection premiums whilst you are being paid a Total or Partial Disablement benefit under your Income Protection cover.	◆❖●	◆❖	◆❖	◆❖●	16.1.2
Complimentary Interim Accidental Death Cover Pays a lump sum outside superannuation up to $30,000 in the event of Accidental Death occurring whilst we are assessing your application. This cover applies for up to 90 days from the date of your signed application.	◆❖	◆❖	◆❖	◆❖	13.1
Complimentary Interim Accidental Income Protection Cover Pays a monthly benefit outside superannuation up to $10,000 for up to six months after the proposed Waiting Period in the event you become Totally Disabled due to an Accidental Injury whilst we are assessing your application. Only available where the proposed Waiting Period is 14, 30 or 60 days. This cover applies for up to 90 days from the date of your signed application.	◆❖	◆❖	◆❖	◆❖	13.4

1. Please note, Sections 16 to 18 are included in the incorporated by reference material

Built-in Benefits	Income Protection	Advantage Optional	PLUS Optional	Income Protection Accident Only	Section[1]
Death benefit If you pass away, we will pay a lump sum equal to six times your Insured Monthly Benefit up to a maximum of $60,000.	◆❖●	◆❖	◆❖	◆❖●	16.1.2
Terminal Illness benefit If you are diagnosed with a Terminal Illness while you are receiving an Income Protection benefit we will make an advance payment of your Death benefit.	◆❖●	◆❖	◆❖	N/A	16.1.2
Rehabilitation Expenses Reimburses the cost of your participation in a pre-approved rehabilitation program, occupational services, aides, equipment and/or modifications for up to a maximum of 12 times your Insured Monthly Benefit.	◆❖	◆❖	◆❖	◆❖	16.1.2
Severity benefit Pays an additional 1/3rd of the Insured Monthly Benefit if we have been paying a benefit for more than six consecutive months after the end of the Waiting Period and you are Totally Disabled where you cannot perform at least two Activities of Daily Living and you are in constant care of another adult.	◆❖	◆❖	◆❖	◆❖	16.1.2
Premium and Cover Pause Benefit For eligible policies, and subject to acceptance of an application, allows you to pause premiums and cover for a period of 3, 6 or 12 months in certain circumstances.	◆❖	◆❖	◆❖	◆❖	16.1.2
Guaranteed Future Insurability Allows you to increase your Income Protection Sum Insured by 15% up to a maximum of $2,500 when your salary increases, without providing further evidence of your health or insurability. *Under a Superannuation Income Protection Plan, the monthly benefit cannot exceed 100% of your Pre-disablement Income.	◆❖●*	◆❖	◆❖	N/A	16.1.2
Cosmetic or Elective Surgery benefit Pays a monthly benefit if you remain Totally Disabled after the Waiting Period due to cosmetic surgery, elective surgery, or as a result of surgery to transplant an organ into another person. A six-month qualifying period applies.	◆❖●	◆❖	◆❖	N/A	16.1.2
Multi Definition – Total Disablement and Partial Disablement Pays a monthly benefit if you meet an enhanced definition for Total Disablement or Partial Disablement. The definition is based on your hours, duties or income. You must be in Full-time Employment and not Occupation Category E.	N/A	◆❖	◆❖	N/A	16.1.2
Needlestick Injury benefit (Occupation Category M only) Pays a monthly benefit if your earnings are reduced due to you being accidentally infected with HIV, AIDS or Hepatitis B or C as a result of a needlestick or splash injury whilst performing duties of your normal occupation.	◆❖	◆❖	◆❖	N/A	16.1.2

1. Please note, Sections 16 to 18 are included in the incorporated by reference material

Built-in Benefits	Income Protection	Advantage Optional	PLUS Optional	Income Protection Accident Only	Section[1]
Involuntary Unemployment Waiver of Premium Waives Income Protection premiums (including any Rider Benefits attached to your Income Protection cover) for up to three months if you meet the definition for Involuntary Unemployment. We will only provide this benefit once in any 12-month period.	◆	◆	◆	◆	16.1.2
Specified Injury benefit Pays the Insured Monthly Benefit in advance for a specified period if you suffer one of the listed Specified Injuries regardless of your Waiting Period.	N/A	◆❖	◆❖	N/A	16.1.2
Crisis Recovery benefit If you are diagnosed with a listed Crisis Event and you survive for 14 days, we will pay a lump sum equal to six times your Insured Monthly Benefit or you can elect to receive the payment in monthly instalments.	N/A	N/A	◆❖	N/A	16.1.2
Bed Confinement benefit Pays 1/30th of your Insured Monthly Benefit for each day during the Waiting Period that you are Totally Disabled, confined to a bed or hospitalised, and require full-time care of a registered nurse (as confirmed as a medical requirement by your Medical Practitioner). You must be confined to a bed or hospitalised for more than three days during the Waiting Period. This benefit is payable until the end of the Waiting Period up to a maximum of 90 days.	N/A	N/A	◆❖	N/A	16.1.2
Accommodation benefit Reimburses accommodation costs for your immediate family members if you are Totally Disabled and confined to a bed or hospitalised more than 100 km from home (up to $250 per day for up to 30 days in any 12-month period).	N/A	N/A	◆❖	N/A	16.1.2
Family Care benefit Pays up to an additional 50% of your Insured Monthly Benefit for up to three months after the end of the Waiting Period if you are Totally Disabled and totally dependent on an immediate family member looking after you and as a result their monthly income is reduced.	N/A	N/A	◆❖	N/A	16.1.2
Home Care benefit Reimburses home care costs for the lesser of $150 a day or 100% of your Insured Monthly Benefit after the end of your Waiting Period, if you are Totally Disabled and totally dependent on professional home care. This benefit is not paid if you are already receiving a Family Care or Accommodation benefit.	N/A	N/A	◆❖	N/A	16.1.2
No Claim Bonus Increases your Insured Monthly Benefit at no additional cost to you for up to 12 months whilst on claim if you have not made a claim in at least three years. This benefit is payable only once per policy.	N/A	N/A	◆❖	N/A	16.1.2
Relocation benefit Reimburses the cost of a single standard economy airfare to Australia up to three times your Insured Monthly Benefit, if you are Totally Disabled for over 90 days while you are outside of Australia.	N/A	N/A	◆❖	N/A	16.1.2

1. Please note, Sections 16 to 18 are included in the incorporated by reference material

Built-in Benefits	Income Protection	Advantage Optional	PLUS Optional	Income Protection Accident Only	Section[1]
Rehabilitation Incentive benefit Pays a lump sum if you return to Full-time Employment for six consecutive months after attending an approved rehabilitation program.	N/A	N/A	◆❖	N/A	16.1.2

Rider Benefits – optional benefits at an additional cost	Income Protection	Advantage Optional	PLUS Optional	Income Protection Accident Only	Section[1]
Day 1 Accident benefit	◆❖●	◆❖	◆❖	◆❖●	17.1
Claim Escalation benefit	◆❖●	◆❖	◆❖	◆❖●	8.15
Income Protection Lump Sum benefit[2]	◆❖	◆❖	◆❖	N/A	17.2
Carer's Allowance benefit[2]	◆❖	◆❖	◆❖	◆❖	17.3
Retirement Optimiser	◆❖●	◆❖	◆❖	◆❖●	17.4
Business Expenses benefit	◆	◆	◆	N/A	6.1

1. Please note, Sections 16 to 18 are included in the incorporated by reference material
2. Income Protection Lump Sum benefit and Carer's Allowance benefit are only available when replacing an existing Policy including these benefits.

6. BUSINESS EXPENSES

Business Expenses insurance cover

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

Your insurance cover

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

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

In this section

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

Other important information

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

You should read this PDS (or where relevant, the incorporated by reference material) in full before making a decision about purchasing the insurance cover described in this section.

Availability

- Business Expenses cover can be purchased as:
  - Stand Alone cover, or
  - a Rider Benefit to, or issued as a cancellation and replacement of, an existing Income Protection cover as detailed under Section 16.1 of the incorporated by reference material.

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

Cover type	Outside super
Business Expenses	◆ Ordinary Plan

Worldwide cover

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

6.1 Benefit overview

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

Table 10

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Business Expenses	• Variable age-stepped premium • Variable premium • Optimum

Type of cover	Benefit availability	Section
Indemnity Provides a monthly benefit, which is the lesser of the Insured Monthly Benefit and the business expenses incurred during your period of Total Disablement (less any reimbursements received elsewhere).	◆	6.2

Built-in Benefits	Benefit availability	Section
Total Disablement Pays a monthly benefit if you meet the definition of Total Disablement (Business Expenses). Payments (monthly in arrears) will commence after the Waiting Period has been met and continue until the end of the Benefit Period as long as you remain Totally Disabled. You can enhance the Total Disablement definition if you also select the Income Protection Advantage Optional or the PLUS Optional benefit as detailed under Section 16.1 of the incorporated by reference material.	◆	6.2
Partial Disablement Pays a monthly benefit if you meet the definition of Partial Disablement (Business Expenses). Payments (monthly in arrears) will commence after the Waiting Period* has been met and continue until the end of the Benefit Period as long as you remain Partially Disabled. You can enhance the Partial Disablement definition if you also select the Income Protection Advantage Optional or the PLUS Optional benefit as detailed under Section 16.1 of the incorporated by reference material. *For Occupation Categories B1, B2, C1, C2 and D, you will need to have been Totally Disabled for part of the applicable Waiting Period.	◆	6.2
Waiver of Premium Waives your Business Expenses premiums whilst you are being paid a Total Disablement or a Partial Disablement benefit under your Business Expenses cover.	◆	6.2
Cosmetic or Elective Surgery benefit Pays a monthly benefit if you remain Totally Disabled after the Waiting Period due to cosmetic surgery, elective surgery, or as a result of surgery to transplant an organ into another person. A six-month qualifying period applies.	◆	6.2
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 3%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.	◆	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.	◆❖●	7.1

Built-in Benefits	Benefit availability	Section
Premium and Cover Pause Benefit For eligible policies, and subject to acceptance of an application, allows you to pause premiums and cover for a period of 3, 6 or 12 months in certain circumstances.	◆	7.6
Rider Benefits – optional benefits at an additional cost		
Day 1 Accident benefit	◆	8.14

6.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Business Expenses as indicated in Table 10. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 6.2–4 and Section 10.2.

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

1. Type of Cover

Indemnity

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

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

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

2. Business Expenses covered under this benefit

'Business Expenses' means the regular normal operating expenses of your business or practice. They include, but are not limited to:
- accounting and audit fees
- regular advertising costs, postage, printing and stationery
- electricity, gas, heating, water, telephone and cleaning costs
- security costs
- rent, property rates and taxes
- membership fees, publications and subscriptions to professional bodies
- leasing costs of plant and equipment
- bank charges and interest on business loans
- business-related insurance premiums, excluding premiums for the Policy
- salaries and other related costs (e.g. payroll tax, superannuation contributions, FBT) for non-income generating employees of your business, and
- net costs associated with employing a locum.

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

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

3. Total Disablement

Total Disablement definition

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

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

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

If you are:
- continuously disabled (either Totally Disabled or Partially Disabled) for the duration of the Waiting Period, and
- Totally Disabled from the end of the Waiting Period,

a Total Disablement monthly benefit is payable provided you meet the Total Disablement definition that applies to you at the end of the Waiting Period.

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

Occupation Categories – B1, B2, C1, C2 and D

If you are:
- Totally Disabled for at least seven out of 12 consecutive days during the Waiting Period
- continuously disabled (either Totally Disabled or Partially Disabled) for the balance of the Waiting Period, and
- Totally Disabled from the end of the Waiting Period,

a Total Disablement monthly benefit is payable provided you meet the Total Disablement definition that applies to you at the end of the Waiting Period.

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

All Occupation Categories

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

Total Disablement benefit amount

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

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

4. Partial Disablement

Partial Disablement definition

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

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

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

If you are:
- continuously disabled (either Totally Disabled or Partially Disabled) for the duration of the Waiting Period, and
- Partially Disabled from the end of the Waiting Period,

a Partial Disablement monthly benefit is payable provided you meet the Partial Disablement definition that applies to you.

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

Occupation Categories – B1, B2, C1, C2 and D

If you are:
- Totally Disabled for at least seven out of 12 consecutive days during the Waiting Period
- continuously disabled (either Totally Disabled or Partially Disabled) for the balance of the Waiting Period, and
- Partially Disabled from the end of the Waiting Period,

a Partial Disablement monthly benefit is payable provided you meet the Partial Disablement definition that applies to you.

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

All Occupation Categories

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

Partial Disablement benefit amount

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

It will be the lesser of the:
- Business Expenses Insured Monthly Benefit as amended in accordance with policy terms, and
- your share of the business expenses actually incurred which relate to the period you are Partially Disabled, less
  - any such expenses that have been reimbursed, and
  - your share of the business turnover for that period.

If you are Partially Disabled and are not working to the extent of your capability, or working in a reduced capacity which is less than your capability (having regard to your Injury or Sickness), then your benefit will be calculated based on what you could reasonably be expected to earn if you were working to the extent of your capability.

Your capability (having regard to your Injury or Sickness) and what you could reasonably be expected to earn if you were working to the extent of your capability will be determined reasonably by taking into account available medical evidence (including the opinion of your Medical Practitioner) and any other relevant considerations directly related to your medical condition (including information provided by you).

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

Your share of business expenses actually incurred or of business turnover will be determined based on the reasonable review of relevant financial information about your business that you are required to provide to us.

Payment of the Partial Disablement benefit starts to accrue from the day after:
- you are no longer Totally Disabled, or
- the end of the Waiting Period

whichever is the latter, and will stop,
- at the end of the Benefit Period,
- on your passing away, or
- on your recovery,

whichever occurs first.

5. Waiver of Premium

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

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

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

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

Please refer to the definition of Waive in Section 12.1.

6. Cosmetic or Elective Surgery benefit

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

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

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

7. AIDS Cover benefit

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

8. Choice of Waiting Period

Occupation Categories	Waiting Periods
A1, A2, M, A3, A4, B1, B2, C1, C2	14 and 30 days
D	30 days
E	Not available

9. Benefit Period of 12 months

The Benefit Period is 12 months from the end of the Waiting Period.

The maximum payable under Business Expenses cover is 12 times the Insured Monthly Benefit.

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

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

6.3 General terms and conditions

Sum Insured limits

Occupation Categories	A1, A2, M	A3, A4	B1, B2	C1, C2, D	E and Home Duties	Conditions
Maximum monthly benefit for Business Expenses	$60,000 per month[1]	$30,000 per month[1]	$25,000 per month[1]	$15,000 per month[1]	N/A	1. Maximum limit applies to the total sums insured for business expenses with us and other insurers. 2. Maximum combined total sums insured monthly benefit for Income Protection, Income Protection Accident Only, Income Protection Essentials, Income Protection CORE and Business Expenses.
Maximum total combined monthly benefits	$90,000 per month[2]	$60,000 per month[2]	$40,000 per month[2]	$25,000 per month[2]	N/A	

Entry age

Benefit		Minimum entry age	Maximum entry age		
		All occupations (N/A for E and Home Duties)	A1, A2, M, A3, A4, B1, B2	C1, C2, D	E and Home Duties
Business Expenses	Variable age-stepped premium	15 years	59 years	54 years	N/A
	Optimum & Variable premium	34 years	59 years	54 years	N/A

Expiry Date

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

6.4 Limitations and exclusions

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

Business Expenses not covered

The following expenses are not covered under this benefit:

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

Claim offsets

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

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

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

Exclusions

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

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

6.5 When benefit payments cease

Benefit payments will cease at the earlier of:

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

6.6 When cover begins and ends

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

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

7. BUILT-IN BENEFITS

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

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

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

In this section

7.1 Premium Freeze
7.2 Benefit Indexation
7.3 Guaranteed Future Insurability
7.4 Salary Increase Benefit
7.5 Financial Planning Reimbursement

7.1 Premium Freeze

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

If you select Premium Freeze, the Sum Insured on the cover will be decreased the next Policy year in order to match the premium with the amount you paid in the previous Policy year.

7.1.1 Continuing to freeze premiums

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

Limitations

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

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

Premium Freeze does not apply where premiums do not increase in the following year.

7.2 Benefit Indexation

If your application includes Benefit Indexation, or you are cancelling and replacing an existing policy which includes Benefit Indexation, we will automatically increase the applicable Sum Insured or Insured Monthly Benefit at the Policy Anniversary each year whilst Benefit Indexation applies, as follows:

Benefit Indexation table

Plan type	Benefit Indexation
For the Life Cover Plan, Crisis Recovery Stand Alone Plan and Superannuation Life Cover Plan	The Sum Insured amount will increase by the higher of the CPI Increase and 5%.
For Income Protection CORE either held under an Ordinary or Superannuation Income Protection Plan and Complimentary Income Protection CORE Extras	The Insured Monthly Benefit amount will increase by the CPI Increase

Effect on your premium

When we increase the Sum Insured or Insured Monthly Benefit through Benefit Indexation, the payable premium amount also increases due to the increased Sum Insured or Insured Monthly Benefit.

The premium payable for the increased Sum Insured or Insured Monthly Benefit is based on:

- the increased Sum Insured or Insured Monthly Benefit amount
- the Life Insured's age (unless a Variable premium applies and the policy anniversary date before the Life Insured's 65th or 70th birthday has not occurred)
- our then current premium rates for this class of policy, and
- any special additional premium we've previously told you applies.

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

For policies with a Variable premium structure, any premium adjustments for Benefit Indexation increases will be calculated based on your age at the time your relevant cover commenced. The same applies to Optimum premium structures during the 'Variable premium' phase.

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

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

* Note: when any types of TPD insurance cover (including Double Total and Permanent Disablement and Double Universal Total and Permanent Disablement) or Crisis Recovery expire and convert to Loss of Independence, Benefit Indexation does not continue. Benefit Indexation does not apply after your cover has converted to Loss of Independence.

Benefit Indexation will cease at the earliest of:
- the Policy Anniversary on or prior to your 70th birthday
- the Expiry Date of the benefit.

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

Limitations

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

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

Benefit Indexation does not apply to the Life Cover Sum Insured:
- where the Life Cover Sum Insured has been reinstated under the Crisis Recovery Buy-back benefit or the TPD Buy-back benefit
- where the Life Cover Sum Insured has been purchased under the Life Cover Purchase benefit, or
- after a Double TPD benefit, Double Universal TPD benefit or Double Crisis Recovery benefit becomes payable.

Benefit Indexation does not apply to the Crisis Recovery Sum Insured where the Crisis Recovery Sum Insured has been reinstated under the Crisis Reinstatement benefit.

Benefit reductions

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

7.3 Guaranteed Future Insurability

Guaranteed Future Insurability provides you with the option to increase your Life Cover Sum Insured and/or your Income Protection Sum Insured under Priority Protection Income Protection or Income Protection Accident Only benefits for certain events, without supplying further evidence of your health or insurability. Please note, this benefit does not apply to Income Protection CORE.

Life Cover

Guaranteed Future Insurability is a Built-in Benefit for:
- Life Cover, and
- Life Cover and TPD (where TPD is a Rider Benefit to Life Cover).

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

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

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

Limitations

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

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

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

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

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

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

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

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

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

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

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

Income Protection

Guaranteed Future Insurability is a Built-in Benefit to Income Protection and Income Protection Accident Only (see Section 16.1 of the incorporated by reference material). It provides you with an option to increase your Income Protection Sum Insured without supplying further evidence of your health or insurability, whenever you receive a permanent increase in your salary package.

Type of event	Sum Insured increase
Increase in your salary package	The lesser of: • 15% of the Insured Monthly Benefit (after the addition of any Benefit Indexation increases since the commencement[1] of the Income Protection benefit), and • $2,500 The Sum Insured increase applies to Income Protection insurance cover.

1. In the case of a policy which has been cancelled and replaced, this will include increases since the commencement of the original policy.

Limitations

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

To be eligible for this option, the following applies:

- you must be 50 years old or younger at the commencement of the Income Protection benefit (in the case of a policy which has been cancelled and replaced, this will relate to your age at the commencement of the original policy)
- you must meet our definition of Employee (not self-employed) at the time you apply to exercise the option, and
- we accepted your original application for insurance cover on standard terms without any policy loadings/exclusions or other policy restrictions.

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

- you have not made a claim or intend to make a claim on any life insurance policy with income protection issued by us or any other insurer, at the time of the request to exercise the option
- you are under 55 years of age at the time of the request to exercise the option, and
- the Sum Insured under all income protection benefits with us and other insurers is less than the maximum Sum Insured allowed under the Policy for you.

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

**This replacement ratio is different for Income Protection CORE. Refer to Section 5.1 Income Protection CORE for more information.*

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

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

7.4 Salary Increase Benefit

Salary Increase Benefit is a built-in benefit to Income Protection CORE. It provides you with an option to increase your Sum Insured without supplying further evidence of your health or insurability, whenever you receive a permanent increase in your salary package.

This benefit is only available for employees. It is not available where the insured has an ownership interest in the business or practice where they are employed.

The Sum Insured increase is the lesser of;

- 15% of the Sum Insured (after the addition of any Benefit Indexation increases since the commencement[1] of the Income Protection policy), and
- $2,500.

1. In the case of a policy which has been cancelled and replaced, this will include increases since the commencement of the original policy.

Limitations

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

To be eligible for this option, the following applies:

- you must be 50 years old or younger at the commencement of the Income Protection benefit (in the case of a policy which has been cancelled and replaced, this will relate to your age at the commencement of the original policy)
- you must meet our definition of Employee (not self-employed) at the time you apply to exercise the option, and
- we accepted your original application for insurance cover, on standard terms without any policy loadings/exclusions or other policy restrictions.

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

- you have not made a claim or intend to make a claim on any insurance policy issued by us, or any other insurer, at the time of the request to exercise the option
- you are under 55 years of age at the time of the request to exercise the option, and the total Insured Monthly Benefit under all income protection benefits with AIA and other insurers is less than the maximum Insured Monthly Benefit allowed under the Policy for you.

Your maximum value of increases available to you under the Salary Increase Benefit is subject to the maximum Insured Monthly Benefit calculation relevant to this policy (please refer to Section 5.1).

The total of all increases in the Sum Insured cannot exceed the initial Sum Insured. For example, if you selected a Sum Insured of $5,000 when cover commenced, you cannot increase the Sum Insured amount under the Salary Increase Benefit by more than $5,000.

Under Income Protection CORE, the monthly benefit payable cannot exceed 70% of your Pre-disablement Income.

7.5 Financial Planning Reimbursement

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

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

Limitations

- Each financial adviser must hold an Australian Financial Services licence (AFSL), either personally as a director or Employee of the holder of an AFSL, or as an authorised representative of the holder of an AFSL. The financial planning costs must be incurred and paid within the first 12 months following the claim payment.

- The maximum amount reimbursed will be the lesser of $3,000 and the actual financial planning costs incurred as evidenced by tax invoices or other reasonable proof.
- The benefit can be payable more than once across multiple policies, but the maximum total amount for the life insured cannot exceed $3,000.

7.6 Premium and Cover Pause Benefit

For eligible policies, and subject to acceptance of your application, you may apply to temporarily suspend your policy's premiums (including policy fee) and cover for a period of 3, 6 or 12 months in certain circumstances.

We recommend in all cases that you speak to your Financial adviser prior to submitting an application for Premium and Cover Pause.

Premium and Cover Pause is available to support customers who are experiencing financial hardship. For the purposes of this benefit, financial hardship is defined as a set of circumstances that has resulted in a reduction in your usual levels of income and, as a result, you have or expect to have difficulty paying your usual living expenses.

Examples of such circumstances include, but are not restricted to:
- Employer approved leave including maternity, paternity, or sabbatical leave,
- Unemployment,
- Business closure or bankruptcy,
- Injury or illness,
- Leaving paid employment to become a full-time caregiver for a spouse, partner or dependent child,
- Death of a spouse, partner or child,
- Natural disaster where the event affects a Life Insured's ability to undertake their usual work

The maximum, total cumulative pause period available is 12 months per policy (including pause periods utilised under a policy replaced with the existing policy). It is important to understand that once your Premium and Cover Pause period has started, you will not be able to resume cover prior to the scheduled end date of the agreed Premium and Cover Pause period.

Premium and Cover Pause is not available in the following circumstances;
- Your policy is held within a Superannuation Plan,
- Your policy is a Superannuation-linked policy,
- Your policy has not been in force for at least 24 months,
- Cover under your policy has been increased within the last 12 months,
- Where the Life Insured under the policy is, in respect of any AIA life insurance policy, currently receiving income protection benefits or has lodged an income protection claim that is currently being assessed, or has received an income protection benefit payment for any period in the 12 months prior to the planned commencement of a Premium and Cover Pause period.

IMPORTANT

- Both during the Premium and Cover Pause period and any subsequent period after your premiums and cover have recommenced, you will not be eligible to claim for any sickness, injury, specified medical event, death or any other event (including signs, symptoms or diagnosis of such Illness, Injury or condition) that occurred for the first time during the Premium and Cover Pause period.
- A sickness, injury or specified medical event is taken to have happened when:
  - a Medical Practitioner first gave the Life Insured advice, care or treatment or recommended that the Insured Person seek advice, care or treatment for the sickness, injury or specified medical event; or
  - in relation to a health condition, you experienced symptoms which, to a reasonable person, would have indicated the presence of that health condition or the need to seek medical treatment or investigation that would have revealed the presence of that health condition prior to the end of your Premium and Cover Pause period, notwithstanding that you were not in fact aware that you had the health condition.
- You will **NOT** be able to resume cover prior to the end of the agreed Premium and Cover Pause period.
- Any premium rate guarantee period applicable to your policy, will continue during the premium pause period.

If you are experiencing financial hardship but your policy is not eligible for Premium and Cover Pause, then please contact us to discuss your circumstances as we may be able to offer alternative solutions to assist.

Where there is more than one Policy Owner, all Policy Owners must provide us with their agreement to exercise the Premium and Cover Pause (unless there is an existing authority to transact on behalf of all Policy Owners).

Prior to start of your Premium and Cover Pause period we will confirm to you the start date and end date of the period. The Premium and Cover Pause period is the period between and inclusive of these dates.

During an agreed Premium and Cover Pause period, both your cover and your premiums are temporarily suspended. All benefits under the policy will be suspended for the duration of the Premium and Cover pause period.

For policies with a monthly premium frequency, you can apply to pause premiums and cover for a period of 3, 6 or 12 months. Once your pause application has been accepted, we will notify you of the date on which your premium and cover will resume.

For policies with a yearly or half-yearly premium frequency, your period of Premium and Cover Pause can only start on the next premium due date following acceptance of your Premium and Cover Pause application. Policies with a yearly premium

frequency can only be paused for a 12 month period. Policies with a half-yearly premium frequency can only be paused for a 6 month or 12 month period.

Alternatively, if a shorter pause period is required, policies with a yearly or half-yearly premium frequency can be converted to a monthly premium frequency prior to the start of the pause period. Please note, monthly and half-yearly premium payments are subject to a premium frequency charge that will be included in the premium amount. Please refer to Section 11.2 of this PDS for more information.

Where any existing benefits under a policy are due to expire during a period of Premium and Cover Pause, that expiry will still occur.

For existing policy benefits that have a specific eligibility or application period (e.g. Guaranteed Insurability Options, Buy-back options and Crisis Reinstatement) the option must be applied and accepted within the original timeframe specified in your policy, even when this is during a period of Premium and Cover Pause. Any amended cover and premium resulting from actioning such a change will not however be applied until the end of the Premium and Cover Pause period, when cover has resumed. Any cover resulting from a Buy-back option will not be reinstated until the end of the pause period.

If during a period of Premium and Cover Pause period, you submit an application for increased cover, cover held under any paused policies will be taken into account when considering your eligibility and acceptance for further cover.

During a period of Premium and Cover Pause, a policy cannot be cancelled and replaced.

During a period of Premium and Cover Pause, any AIA Vitality contribution fee linked to the policy will also be paused. AIA Vitality membership will however not be suspended and the Life Insured will be able to enjoy benefits available under the AIA Vitality programme during the pause period (to a maximum period of 12 months).

On conclusion of the Premium and Cover Pause period, all cover provided under your policy/ies and premiums payable in connection with that cover will automatically resume. We will contact you prior to this to remind you of the date your cover and premium will resume.

Subject to the submission and acceptance of a new Premium and Cover Pause application, you can extend any ongoing period of Premium and Cover Pause but only for cumulative total of 12 months. Any application for an extension of an existing premium and cover pause period must be submitted at least 7 working days prior to the end of the preceding pause period

When your cover resumes, you will not be charged for any period during which your premiums were paused. The premiums charged at the point your policy resumes will reflect any premium changes which were due during the pause period including, where relevant, Benefit Indexation, age related increases or other premium changes as applicable to your policy.

For the avoidance of doubt, your contract of insurance will continue during the period of Premium and Cover Pause.

8. RIDER BENEFITS

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

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

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

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

For information relating to Super Extras, please also refer to Section 16.2 of the incorporated by reference material.

Riders relevant to Income Protection and Income Protection Accident Only

The following Rider Benefits are available as an addition to, or as a cancellation and replacement of, an existing Income Protection and Income Protection Accident Only Policy – please refer to Section 17 of the incorporated by reference material for more information.

8.15 Claim Escalation
17.1 Day 1 Accident
17.2 Income Protection Lump Sum*
17.3 Carer's Allowance*
17.4 Retirement Optimiser

*Income Protection Lump Sum benefit is only available when replacing an existing Policy including these benefits.

In this section

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

Important

As well as the information about Rider Benefits provided in this section, this PDS (including the incorporated by reference material) contains important information about acquiring and holding insurance.

You should read this PDS (including the incorporated by reference material) in full before making a decision about purchasing the Rider Benefits described in this section.

8.1 Total and Permanent Disablement Buy-back

Your optional benefit

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

In this section

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

Availability

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

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

8.1.1 Benefit overview

Table 11 shows the benefits available under TPD Buy-back. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 11

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
TPD Buy-back	• Variable age-stepped premium • Variable premium • Optimum

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

8.1.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to TPD Buy-back as indicated in Table 11. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.1.3–5 and Section 10.2.

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

Total and Permanent Disablement Buy-back

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

TPD Buy-back will automatically reinstate the Life Cover Sum Insured that was reduced if we have paid 100% of the TPD Sum Insured before the TPD Buy-back Premium Expiry Date.

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

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

The repurchase of the Life Cover Sum Insured will be:

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

Premiums for TPD Buy-back must continue to be paid until the earliest of:

- the Reinstatement Date, or
- the Premium Expiry Date.

8.1.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B1, B2, C1, C2	D, E and Home Duties	
TPD Buy-back	$5 million	$2 million	Maximum limit applies to the total sums insured for TPD, TPD Stand Alone, Double TPD, Universal TPD, Universal TPD Stand Alone, Double Universal TPD, Accidental TPD, Accidental TPD Stand Alone and other similar benefits under other policies with us and other insurers. TPD Buy-back cannot exceed the Life Cover Sum Insured.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age				
		All occupations	A1, A2, M, A3, A4	B1, B2, C1, C2	D	E	Home Duties
TPD Buy-back	Variable age-stepped premium	15 years	59 years	59 years	54 years	49 years	59 years
	Optimum & Variable premium	34 years	59 years	59 years	54 years	49 years	59 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories			
	A1, A2, M, A3, A4	B1, B2, C1, C2, D	E	Home Duties
TPD Buy-back	70th birthday	65th birthday	55th birthday	65th birthday

Premium Expiry Date

The Premium Expiry Date for Total and Permanent Disablement Buy-back is the Policy Anniversary one year prior to your Expiry Date.

8.1.4 Limitations and exclusions

If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

8.1.5 When cover begins and ends

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

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

8.2 Double Total and Permanent Disablement

Your optional benefit

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

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

In this section

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

Availability

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

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

8.2.1 Benefit overview

Table 12 shows the benefits available under Double TPD. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 12

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ⊙ Superannuation Plan

Insurance cover	Premium options
Double TPD	• Variable age-stepped premium • Variable premium • Optimum

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

Built-in Benefits	Benefit availability	Section
Waiver of Life Cover Premium after a full benefit payment Waives premiums after a full Double TPD benefit has been paid.		8.2.2
Partial and Permanent Disablement Provides a partial payment from your Sum Insured if you suffer the permanent loss of the use of one arm, one leg, or sight in one eye. The advance payment is 25% of the Sum Insured up to a maximum of $750,000.		8.2.2
Conversion to Loss of Independence Instead of Double TPD ending on your Expiry Date, we will convert the cover to a Loss of Independence benefit until the earliest of: • the Policy Anniversary prior to your 100th birthday or; • the Expiry Date of the Life Cover benefit (where Double TPD is purchased as a Rider Benefit to Life Cover). Conversion to Loss of Independence is not available within a Superannuation Plan, Maximiser or for Occupation Category E.		8.2.2
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.		7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.		7.1
Financial Planning Reimbursement Pays up to $3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies. The maximum total amount payable under all policies with us for the life insured is $3,000.		7.5
Accommodation Benefit Where we pay the Total and Permanent Disablement lump sum under your Double Total and Permanent Disablement benefit, we will reimburse the accommodation costs incurred by your Immediate Family Members whilst you are confined to a bed more than 100 km from your usual place of residence (up to $250 per day for up to 30 days). The Accommodation benefit can assist an Immediate Family Member with the costs of accommodation to be near you provided you are confined to a bed or hospitalised.		8.2.2
Counselling Benefit Where we pay the Total and Permanent Disablement lump sum under your Double Total and Permanent Disablement benefit, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member attend related to the claimable event, up to a maximum total value of $1,200 per Life Insured.		8.2.2
Complimentary Interim Accidental Total and Permanent Disablement Cover Pays a lump sum outside superannuation in the event that you become Totally and Permanently Disabled whilst we are assessing your application, **solely** as a result of an Accidental Injury. This cover applies for up to 90 days from the date of your signed application.		13.2

8.2.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Double TPD as indicated in Table 12. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.2.3–5 and Section 10.2.

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

1. Total and Permanent Disablement

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

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

The definitions available under the Double TPD benefit are:
- Own Occupation*
- Any Occupation
- Universal (Occupation Category E only)
- Home Duties

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

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

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

2. No reduction of the Life Cover Sum Insured

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

3. Waiver of Life Cover premium

After we have made a full Double TPD payment, we will Waive all future premiums for the Life Cover benefit, up to the Policy Anniversary prior to:
- your 70th birthday for Occupation Categories A1, A2, M, A3, A4
- your 65th birthday for Occupation Categories B1, B2, C1, C2, D and Home Duties, or
- your 55th birthday for Occupation Category E.

Direct premium payments will then resume.

4. Partial and Permanent Disablement

If you suffer the permanent loss of use of one arm, one leg or sight in one eye, we will pay a partial benefit.

The amount of the partial benefit payable will be 25% of the Double TPD up to a maximum of $750,000.

The partial benefit will be paid only once during the lifetime of the Policy. Any payment made under the partial benefit provisions will reduce the Sum Insured under the Double TPD benefit.

5. Conversion to Loss of Independence

At the Expiry Date for your Occupation Category shown in Section 8.2.3, your Double TPD benefit will convert to a Loss of Independence benefit, which will continue until the earliest of:
- the Policy Anniversary prior to your 100th birthday or;
- the Expiry Date of the Life Cover benefit (where Double TPD is purchased as a Rider Benefit to Life Cover).

The Double TPD benefit does not convert to a Loss of Independence benefit and ceases at the Expiry Date:
- within a Superannuation Plan or Maximiser, or
- if you are Occupation Category E.

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

We will only pay this benefit once.

6. Accommodation Benefit

Where we pay the Total and Permanent Disablement lump sum under your Double Total and Permanent Disablement benefit, we will reimburse the accommodation costs incurred by your Immediate Family Members up to a maximum of $250 per day, for a maximum of 30 days, for each day:
- you are confined to bed due to the condition for which we paid the benefit
- you are confined to bed more than 100 kilometres from your usual place of residence; and
- the Immediate Family Member remains away from their home, having been required to travel more than 100 kilometres from their usual place of residence to be with the Life Insured.

We will require evidence which establishes your bed confinement and proof of the accommodation costs that have been paid.

If you are eligible for this benefit under more than one cover type, we will only pay up to a maximum of $250 per day and for a maximum of 30 days total per Life Insured, under all policies and benefit types. The total lifetime benefit paid under any Accommodation Benefit held under an AIA policy will not exceed $7,500 per Life Insured.

This Accommodation Benefit is not payable if you are also claiming Home Care Benefit under an AIA Priority Protection Income Protection benefit.

This benefit is not available when the benefit is solely structured through superannuation.

7. Counselling Benefit

Where we pay the Total and Permanent Disablement lump sum under your Double Total and Permanent Disablement benefit, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member of the Life Insured, attend with a counsellor or psychologist in relation to the claimable event.

Your counsellor or psychologist must, at the time of providing the counselling service, be registered with the Australian Counselling Association (www.theaca.net.au) or the Psychotherapy and Counselling Federation of Australia (pacfa.org.au).

The maximum total Counselling Benefit amount we will pay across all benefits and all policies held with AIA is $1,200 per Life Insured.

The Counselling Benefit will only be paid to policyholders or nominated beneficiaries and must be related to counselling sessions occurring within 24 months of the claimable event.

Counselling Benefit is not available when cover is solely structured through superannuation.

8.2.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories			Conditions
	A1, A2, M, A3, A4, B1, B2, C1, C2	D	E and Home Duties	
Double TPD	$5 million[1]	$2 million	$2 million	Maximum limit applies to the total sums insured for TPD, TPD Stand Alone, Double TPD, Universal TPD, Universal TPD Stand Alone, Double Universal TPD, Accidental TPD, Accidental TPD Stand Alone and other similar benefits under other policies with us and other insurers. Double TPD cannot exceed the Life Cover Sum Insured. The minimum Sum Insured is $50,000.

1. The maximum total Sum Insured for TPD (from all sources) held under an Own Occupation definition is $3 million.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age			
		All occupations	A1, A2, M, A3, A4, B1, B2, C1, C2	D	E	Home Duties
Double TPD	Variable age-stepped premium	15 years	59 years	54 years	49 years	59 years
	Optimum & Variable premium	34 years	59 years	54 years	49 years	59 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories			
	A1, A2, M, A3, A4	B1, B2, C1, C2, D	E	Home Duties
Double TPD	70th birthday	65th birthday	55th birthday	65th birthday

8.2.4 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

Limitations

The Double TPD benefit is not payable if:

- a claim for Terminal Illness is in progress or has previously been paid by us or any other insurer, or
- you pass away within 14 days from the date you suffered the Injury or Sickness which caused your Total and Permanent Disablement.

After the Double TPD benefit becomes payable, Benefit Indexation does not apply to the Life Cover Sum Insured. You also cannot exercise Guaranteed Future Insurability to increase the Life Cover Sum Insured due to Personal or Business Events.

Exclusions

A benefit is not payable for Double TPD in relation to any event or disablement:

- where disablement is related to intentional self-inflicted injury or any such attempt by you
- where disablement is resulting from imprisonment or related to your participation in an unlawful activity punishable by imprisonment.

Benefit reductions – Double TPD

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

- TPD
- Death or Terminal Illness (Built-in Benefit to Life Cover)
- Loss of Independence* (Built-in Benefit to Double TPD and Crisis Recovery)
- Crisis Events* (Built-in Benefit to Crisis Recovery)
- Partial Payments* (Built-in Benefit to Crisis Recovery)
- Crisis Extension Events* (Built-in Benefit to Crisis Extension).

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

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

*The Double TPD Sum Insured will not be reduced by a claim on these benefits where the Crisis Recovery cover is held as a Stand Alone benefit or, in the case of Crisis Extension cover, is held as a Rider Benefit to Crisis Recovery Stand Alone.

Sum Insured reduction

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

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

Loss of Independence Sum Insured

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

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

Conversion to Loss of Independence and Sum Insured reduction

Policy Anniversary prior to age 65 – Occupation Categories: B1, B2, C1, C2, D and Home Duties

When your TPD Sum Insured converts to Loss of Independence, the Sum Insured will be the total of:

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

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

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

When your TPD Sum Insured converts to Loss of Independence, the Sum Insured will be the total of:

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

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

Sum Insured reductions – you choose

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

8.2.5 When cover begins and ends

The Double TPD benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

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

8.3 Double Universal Total and Permanent Disablement

Your optional benefit

Double Universal Total and Permanent Disablement (Double Universal TPD) will pay a lump sum if you suffer a Loss of Independence, Mental Illness (severe and permanent), Motor Neurone Disease or Paralysis (total and permanent).

In addition, if a full Double Universal TPD benefit is payable, the Life Cover Sum Insured will not be reduced and future premiums for Life Cover will be Waived until the Policy Anniversary prior to your 65th birthday (or your 55th birthday for Occupation E only).

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

In this section

8.3.1 Benefit overview
8.3.2 Built-in Benefits
8.3.3 General terms and conditions
8.3.4 Limitations and exclusions
8.3.5 When cover begins and ends

Availability

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

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

8.3.1 Benefit overview

Table 13 shows the benefits available under Double Universal TPD. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 13

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Double Universal TPD	• Variable age-stepped premium • Variable premium • Optimum

Built-in Benefits	Benefit availability	Section
Double Universal Total and Permanent Disablement Pays a lump sum equal to the Sum Insured if you are disabled according to the Total and Permanent Disablement (Universal) definition (see Section 12.1).	◆❖●	8.3.2
Conversion to Universal TPD Instead of Double Universal TPD ending on your Expiry Date, we will convert to a Universal TPD benefit until the Policy Anniversary prior to your 70th birthday, The Universal TPD benefit will then convert to a Loss of Independence benefit until the earliest of: • the Policy Anniversary prior to your 100th birthday or; • the Expiry Date of the Life Cover benefit (where Double Universal TPD as a Rider Benefit to Life Cover). Conversion to Universal TPD is not available for Occupation Category E. Conversion to Loss of Independence is not available within a Superannuation Plan or for Occupation Category E. Conversion to Universal TPD is not available within a Superannuation Plan or for Occupation Category E.	◆❖	8.3.2

Built-in Benefits	Benefit availability	Section
No reduction of the Life Cover Sum Insured after a full benefit payment Your Life Cover Sum Insured is not affected by payment of a Double Universal TPD benefit.		8.3.2
Waiver of Life Cover Premium after a full benefit payment Waives premiums after a full Double Universal TPD benefit has been paid.		8.3.2
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.		7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.		7.1
Financial Planning Reimbursement Pays up to $3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies. The maximum total amount payable under all policies with us for the life insured is $3,000.		7.5
Accommodation Benefit Where we pay the Double Universal Total and Permanent Disablement Sum Insured, we will reimburse the accommodation costs incurred by your Immediate Family Members whilst you are confined to a bed more than 100 km from your usual place of residence (up to $250 per day for up to 30 days). The Accommodation benefit can assist an Immediate Family Member with the costs of accommodation to be near you provided you are confined to a bed or hospitalised.		8.3.2
Counselling Benefit Where we pay the Double Universal Total and Permanent Disablement Sum Insured, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member attend related to the claimable event, up to a maximum total value of $1,200 per Life Insured.		8.3.2
Complimentary Interim Accidental Total and Permanent Disablement Cover Pays a lump sum outside superannuation in the event that you become Totally and Permanently Disabled whilst we are assessing your application, **solely** as a result of an Accidental Injury. This cover applies for up to 90 days from the date of your signed application.		13.2

8.3.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Double Universal TPD as indicated in Table 13. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.3.3–5 and Section 10.2.

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

1. Double Universal Total and Permanent Disablement

We will pay a lump sum equal to the Sum Insured under the Double Universal TPD benefit if you satisfy the definition of TPD (Universal) as set out in Section 12.1.

We will only pay this benefit once.

2. Conversion to Universal TPD

For Occupation Categories A1, A2, M, A3, A4, B1, B2, C1, C2, D and Home Duties, the Double Universal TPD benefit will end at the Policy Anniversary prior to your 65th birthday, at which time it will convert to a Universal TPD benefit. The Universal TPD benefit will then convert to a Loss of Independence benefit at the Policy Anniversary prior to your 70th birthday for Occupation Categories A1, A2, M, A3, A4, B1, B2, C1, C2, D and Home Duties. The Loss of Independence benefit, will continue until the Policy Anniversary prior to your 100th birthday.

Conversion to Universal TPD is not available for Occupation Category E.

Conversion to Loss of Independence does not apply within a Superannuation Plan or for Occupation Category E.

Please refer to Section 8.2.4 for information about the Loss of Independence Sum Insured.

3. No reduction of the Life Cover Sum Insured

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

4. Waiver of Life Cover premium

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

- your 65th birthday for Occupation Categories A1, A2, M, A3, A4, B1, B2, C1, C2, D and Home Duties, or
- your 55th birthday for Occupation Category E.

Direct premium payments will then resume.

5. Accommodation Benefit

Where we pay the Double Universal Total and Permanent Disablement Sum Insured, we will reimburse the accommodation costs incurred by your Immediate Family Members up to a maximum of $250 per day, for a maximum of 30 days, for each day:

- you are confined to bed due to the condition for which we paid the benefit
- you are confined to bed more than 100 kilometres from your usual place of residence; and
- the Immediate Family Member remains away from their home, having been required to travel more than 100 kilometres from their usual place of residence to be with the Life Insured.

We will require evidence which establishes your bed confinement and proof of the accommodation costs that have been paid.

If you are eligible for this benefit under more than one cover type, we will only pay up to a maximum of $250 per day and for a maximum of 30 days total per Life Insured, under all policies and benefit types. The total lifetime benefit paid under any Accommodation Benefit held under an AIA policy will not exceed $7,500 per Life Insured.

This Accommodation Benefit is not payable if you are also claiming Home Care Benefit under an AIA Priority Protection Income Protection benefit.

This benefit is not available when the benefit is solely structured through superannuation.

6. Counselling Benefit

Where we pay the Double Universal Total and Permanent Disablement Sum Insured, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member of the Life Insured, attend with a counsellor or psychologist in relation to the claimable event.

Your counsellor or psychologist must, at the time of providing the counselling service, be registered with the Australian Counselling Association (www.theaca.net.au) or the Psychotherapy and Counselling Federation of Australia (pacfa.org.au).

The maximum total Counselling Benefit amount we will pay across all benefits and all policies held with AIA is $1,200 per Life Insured.

The Counselling Benefit will only be paid to policyholders or nominated beneficiaries and must be related to counselling sessions occurring within 24 months of the claimable event.

Counselling Benefit is not available when cover is solely structured through superannuation.

8.3.3 General terms and conditions

Sum Insured limits

Benefit	All occupations	Conditions
Double Universal TPD	$2 million	Maximum limit applies to the total sums insured for TPD, TPD Stand Alone, Double TPD, Universal TPD, Universal TPD Stand Alone, Double Universal TPD, Accidental TPD, Accidental TPD Stand Alone and other similar benefits under other policies with us and other insurers. Double Universal TPD cannot exceed the Life Cover Sum Insured. The minimum Sum Insured is $50,000.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age		
		All occupations	A1, A2, M, A3, A4, B1, B2, C1, C2, D	E	Home Duties
Double Universal TPD	Variable age-stepped premium	15 years	59 years	49 years	59 years
	Optimum & Variable premium	34 years	59 years	49 years	59 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

	Ordinary Plan			Superannuation Plan		
Occupation Categories	**A1, A2, M, A3, A4 B1, B2, C1, C2, D**	**E**	**Home Duties**	**A1, A2, M, A3, A4 B1, B2, C1, C2, D**	**E**	**Home Duties**
Double Universal TPD	65th birthday	55th birthday	65th birthday	65th birthday	55th birthday	65th birthday

8.3.4 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

Limitations

The Double Universal TPD benefit is not payable if:

- a claim for Terminal Illness is in progress or has previously been paid by us or any other insurer, or
- you pass away within 14 days from the date you suffered the Injury or Sickness which caused your Total and Permanent Disablement (Universal).

After the Double Universal TPD benefit becomes payable, Benefit Indexation does not apply to the linked Life Cover Sum Insured. You also cannot exercise Guaranteed Future Insurability and increase the Life Cover Sum Insured due to Personal or Business Events.

Exclusions

A benefit is not payable for Double Universal TPD in relation to any event or disablement:

- where disablement is related to intentional self-inflicted injury or any such attempt by you
- where disablement is resulting from imprisonment or related to your participation in an unlawful activity punishable by imprisonment.

Benefit reductions – Double Universal TPD

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

- Universal TPD
- Death or Terminal Illness (built-in benefit to Life Cover)
- Loss of Independence* (built-in benefit to Crisis Recovery)
- Crisis Events* (built-in benefit to Crisis Recovery)
- Partial Payments* (built-in benefit to Crisis Recovery)
- Crisis Extension Events* (Built-in Benefit to Crisis Extension).

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

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

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

Sum Insured reduction – all Occupation Categories except E

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

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

Sum Insured reductions – you choose

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

8.3.5 When cover begins and ends

The Double Universal TPD benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

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

8.4 Waiver of Premium

Your optional benefit

The Waiver of Premium Rider Benefit will Waive the premiums for specified benefits if you become Totally and Permanently Disabled or Partially and Permanently Disabled. Benefit Indexation continues to apply.

In this section

8.4.1 Benefit overview
8.4.2 General terms and conditions
8.4.3 Limitations and exclusions
8.4.4 When cover begins and ends

Availability

- Available under an Ordinary Plan, Linked Benefit or Superannuation Plan.
- Waiver of Premium cover can be purchased as a Rider Benefit to Life Cover.

Cover type	Outside super		Inside super
Waiver of Premium	◆ Ordinary Plan	❖ Linked Benefit (Superannuation PLUS)	⊙ Superannuation Plan

8.4.1 Benefit overview

Table 14 shows the benefits available under Waiver of Premium. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below.

Table 14

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ⊙ Superannuation Plan

Insurance cover	Premium options
Waiver of premium	• Variable age-stepped premium • Variable premium

Built-in Benefits	Benefit availability	Section
Waiver of premium Waives premiums for specified benefits if you become Totally and Permanently Disabled or Partially and Permanently Disabled.	◆ ❖ ⊙	8.4.2
Conversion option Allows you to convert your Waiver of Premium under a Superannuation Life Cover Plan to an Ordinary Plan prior to the Expiry Date of your Waiver of Premium benefit.	⊙	9.1

1. Waiver of Premium

If you are Totally and Permanently Disabled (Ordinary and Superannuation Plans) or Partially and Permanently Disabled (Ordinary Plans only), we will Waive premiums during the Benefit Period for certain benefits (see below).

If the premium of any benefit covered under Waiver of Premium has changed including as a result of alterations, claims and/or benefit indexation, the premium of the Waiver of Premium benefit will also be adjusted accordingly.

The Waiver of your premiums will begin after the end of your qualifying period (either three or six months).

Benefits covered under Waiver of Premium:

Main Benefit	Rider Benefit
Life Cover	• TPD • TPD Buy-back • Crisis Recovery • Crisis Extension • Crisis Recovery Buy-back • Crisis Reinstatement • Family Protection • Needlestick Injury • Forward Underwriting • Business Safeguard Forward Underwriting
TPD Stand Alone*	• Life Cover Purchase • Family Protection • Forward Underwriting • Business Safeguard Forward Underwriting
Accidental Death*	• Family Protection
Crisis Recovery Stand Alone*	• Crisis Extension • Crisis Reinstatement • TPD • Life Cover Purchase • Family Protection • Forward Underwriting • Business Safeguard Forward Underwriting
Superannuation PLUS	The following Rider Benefits can be covered under the non-superannuation Waiver of Premium benefit: • TPD • TPD Buy-back • Crisis Recovery • Crisis Extension • Crisis Recovery Buy-back • Crisis Recovery Reinstatement • Family Protection • Needlestick Injury

*The premium is only Waived for this benefit and accompanying riders if purchased with Life Cover under the same Policy.

Benefit Period

We will Waive the premiums up to the Policy Anniversary prior to:

- your 70th birthday for Occupation Categories A1, A2, M, A3, A4
- your 65th birthday for Occupation Categories B1, B2, C1, C2, D and Home Duties, and
- your 55th birthday for Occupation Category E.

Direct premium payments will then resume.

Benefit Indexation

Premiums will also be Waived for any Benefit Indexation increases that occur after the start of your Total and Permanent Disablement or Partial and Permanent Disablement.

Ordinary and Superannuation Plans

A Waiver of Premium benefit purchased under an Ordinary Plan will not Waive premiums under the Superannuation Plan.

To have premiums Waived under both Ordinary and Superannuation Plans, you must purchase two separate Waiver of Premium benefits – one within super and one outside of super.

2. Qualifying and survival periods

Total and Permanent Disablement

Each TPD definition that you can choose for the Waiver of Premium benefit has a qualifying period of either three or six months.

During this qualifying period you must be absent from employment **solely** because of Injury or Sickness in order to be eligible to claim under the Waiver of Premium benefit.

Partial and Permanent Disablement

To meet the applicable Partial and Permanent Disablement definition under the Waiver of Premium benefit you must survive a period of 14 days from the date of loss. This condition only applies if you have TPD Stand Alone cover.

Premiums payable

You must pay premiums during the relevant qualifying period relating to your chosen TPD definition and until your claim is assessed and accepted by us. We will not refund any premiums paid during the period in which we are assessing your claim.

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

3. Voluntary increases in cover

Premiums will not be Waived for benefits that have been voluntarily increased, repurchased or reinstated after the Waiver of Premium claim has commenced at the end of its qualifying period (either three or six months).

These impacted benefits are:

Life Cover Plan

- Life Cover, including the:
  - repurchase of the Life Cover Sum Insured under the Crisis Recovery Buy-back benefit and TPD Buy-back benefit
  - purchase of Life Cover Sum Insured under Guaranteed Future Insurability, Business Safeguard Forward Underwriting and Forward Underwriting benefits, and
  - purchase of Life Cover under the Life Cover Purchase benefit.

- Crisis Recovery, including the:
  - repurchase of the Crisis Recovery Sum Insured under Crisis Reinstatement
  - purchase of the Crisis Recovery Sum Insured under Business Safeguard Forward Underwriting and Forward Underwriting benefits
  - Crisis Extension
  - Crisis Recovery Buy-back
  - Crisis Reinstatement
  - Family Protection (including the addition of a child), and
  - Needlestick Injury.

Crisis Recovery Stand Alone Plan

- Crisis Recovery Stand Alone, including the:
  - repurchase of the Crisis Recovery Sum Insured under Crisis Reinstatement
  - purchase of Crisis Recovery Sum Insured under the Business Safeguard Forward Underwriting and Forward Underwriting benefits
  - Crisis Extension
  - Crisis Reinstatement, and
  - Family Protection (including the addition of a child).

8.4.2 General terms and conditions

Sum Insured limits – N/A

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age				
		All occupations	A1, A2, M, A3, A4, B1, B2	C1, C2	D	E	Home Duties
Waiver of Premium	Variable age-stepped premium	15 years	63 years	59 years	54 years	49 years	63 years
	Variable premium	34 years	63 years	59 years	54 years	49 years	63 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories			
	A1, A2, M, A3, A4	B1, B2, C1, C2, D	E	Home Duties
Waiver of Premium	70th birthday	65th birthday	55th birthday	65th birthday

8.4.3 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

Limitations

We will not waive premiums under the Waiver of Premium benefit for:

- Accidental TPD
- Universal TPD
- Double TPD
- Double Universal TPD
- Double Crisis Recovery

Exclusions

Waiver of Premium will not apply in relation to an event or disablement that is caused by intentional self-inflicted injury or any such attempt by you.

8.4.4 When cover begins and ends

The Waiver of Premium benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

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

Any premium rate guarantee period applicable to the policy on which premiums are being waived will continue during the waive period.

8.5 Life Cover Purchase

Your optional benefit

Life Cover Purchase allows you to purchase Life Cover after we have paid a full TPD or Crisis Recovery claim, without having to provide further information about your health or insurability.

In this section

8.5.1 Benefit overview
8.5.2 Built-in Benefits
8.5.3 General terms and conditions
8.5.4 Limitations and exclusions
8.5.5 When cover begins and ends

Availability

Life Cover Purchase can be obtained as a Rider Benefit to:

- TPD Stand Alone cover (Ordinary Plan or Superannuation Plan)
- TPD as a Rider Benefit to Crisis Recovery Stand Alone cover (Ordinary Plan), or
- Crisis Recovery Stand Alone cover (Ordinary Plan).

Cover type	Outside super	Inside super
Life Cover Purchase	◆ Ordinary Plan	● Superannuation Plan

8.5.1 Benefit overview

Table 15 shows the benefits available under Life Cover Purchase. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 15

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Life Cover Purchase	• Variable age-stepped premium • Variable premium • Optimum

Built-in Benefits	Benefit availability	Section
Life Cover Purchase Allows you to purchase Life Cover after 100% of your TPD Stand Alone benefit, Crisis Recovery Stand Alone benefit, or TPD Rider Benefit to Crisis Recovery Stand Alone has been paid. You can exercise this option at the 12-month anniversary from the date your claim was paid.	◆ ●	8.5.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.	◆ ●	7.1

8.5.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Life Cover Purchase as indicated in Table 15. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends in relation to that benefit, as set out in Sections 8.5.3–5 and Section 10.2.

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

Life Cover Purchase

This benefit allows you to buy Life Cover without having to provide information about your health or insurability if a full benefit payment has been made for one of the following:

- TPD Stand Alone
- Crisis Recovery Stand Alone, or
- TPD Rider Benefit under Crisis Recovery Stand Alone.

The amount of Life Cover you can purchase is the amount of the claim paid up to your Life Cover Purchase sum insured.

The purchase of the Life Cover Sum Insured under the Life Cover Purchase option will be subject to the premium rates applicable for your age at the time of purchase, and provided on the same acceptance terms as were applied to the original TPD Stand Alone, TPD Rider Benefit to Crisis Stand Alone, or Crisis Recovery Stand Alone cover.

Exercising the option

For all conditions other than those listed below, the Life Cover option must be exercised within 30 days after the 12-month anniversary of your claim being paid.

For the following conditions, Life Cover must be purchased within 30 days after the six-month anniversary of your claim being paid:

- Alzheimer's Disease or Dementia with significant cognitive impairment
- Blindness (excluding as a result of a stroke/cancer)
- Loss of Hearing
- Multiple Sclerosis
- Paralysis (total and permanent) (excluding as a result of a stroke/cancer), and
- Parkinson's Disease.

You must continue to pay premiums for the Life Cover Purchase option until the date the option is exercised or expires (see 8.5.5 When cover begins and ends).

This option can only be exercised once.

Where the Life Cover Purchase benefit has been selected as a Rider Benefit under the TPD Stand Alone benefit, the Life Cover Purchase is able to be exercised after a TPD Stand Alone or Maximiser claim.

8.5.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories			Conditions
	A1, A2, M, A3, A4, B1, B2, C1, C2	D	E and Home Duties	
Life Cover Purchase – Rider Benefit • TPD Stand Alone • TPD Rider Benefit to Crisis Recovery Stand Alone	$5 million	$2 million	$1 million	Life Cover Purchase Sum Insured must equal the TPD Stand Alone/ Rider Benefit Sum Insured.

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B1, B2, C1, C2, D, E	Home Duties	
Life Cover Purchase – Rider Benefit • Crisis Recovery Stand Alone	$2 million	$1 million	Life Cover Purchase Sum Insured must equal the Crisis Recovery Stand Alone Sum Insured (excluding Crisis Extension).

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age			
		All occupations	A1, A2, M, A3, A4, B1, B2, C1, C2	D	E	Home Duties
Life Cover Purchase – Rider Benefit • TPD Stand Alone • TPD Rider Benefit to Crisis Recovery Stand Alone	Variable age-stepped premium	15 years	59 years	54 years	49 years	59 years
	Optimum & Variable premium	34 years	59 years	54 years	49 years	59 years
Life Cover Purchase – Rider Benefit • Crisis Recovery Stand Alone	Variable age-stepped premium	15 years	59 years			
	Optimum & Variable premium	34 years	59 years			

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories			
	A1, A2, M, A3, A4	B1, B2, C1, C2, D	E	Home Duties
Life Cover Purchase – Rider Benefit • TPD Stand Alone	70th birthday	65th birthday	55th birthday	65th birthday
• TPD Rider Benefit to Crisis Recovery Stand Alone	65th birthday	65th birthday	55th birthday	65th birthday
• Crisis Recovery Stand Alone	65th birthday	65th birthday	65th birthday	65th birthday

8.5.4 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

Limitations

- The new Life Cover amount cannot be increased via Guaranteed Future Insurability, Forward Underwriting or Business Safeguard Forward Underwriting benefit.
- Benefit Indexation will not apply to the new Life Cover Sum Insured.
- All increases in cover are subject to financial assessment at the time the option is exercised.
- When an option under an existing Priority Protection Policy is exercised to purchase a new Priority Protection Policy, the Life Insured must be the same as the Life Insured under the existing Policy.
- Any special conditions or exclusions that apply to the existing Policy will also apply under the new policy.
- The new Priority Protection Policy will be on terms that apply to other new Priority Protection policies (or policies referable to other similar products as reasonably determined by us) available at the time the option is exercised.
- Where Life Cover Purchase is purchased both in conjunction with the Crisis Recovery Stand Alone and TPD as a Rider Benefit under Crisis Recovery Stand Alone, the Life Cover Purchase option can only be exercised once. If a full claim under Crisis Recovery Stand Alone is paid, the TPD Rider Benefit will expire and so will the Life Cover Purchase option attached to the TPD Rider Benefit. However, the Life Cover Purchase option can still be exercised on the Crisis Recovery Stand Alone benefit for an amount up to 100% of the Sum Insured for Crisis Recovery Stand Alone.
- Where the Life Cover Purchase benefit is purchased as a TPD Rider Benefit under Crisis Recovery Stand Alone and 100% of the benefit payment has been made on the TPD Rider Benefit, the Crisis Recovery Stand Alone Sum Insured amount will:
  - be reduced by the amount of the TPD claim, or
  - if both Sums Insured are equal, the Crisis Recovery Stand Alone benefit will end.
- The Life Cover Purchase benefit can be exercised up to the TPD Rider Benefit amount.

Exclusions

The Life Cover Option is not available:

- if you are diagnosed with a Terminal Illness
- after a Partial and Permanent Disablement claim payment
- after a partial Crisis Recovery claim payment, or
- for the amount of a Crisis Extension claim payment.

8.5.5 When cover begins and ends

The Life Cover Purchase benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- the date the Life Cover Purchase option is exercised
- the date you are no longer eligible to exercise Life Cover Purchase (see 'Exercising the option' in Section 8.5.2)
- the lapse or cancellation benefit or Policy (see Section 10.2)
- your passing away, or
- the Expiry Date of the benefit.

8.6 Crisis Extension

Your optional benefit

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

Crisis Extension Events are medical conditions that have progressed or deteriorated from the initial diagnosis, or are more serious conditions. Some Crisis Extension Events are Crisis Events (under Crisis Recovery) with additional criteria within each definition that reflect this.

In this section

8.6.1 Benefit overview
8.6.2 Built-in Benefits
8.6.3 General terms and conditions
8.6.4 Limitations and exclusions
8.6.5 When cover begins and ends

You may meet the definition of both a Crisis Event (under Crisis Recovery) and a Crisis Extension Event, in which case both benefits would be payable.

Alternatively, you may first meet the definition of a Crisis Event (under Crisis Recovery) and receive a Crisis Recovery benefit and, if your condition progresses or deteriorates, you may later meet the definition of the Crisis Extension Event and receive the Crisis Extension benefit.

Availability

The minimum Sum Insured for Crisis Extension is $10,000.

- All Occupation Categories are eligible.
- Crisis Extension can be purchased as a Rider Benefit to Crisis Recovery where Crisis Recovery is held as either:
  - Stand Alone cover (Ordinary Plan), or
  - Rider Benefit to Life Cover (Ordinary Plan or Linked Benefit).
- When you purchase Crisis Extension you must also add the Crisis Reinstatement rider option to your Crisis Recovery cover*.
- The Crisis Extension benefit is not available where your Crisis Recovery is limited to one of the three Crisis Recovery modules as set out in Section 4.4 (i.e. Cancer and Coronary, Cancer Plus and Coronary Plus).

* Crisis Reinstatement only allows you to reinstate your Crisis Recovery benefit following payment of a claim for that benefit but does not allow you to reinstate your Crisis Extension benefit following payment of a claim.

Cover type	Outside super	
Crisis Extension	◆ Ordinary Plan	❖ Linked Benefit (Superannuation PLUS)

8.6.1 Benefit overview

Table 16 shows the benefits available under Crisis Extension. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 16

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Crisis Extension	• Variable age-stepped premium • Variable premium • Optimum

Built-in Benefits	Benefit availability	Section
Crisis Extension Events Pays a lump sum equal to the full Sum Insured if you are diagnosed with a listed Crisis Extension Event for which you are covered after the applicable qualifying period. If Crisis Extension is a rider to the Crisis Recovery Stand Alone benefit, you must survive for a period of 14 days from the date of diagnosis.	◆❖	8.6.2
Terminal Illness If you are diagnosed with a Terminal Illness, we will pay a lump sum equal to the Crisis Extension Sum Insured. A three-month qualifying period applies. Terminal Illness is listed as a Crisis Extension Event and is only available if Crisis Extension is taken with Crisis Recovery Stand Alone.	◆❖	8.6.2
Benefit Indexation Automatically increases your Sum Insured at the Policy Anniversary each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of indexation on your application form or before any Policy Anniversary.	◆❖	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.	◆❖	7.1
Financial Planning Reimbursement Pays up to $3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies. The maximum total amount payable under all policies with us for the life insured is $3,000.	◆❖	7.5
Accommodation Benefit Where we pay you a lump sum under Crisis Extension, we will reimburse the accommodation costs incurred by your Immediate Family Members whilst you are confined to a bed more than 100 km from your usual place of residence (up to $250 per day for up to 30 days). The Accommodation benefit can assist an Immediate Family Member with the costs of accommodation to be near you provided you are confined to a bed or hospitalised.	◆❖	8.6.2
Counselling Benefit Where we pay you a lump sum under Crisis Extension, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member attend related to the claimable event, up to a maximum total value of $1,200 per Life Insured.	◆❖	8.6.2
Complimentary Interim Accidental Crisis Recovery Cover Pays a lump sum in the event that you suffer a Crisis Event whilst we are assessing your application, **solely** as a result of an Accidental Injury. The lump sum amount will be the combined Crisis Recovery and Crisis Extension Sum Insured you've applied for, up to $1 million. This cover applies for up to 90 days from the date of your signed application.	◆❖	13.3

8.6.2 Built-In Benefits

The following information relates to the Built-in Benefits that are only available under Crisis Extension as indicated in Table 16. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.6.3-5 and Section 10.2.

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

1. Crisis Extension Events

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

Some Crisis Extension Events are also Crisis Events under Crisis Recovery. If you are diagnosed with one of those Crisis Extension Events, we will pay the Crisis Extension benefit in addition to any Crisis Recovery benefit payable under your Stand Alone Crisis Recovery Plan or Crisis Recovery Rider Benefit.

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

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

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

Crisis Extension Events

Cancer Events

- Advanced Invasive Cancer[1]

Coronary Events

- Cardiac Arrest
- Cardiomyopathy with permanent and severe impairment[3]
- Coronary Artery Bypass Surgery (open heart)[1]
- Heart Attack (severe) with impaired cardiac function[1]
- Heart Valve Surgery (open heart)[1]
- Pulmonary Arterial Hypertension (Primary) with severe functional impairment[1,3]
- Stroke (acute) with severe functional impairment[1]
- Subdural Haematoma (acute and subacute) requiring surgical intervention[1]
- Surgery to the Aorta (open heart or open abdominal)[1]

Other Serious Crisis Extension Events

- Alzheimer's Disease or Dementia with significant cognitive impairment[3]
- Aplastic Anaemia
- Bacterial Meningitis with severe functional impairment[3]
- Benign Brain or Spinal Cord Tumour with severe functional impairment[1]
- Blindness
- End Stage Kidney Failure[3]
- End Stage Liver Failure[3]
- End Stage Lung Failure[3]
- Coma
- Loss of Hearing[3]
- Loss of Independence[3]
- Loss of Speech (complete and irrecoverable)[3]
- Loss of Use of Limbs and/or Sight[2,3]
- Major Burns of specified severity
- Major Head Trauma with severe functional impairment
- Major Organ Transplant[1]
- Motor Neurone Disease[3]
- Multiple Sclerosis with significant functional impairment[3]
- Muscular Dystrophy with significant functional impairment[3]
- Paralysis (total and permanent)[3]
- Parkinson's Disease with significant functional impairment[3]
- Pneumonectomy
- Severe Diabetes[1,3]
- Severe Rheumatoid Arthritis with significant functional impairment[3]
- Terminal Illness (Stand Alone only)[1]
- Viral Encephalitis with significant functional impairment

1. Qualifying period applies (see the right side of this page).
2. No payment for loss of use of one limb or loss of sight in one eye.
3. This Event is considered a Progressive Event.

Qualifying Period

Certain Crisis Extension Events are subject to a qualifying period, as indicated under Crisis Extension Events.

A Crisis Extension benefit is not payable if the Crisis Event first occurs or is first diagnosed or investigated, or the symptoms are reasonably apparent within three months after this benefit commences, is reinstated or increased (but only in relation to the increased amount).

We will waive this three-month qualifying period if:

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

Proof of positive diagnosis

Once you have notified us in writing by mail, fax or email that you are submitting a claim on your Policy, we will provide you with the appropriate forms, including a proof of positive diagnosis form. You must return proof of the positive diagnosis form to us.

We have the right and opportunity to examine you, when and as often as we may reasonably require in connection with a claim. We will do this at our own expense.

The Crisis Extension benefit will not be payable unless the Crisis Extension Event and the date of diagnosis are confirmed in writing by a Medical Practitioner and/or legally qualified pathologist.

The person(s) confirming the diagnosis must act reasonably when determining their opinion and must base that diagnosis on our definition of the relevant Crisis Extension Event (as set out in Section 12.2 Medical Definitions), after a study of the relevant and reasonably necessary histological material and clinical presentation based on the medical history, physical examination, radiological studies, and the results of any other diagnostic procedures performed on you or your Child.

2. Terminal Illness

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

Terminal Illness is listed as a Crisis Extension Event and is only available for Crisis Extension taken with Crisis Recovery Stand Alone (see the Crisis Extension Events table shown in Section 8.6.2).

3. Accommodation Benefit

Where we pay you a 100% lump sum under Crisis Extension, we will reimburse the accommodation costs incurred by your Immediate Family Members up to a maximum of $250 per day, for a maximum of 30 days, for each day:

- you are confined to bed due to the condition for which we paid the benefit
- you are confined to bed more than 100 kilometres from your usual place of residence; and
- the Immediate Family Member remains away from their home, having been required to travel more than 100 kilometres from their usual place of residence to be with the Life Insured.

We will require evidence which establishes your bed confinement and proof of the accommodation costs that have been paid.

If you are eligible for this benefit under more than one cover type, we will only pay up to a maximum of $250 per day and for a maximum of 30 days total per Life Insured, under all policies and benefit types. The total lifetime benefit paid under any Accommodation Benefit held under an AIA policy will not exceed $7,500 per Life Insured.

This Accommodation Benefit is not payable if you are also claiming Home Care Benefit under an AIA Priority Protection Income Protection benefit.

This benefit is not available when the benefit is solely structured through superannuation.

4. Counselling Benefit

Where we pay you a 100% lump sum under Crisis Extension, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member of the Life Insured, attend with a counsellor or psychologist in relation to the claimable event.

Your counsellor or psychologist must, at the time of providing the counselling service, be registered with the Australian Counselling Association (www.theaca.net.au) or the Psychotherapy and Counselling Federation of Australia (pacfa.org.au).

The maximum total Counselling Benefit amount we will pay across all benefits and all policies held with AIA is $1,200 per Life Insured.

The Counselling Benefit will only be paid to policyholders or nominated beneficiaries and must be related to counselling sessions occurring within 24 months of the claimable event.

Counselling Benefit is not available when cover is solely structured through superannuation.

8.6.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B1, B2, C1, C2, D, E	Home Duties	
Crisis Extension	$2 million	$1 million	Maximum limit applies to the total sums insured for Crisis Recovery, Double Crisis Recovery, Crisis Recovery Stand Alone, Crisis Extension and other similar benefits under other policies with us and other insurers. Where Crisis Recovery is held as a Rider Benefit to Life Cover, the total sum insured for Crisis Recovery and Crisis Extension cannot exceed the Life Cover Sum Insured. The minimum Sum Insured for Crisis Extension is $10,000.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Crisis Extension	Variable age-stepped premium	15 years	59 years
	Optimum & Variable premium	34 years	59 years

Expiry Date

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

8.6.4 Limitations and exclusions

Limitations and exclusions that apply specifically to Crisis Extension are set out below.

The Crisis Extension benefit is not available if Crisis Recovery is issued under special acceptance terms and cover restricted to a Crisis Recovery module (Cancer and Coronary, Cancer Plus or Coronary Plus), as set out in Section 4.4.

Claim payments

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

On payment of the Crisis Extension Sum Insured, the Crisis Extension benefit will cease and no payment will be made for any subsequent Crisis Extension Event.

The Life Cover Sum Insured will be reduced by the Crisis Extension Sum Insured where Crisis Extension has been purchased as a rider to a Crisis Recovery Rider Benefit.

Reinstatement

The Crisis Extension benefit cannot be reinstated. The Crisis Reinstatement benefit only applies to the Crisis Recovery Sum Insured.

Exclusions

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

- any Crisis Extension Event or disablement caused by intentional self-inflicted injury or any such attempt by you, or
- an event caused by intentional self-inflicted injury or any such attempt by you.

Benefit Reductions – Crisis Extension

The Crisis Extension Sum Insured will not be reduced by the amount of any claim paid for Crisis Events, Partial Payments or any other benefit payable in respect of Crisis Recovery.

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

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

A claim paid on TPD, Accidental TPD or Universal TPD Rider Benefits:

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

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

#The Crisis Extension Sum Insured will not be reduced by a claim on these benefits where Crisis Extension is held as a Rider Benefit to Crisis Recovery Stand Alone.

8.6.5 When cover begins and ends

The Crisis Extension benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- payment of the Crisis Extension benefit
- the lapse or cancellation of the Crisis Recovery benefit or Policy
- the lapse or cancellation of the Crisis Extension benefit
- the lapse or cancellation of the Crisis Reinstatement benefit
- the lapse or cancellation of the Superannuation Life Cover Plan (where the Crisis Extension benefit is taken as a Superannuation Plus benefit)
- your passing away, or
- the Expiry Date of the benefit.

8.7 Crisis Recovery Buy-back

Your optional benefit

Crisis Recovery Buy-back automatically reinstates the Life Cover Sum Insured that is reduced after the payment of a full Crisis Recovery claim, a restricted benefit for the diagnosis of Prostate cancer or a Crisis Extension claim. The Life Cover Sum Insured is automatically reinstated on the date 12 months after the payment of the claim.

In this section

8.7.1 Benefit overview
8.7.2 Built-in Benefits
8.7.3 General terms and conditions
8.7.4 Limitations and exclusions
8.7.5 When cover begins and ends

Availability

The minimum Sum Insured for Crisis Recovery Buy-back is $10,000.

- Crisis Recovery Buy-back can be purchased as a Rider Benefit to:
  - Crisis Recovery, and
  - Crisis Extension

  when Crisis Recovery is purchased as a Rider Benefit to Life Cover (Ordinary Plan or Linked Benefit).
- Crisis Recovery Buy-back cannot be purchased as a Rider Benefit to Crisis Recovery Stand Alone cover.
- The Crisis Recovery Buy-back benefit is not available where your Crisis Recovery is limited to one of the three Crisis Recovery modules as set out in Section 4.4 (i.e. Cancer and Coronary, Cancer Plus and Coronary Plus).

Cover type	Outside super	
Crisis Recovery Buy-back	◆ Ordinary Plan	❖ Linked Benefit (Superannuation PLUS)

8.7.1 Benefit overview

Table 17 shows the benefits available under Crisis Recovery Buy-back. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 17

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Crisis Recovery Buy-back	• Variable age-stepped premium • Variable premium • Optimum

Built-in Benefits	Benefit availability	Section
Crisis Recovery Buy-back Automatically reinstates the Life Cover Sum Insured amount that is reduced after we pay a full Crisis Recovery claim, a restricted benefit for the diagnosis of Prostate cancer or a Crisis Extension claim. The Life Cover Sum Insured is automatically reinstated on the date 12 months after the payment of the claim.	◆❖	8.7.2
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.	◆❖	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.	◆❖	7.1

Rider Benefits – optional benefits at an additional cost	Benefit availability	Section
Crisis Reinstatement	◆❖	8.8

8.7.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Crisis Recovery Buy-back as indicated in Table 17. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.7.3–5 and Section 10.2.

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

Crisis Recovery Buy-back

Crisis Recovery Buy-back automatically reinstates the Life Cover Sum Insured that was reduced if:

- a Crisis Recovery Sum Insured is paid in full, or a restricted benefit is paid for the diagnosis of Prostate Cancer, or
- a Crisis Extension claim is paid before the Crisis Recovery Buy-back Premium Expiry Date.

Crisis Recovery Buy-back does not apply where the reduction in the Life Cover Sum Insured was due to a payment of less than 100% of the Crisis Recovery Sum Insured (Cancer, Coronary Artery Angioplasty, Loss of Use of Limbs and/or Sight, Severe Rheumatoid Arthritis (failed conventional DMARDs), and Benign Brain or Spinal Cord Tumour with serious functional impairment events).

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

If the Reinstatement Date falls before the Policy Anniversary prior to your 65th birthday, the Life Cover Sum Insured is automatically reinstated to the amount that applied under the policy before the Crisis Recovery or Crisis Extension claim was paid.

If the Reinstatement Date falls on or after the Policy Anniversary prior to your 65th birthday, this benefit automatically reinstates the lesser of $10,000 and the amount of Life Cover reduced by the Crisis Recovery claim.

Premiums for Crisis Recovery Buy-back must continue to be paid until the earliest of:

- the Reinstatement Date, or
- the Premium Expiry Date.

The reinstated Life Cover Sum Insured will be:

- subject to the premium rates applicable for your age at the Reinstatement Date
- available without evidence of health, and
- provided on the same underwriting acceptance terms as were applied to the original Life Cover benefit.

Any reduction in the TPD, Accidental TPD or Universal TPD Sum Insured as a result of a Crisis Recovery or Crisis Extension claim being paid will not be reinstated.

8.7.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B1, B2, C1, C2, D, E	Home Duties	
Crisis Recovery Buy-back	$2 million	$1 million	Maximum limit applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone, Crisis Extension and Double Crisis Recovery and other similar benefits with us and other insurers. Crisis Recovery Buy-back cannot exceed the Life Cover Sum Insured. The minimum Sum Insured for Crisis Recovery Buy-back is $10,000.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Crisis Recovery Buy-back	Variable age-stepped premium	15 years	59 years
	Optimum & Variable premium	34 years	59 years

Expiry Date

The Expiry Date for Crisis Recovery Buy-back is:

- the Policy Anniversary prior to your 70th birthday where Crisis Recovery Buy-back is purchased as a Rider Benefit to Crisis Recovery, or
- the Policy Anniversary prior to your 65th birthday where Crisis Recovery Buy-back is purchased as a Rider Benefit to Crisis Extension.

Premium Expiry Date

The Premium Expiry Date for Crisis Recovery Buy-back is the Policy Anniversary prior to:

- your 69th birthday where Crisis Recovery Buy-back is purchased as a Rider Benefit to Crisis Recovery, or
- your 64th birthday where Crisis Recovery Buy-back is purchased as a Rider Benefit to Crisis Extension.

8.7.4 Limitations and exclusions

The Crisis Recovery Buy-back benefit is not available if Crisis Recovery is issued under special acceptance terms and cover restricted to a Crisis Recovery module (Cancer and Coronary, Cancer Plus or Coronary Plus).

If any or all of the Life Cover Sum Insured is reinstated under the Crisis Recovery Buy-back benefit, Benefit Indexation will not be applied to the reinstated Life Cover Sum Insured.

8.7.5 When cover begins and ends

The Crisis Recovery Buy-back benefit, in relation to the Life Cover Sum Insured reduced by a Crisis Recovery claim, will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- the Crisis Recovery Buy-back Reinstatement Date (unless Crisis Reinstatement is purchased as a Rider Benefit to Crisis Recovery Buy-back)
- the date you are no longer eligible for Crisis Reinstatement (where Crisis Reinstatement is purchased as a Rider Benefit to Crisis Recovery Buy-back) (see Section 8.8.2)
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where Crisis Recovery Buy-back benefit is taken as a Superannuation PLUS benefit)
- your passing away, or
- the Expiry Date of the benefit.

The Crisis Recovery Buy-back benefit, in relation to the Life Cover Sum Insured reduced by a Crisis Extension claim, will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

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

8.8 Crisis Reinstatement

Your optional benefit

Crisis Reinstatement automatically reinstates the Crisis Recovery Sum Insured that is reduced after the payment of a full Crisis Recovery claim or a restricted benefit for the diagnosis of Prostate Cancer. The Crisis Recovery Sum Insured is reinstated on the date 12 months after the payment of a Crisis Recovery Rider Benefit claim, or 30 days after the payment of a Crisis Recovery Stand Alone claim.

In this section

8.8.1 Benefit overview
8.8.2 Built-in Benefits
8.8.3 General terms and conditions
8.8.4 Limitations and exclusions
8.8.5 When cover begins and ends

Availability

The minimum Sum Insured for Crisis Reinstatement is $10,000.

Crisis Reinstatement can be purchased as a Rider Benefit to:
- Crisis Recovery Stand Alone cover (Ordinary Plan), and
- Crisis Recovery Buy-back cover (Ordinary Plan or Linked Benefit).

The Crisis Reinstatement benefit is not available where your Crisis Recovery is limited to one of the three Crisis Recovery modules as set out in Section 4.4 (i.e. Cancer and Coronary, Cancer Plus and Coronary Plus).

Cover type	Outside super	
Crisis Reinstatement	◆ Ordinary Plan	❖ Linked Benefit (Superannuation PLUS)

8.8.1 Benefit overview

Table 18 shows the benefits available under Crisis Reinstatement. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 18

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ⊙ Superannuation Plan

Insurance cover	Premium options
Crisis Reinstatement	• Variable age-stepped premium • Variable premium • Optimum

Built-in Benefits	Benefit availability	Section
Crisis Reinstatement Automatically reinstates the Crisis Recovery Sum Insured amount that is reduced after we pay a full Crisis Recovery claim or a restricted benefit for the diagnosis of Prostate Cancer. The Crisis Recovery Sum Insured is reinstated on the date 12 months after the payment a Crisis Recovery Rider Benefit claim, or 30 days after the payment of a Crisis Recovery Stand Alone claim.	◆❖	8.8.2
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.	◆❖	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.	◆❖	7.1

8.8.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Crisis Reinstatement as indicated in Table 18. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.8.3–5 and Section 10.2.

The rest of the benefits listed in Table 18 are not specific to Crisis Reinstatement and can apply to other insurance cover offered through this PDS. For information about those benefits, please refer to the sections indicated in the table.

Crisis Reinstatement

Crisis Reinstatement automatically reinstates the Crisis Recovery Sum Insured that was reduced if a full benefit is paid for Crisis Recovery, or a restricted benefit is paid for the diagnosis of Prostate Cancer (see 'Prostate Cancer – Restricted reinstatement' in this section), before the Premium Expiry Date.

Premiums for this Crisis Reinstatement option must continue to be paid until the earliest of:

- the date you are no longer eligible for Crisis Reinstatement, or
- the Premium Expiry Date.

Crisis Events

Your reinstated Crisis Recovery Sum Insured covers the Crisis Events shown in the table below, subject to the exclusions listed under 'Limitations and Exclusions' in Section 8.8.4.

Please refer to Section 4 for information about Crisis Recovery, including details of the Crisis Events covered under Cancer Events, Coronary Events and Other Serious Crisis Events.

If a Crisis Event benefit has been paid for a:	The reinstated Sum Insured covers the following Crisis Events, subject to the Exclusions listed under 'Limitations and Exclusions':
Cancer Event	• Coronary Events • Other Serious Crisis Events • Partial Benefit Payment for a second Cancer* (see Partial Benefit Payment in this section)
Coronary Event, other than Heart Attack	• Cancer Events • Other Serious Crisis Events
Heart Attack	• Cancer Events • Other Serious Crisis Events • Partial Benefit Payment for a second Heart Attack* (see Partial Benefit Payment in this section)
Other Serious Crisis Events	• Coronary Events • Cancer Events

*Available only if the Reinstatement Date falls before the Policy Anniversary prior to your 65th birthday.

Reinstatement Date

Crisis Reinstatement will automatically reinstate the Crisis Recovery Sum Insured on the Reinstatement Date provided premiums for the Reinstatement option have been paid and are up to date, unless you notify us that you don't want the Crisis Recovery Sum Insured to be reinstated.

The Reinstatement Date for Crisis Recovery purchased as a Rider Benefit for Life Cover is the date 12 months after your claim was paid.

The Reinstatement Date for Crisis Recovery Stand Alone is the date 30 days after your claim was paid.

Reinstated Crisis Recovery Sum Insured amount

The reinstated amount is as follows:

Reinstatement Date	Reinstated Sum Insured amount
Before the Policy Anniversary prior to your 65th birthday	Crisis Recovery Sum Insured is automatically reinstated to the amount that applied under the policy before the Crisis Recovery claim was paid
On or after the Policy Anniversary prior to your 65th birthday	The reinstated Crisis Recovery Sum Insured amount is capped at $10,000

Where Crisis Recovery is taken as a Rider Benefit to Life Cover, the total sum insured for Crisis Recovery and Crisis Extension cannot exceed the Life Cover Sum Insured at any time, including when Crisis Recovery is reinstated.

The premium for Crisis Recovery or Crisis Recovery Stand Alone after reinstatement will be based on the Crisis Recovery Sum Insured available after reinstatement.

Multiple Reinstatements

You can reinstate your Crisis Recovery Sum Insured twice, and in the case where a restricted benefit is paid for the diagnosis of Prostate Cancer (see 'Prostate Cancer – Restricted reinstatement' in this section) an additional third reinstatement on the retained amount is available.

Prostate Cancer – Restricted reinstatement

Where the Crisis Recovery Sum Insured is greater than $500,000, the benefit payment for the diagnosis of Prostate Cancer at stage T1a is restricted to $500,000 (see Prostate Cancer definition in Section 12.2).

Where a restricted benefit payment of $500,000 is made due to diagnosis of Prostate Cancer, we will reinstate the $500,000 Sum Insured.

The Crisis Recovery Sum Insured in excess of the $500,000 restricted benefit payment is retained.

If there is a further diagnosis of Prostate Cancer of stage T1b by a Medical Practitioner, or if you undergo major interventionist therapy, the retained Sum Insured amount (in excess of the $500,000 previously paid) will be paid under the Crisis Recovery benefit. We will also reinstate the retained Sum Insured amount.

Any reinstated Crisis Recovery Sum Insured will be subject to the exclusions listed under 'Limitations and Exclusions'.

Partial Benefit Payment

Where a Crisis Recovery benefit has been reinstated before the Policy Anniversary prior to your 65th birthday, and an exclusion for Cancer Crisis Events or Coronary Crisis Events has been applied to the reinstated cover (see 'Limitations and Exclusions'), we will pay a partial benefit for a second Cancer or Heart Attack Crisis Event that occurs after the reinstatement of the Crisis Recovery benefit.

The partial payment will be 10% of the Reinstated Crisis Recovery Sum Insured up to a maximum of $50,000.

The partial benefit is payable for:

- a histologically* related Cancer Crisis Event related to or caused by the same medical condition where a claim has already been paid in respect to a Cancer Crisis Event, or
- a second Heart Attack related to or caused by the same medical condition where a claim has already been paid in respect to a Heart Attack.

After a partial payment is made in respect of a second Cancer Crisis Event, no further benefits are available for Cancer Crisis Events under your reinstated Crisis Recovery.

After a partial payment is made in respect to a second Heart Attack, no further benefits are available for Coronary Crisis Events under your reinstated Crisis Recovery.

The partial benefit is not available if the Reinstatement Date falls on or after the Policy Anniversary prior to your 65th birthday.

*Where a histological evaluation is not practical to obtain, we will accept that the second cancer is histologically related to the first cancer subject to confirmation by a relevant specialist Medical Practitioner.

8.8.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B1, B2, C1, C2, D, E	Home Duties	
Crisis Reinstatement	$2 million	$1 million	Maximum limit applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone (excluding Double Crisis Recovery and Crisis Extension) and other similar benefits under other policies with us and other insurers. Crisis Recovery Reinstatement cannot exceed the Life Cover Sum Insured. The minimum Sum Insured for Crisis Reinstatement is $10,000.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Crisis Reinstatement	Variable age-stepped premium	15 years	59 years
	Optimum & Variable premium	34 years	59 years

Expiry Date

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

Premium Expiry Date

The Premium Expiry Date for Crisis Reinstatement is the Policy Anniversary prior to:

- your 69th birthday where Crisis Recovery is purchased as a Rider Benefit, or
- your 70th birthday where Crisis Recovery is purchased as a Stand Alone cover.

8.8.4 Limitations and exclusions

The Crisis Reinstatement benefit is not available if Crisis Recovery is issued under special acceptance terms and cover restricted to a Crisis Recovery module (Cancer and Coronary, Cancer Plus or Coronary Plus), as set out in Section 4.4.

The Crisis Reinstatement benefit applies only to the Crisis Recovery Sum Insured. Where a Crisis Extension Rider Benefit is purchased with Crisis Recovery, Crisis Reinstatement will not reinstate the Crisis Extension Sum Insured following the payment of a claim.

If Crisis Reinstatement is purchased as a Rider Benefit to Crisis Recovery Buy-back, then the Life Cover Sum Insured and the Crisis Recovery Sum Insured will be reinstated at the same time in order that the Crisis Recovery Sum Insured not exceed the Life Cover Sum Insured at any time..

Benefit Indexation will not be applied to the reinstated Crisis Recovery Sum Insured.

Exclusions

The following exclusions apply to the reinstated Crisis Recovery Sum Insured:

- Any exclusions that applied to Crisis Recovery before the payment of the benefit that reduced the Crisis Recovery Sum Insured.
- Any Crisis Event that first occurred or was first diagnosed, or the symptoms of which were reasonably apparent, before the reinstatement of the Crisis Recovery Sum Insured.
- A Crisis Event (other than a second Cancer Crisis Event or a second Heart Attack eligible for a Partial Benefit Payment as per Section 8.8.2) which, as confirmed by an appropriate

Medical Practitioner, arises in connection with, is a complication of, results from, or is a treatment for, a condition for which a claim under Crisis Recovery has been paid.

- Loss of Independence is not covered after reinstatement.
- Terminal Illness is not covered after reinstatement.
- Where the Crisis Recovery Sum Insured has been reinstated following the payment of a Cancer Crisis Event, all Cancer Crisis Events (other than a second Cancer Crisis Event eligible for a Partial Benefit Payment as per Section 8.8.2), are excluded.
- Where the Crisis Recovery Sum Insured has been reinstated following the full payment of a Coronary Crisis Event, all Coronary Crisis Events (other than a second Heart Attack eligible for a Partial Benefit Payment as per Section 8.8.2) are excluded.
- Where the Crisis Recovery Sum Insured has been reinstated following the full payment of an Other Serious Crisis Event, all Other Serious Crisis Events are excluded.

8.8.5 When cover begins and ends

The Crisis Reinstatement benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- the date you are no longer eligible for Crisis Reinstatement (see Section 8.8.2)
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where Crisis Reinstatement benefit is taken as a Superannuation PLUS benefit)
- your passing away, or
- the Expiry Date of the benefit.

8.9 Double Crisis Recovery

Your optional benefit

Double Crisis Recovery will pay a lump sum if you are diagnosed with one or more of the Crisis Events listed in this section. In addition, if a full Double Crisis Recovery benefit is payable, the Life Cover Sum Insured will not be reduced and future premiums for Life Cover will be waived until the expiry of the Double Crisis Recovery benefit.

In this section

8.9.1 Benefit overview
8.9.2 Built-in Benefits
8.9.3 General terms and conditions
8.9.4 Limitations and exclusions
8.9.5 When cover begins and ends

Availability

- Double Crisis Recovery can be purchased as a Rider Benefit to Life Cover (Ordinary Plan or Linked Benefit).
- Double Crisis Recovery cannot be purchased in conjunction with Crisis Recovery, Crisis Extension, Double TPD, Double Universal TPD, or the Waiver of Premium benefit.
- The minimum Sum Insured for Double Crisis Recovery is $50,000.

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

8.9.1 Benefit overview

Table 19 shows the benefits available under Double Crisis Recovery. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 19

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Double Crisis Recovery	• Variable age-stepped premium • Variable premium • Optimum

Built-in Benefits	Benefit availability	Section
Crisis Events Pays a lump sum equal to the full Sum Insured if you are diagnosed with a listed Crisis Event after the applicable qualifying period.	◆❖	8.9.2
No reduction of the Life Cover Sum Insured Your Life Cover Sum Insured is not reduced by a full payment of a Double Crisis Recovery benefit or after payment of a restricted benefit on diagnosis of Prostate Cancer.	◆❖	8.9.2
Waiver of Life Cover Premium Waives premiums after a full Double Crisis Recovery benefit has been paid or after a restricted benefit on diagnosis of Prostate Cancer is paid.	◆❖	8.9.2
Partial Payments Provides a partial payment for certain Crisis Events if you survive for 14 days after the date of diagnosis.	◆❖	8.9.2

Built-in Benefits	Benefit availability	Section
Conversion to Crisis Recovery Instead of your Double Crisis Recovery benefit expiring at the Expiry Date, we will convert the benefit to a Crisis Recovery benefit.	◆❖	8.9.2
Complimentary Family Protection Pays a lump sum of $20,000 per child if your Child passes away or is diagnosed with one of the listed Complimentary Family Protection Crisis Events between the ages of two and 17.	◆❖	8.9.2
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.	◆❖	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.	◆❖	7.1
Financial Planning Reimbursement Pays up to $3,000 to reimburse financial planning advice obtained within 12 months of a claim payment across all policies. The maximum total amount payable under all policies with us for the life insured is $3,000.	◆❖	7.5
Accommodation Benefit Where we pay you a lump sum under Double Crisis Recovery, we will reimburse the accommodation costs incurred by your Immediate Family Members whilst you are confined to a bed more than 100 km from your usual place of residence (up to $250 per day for up to 30 days). The Accommodation benefit can assist an Immediate Family Member with the costs of accommodation to be near you provided you are confined to a bed or hospitalised.	◆❖	8.9.2
Counselling Benefit Where we pay you a lump sum under Double Crisis Recovery, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member attend related to the claimable event, up to a maximum total value of $1,200 per Life Insured.	◆❖	8.9.2
Complimentary Interim Accidental Crisis Recovery Cover Pays a lump sum in the event that you suffer a Crisis Event whilst we are assessing your application, **solely** as a result of an Accidental Injury. This cover applies for up to 90 days from when we received your signed application.	◆❖	13.3
Rider Benefits – optional benefits at an additional cost		
Family Protection	◆❖	8.10

8.9.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Double Crisis Recovery as indicated in Table 19. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.9.3–5 and Section 10.2.

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

1. Crisis Events

If you are diagnosed with one of the Crisis Events listed below which you are covered for under this benefit, we will pay a lump sum equal to the Double Crisis Recovery Sum Insured.

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

Crisis Events

Cancer Events

- Cancer[1] (including sarcoma, lymphoma, leukaemia and other malignant bone marrow disorders)
- Carcinoma in situ (limited to certain bodily sites)[1,2]
- Skin Cancer[1,2]
- Prostate Cancer[1]

Coronary Events

- Cardiac Arrest
- Cardiomyopathy with permanent and serious impairment
- Coronary Artery Angioplasty[1,2]
- Coronary Artery Bypass Surgery[1]
- Heart Attack[1]
- Heart Valve Surgery[1]
- Other Serious Coronary Artery Disease[1]
- Pulmonary Arterial Hypertension (Primary) with serious functional impairment[1]
- Stroke (acute) with serious functional impairment[1]
- Subdural Haematoma (acute and subacute) requiring surgical intervention[1]
- Surgery to the Aorta[1]

Other Serious Crisis Events

- Accidental HIV Infection[1]
- Alzheimer's Disease or Dementia with significant cognitive impairment
- Aplastic Anaemia
- Bacterial Meningitis with serious functional impairment
- Benign Brain or Spinal Cord Tumour with serious functional impairment[1,2]
- Blindness
- Coma
- End Stage Kidney Failure
- End Stage Liver Failure
- End Stage Lung Failure
- Intensive Care
- Loss of Hearing
- Loss of Independence
- Loss of Use of Limbs and/or Sight[2]
- Loss of Speech (complete and irrecoverable)
- Major Burns of specified severity
- Major Head Trauma with serious functional impairment
- Major Organ Transplant[1]
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paralysis (total and permanent)
- Parkinson's Disease
- Pneumonectomy
- Severe Diabetes[1]
- Severe Rheumatoid Arthritis (failed conventional DMARDs)[2]
- Severe Rheumatoid Arthritis (failed conventional DMARDs and one bDMARD)
- Viral Encephalitis with serious functional impairment

1. Qualifying period applies (see below).
2. Partial payments apply, refer to Partial Benefit Payments in this section or go to Section 12.2 Medical Definitions.

Qualifying period

Certain Crisis Events are subject to a qualifying period, as indicated under Crisis Events.

A Double Crisis Recovery benefit is not payable if the Crisis Event first occurs or is first diagnosed or investigated, or the symptoms are reasonably apparent within three months after this benefit commences, is reinstated or increased (but only in relation to the increased amount).

We will waive this three-month qualifying period if:

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

Survival period

You must survive for a period of 14 days from the date of suffering the Injury or Sickness that caused your Crisis Event.

Proof of Positive Diagnosis

Written proof of positive diagnosis notifying AIA of a Crisis Event must be provided as soon as reasonably practicable. Delays in notifying AIA may result in it taking longer to obtain the required information to assess your claim. Please refer to Section 4.2 for details.

2. No reduction of the Life Cover Sum Insured

The Life Cover Sum Insured will not be reduced after a full Double Crisis Recovery benefit is paid, or where a restricted benefit is paid for the diagnosis of Prostate Cancer.

Where a restricted $500,000 Double Crisis Recovery Sum Insured is payable as a result of diagnosis of Prostate Cancer at a stage of T1a (using the TNM classification system), the Life Cover Sum Insured amount will not be reduced.

We will then retain any benefit amount in excess of the $500,000 amount paid as a restricted Double Crisis Recovery Sum Insured and premium payments will continue for the retained Double Crisis Recovery amount.

3. Waiver of Life Cover Premium

If we pay the full Double Crisis Recovery Sum Insured or a restricted benefit on diagnosis of Prostate Cancer, we will Waive all future premiums for the linked Life Cover benefit, up until the Policy Anniversary prior to:

- your 65th birthday for Occupation Categories A1, A2, M, A3, A4, B1, B2, C1, C2, D, Home Duties, or
- your 55th birthday for Occupation Category E.

Direct premium payments will then resume.

4. Partial payments

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

After any partial payment, the Sum Insured will be reduced by the payment made.

If you sustain another Crisis Event after a partial payment has been made, we will pay the reduced Sum Insured.

Partial benefit payment summary

The following terms and limitations apply to the payment of the Crisis Recovery, Double Crisis Recovery or Crisis Recovery Stand Alone benefit (where applicable):

- the amount of any partial benefit payment cannot exceed the relevant Sum Insured
- If we pay a Partial benefit payment the Sum Insured of any Crisis Recovery benefit will be reduced by the payment made for this benefit and premiums will be adjusted accordingly.

Crisis Event	Partial amount paid
Carcinoma in situ (limited to the following bodily sites) – must be confirmed by histopathology: • breast – where no mastectomy is performed and is confirmed by a biopsy • vagina, ovary, vulva and fallopian tube – where the tumour must be classified as TIS according to the TNM staging method • cervix-uteri – with a grading of either TNM stage TIS or CIN 3 or above, or • penis and testicle – where the tumour must be classified as TIS according to the TNM staging method. The full Sum Insured will be paid for Carcinoma in situ of the breast where the entire breast is removed or where other surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy) is performed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist Medical Practitioner.	The greater of $10,000 and 10% of the Sum Insured.
Skin Cancer Where diagnosed by an appropriate specialist Medical Practitioner, we will pay for any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion.	The greater of $10,000 and 15% of the Sum Insured.
Benign Brain or Spinal Cord Tumour with serious functional impairment Where diagnosed by a consultant neurologist/neurosurgeon and gives rise to symptoms of neurological deficit.	25% of the Sum Insured up to a maximum of $50,000.
Coronary Artery Angioplasty After any payment for coronary artery angioplasty, the Double Crisis Recovery Sum Insured will be reduced by the payment made. • Where one coronary artery is obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or the insertion of up to two stents. • Where two coronary arteries are obstructed and corrected with the use of either angioplasty, atherectomy or laser therapy, or, the insertion of more than two stents (regardless of the number of coronary arteries involved). For Partial payments under Coronary Artery Angioplasty, multiple claims may be made under the Crisis Recovery benefit. We will pay 100% of the Sum Insured where three or more coronary arteries are obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or stents. This procedure can be completed in one procedure or via multiple procedures within a two-month period.	25% of the Sum Insured up to a maximum of $25,000. 50% of the Sum Insured up to a maximum of $50,000.
Loss of use of limbs and/or sight A one-time partial benefit will be paid in the event of the total and permanent loss of use of: one hand, one foot or sight in one eye (to the extent of 6/60 or less).	The greater of $10,000 and 25% of the Sum Insured.
Severe Rheumatoid Arthritis (failed conventional DMARDs)	25% of the Sum Insured up to a maximum of $25,000.

5. Complimentary Family Protection

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

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

Please refer to Complimentary Family Protection in Section 4.2 for details.

6. Conversion to Crisis Recovery

The Double Crisis Recovery benefit will convert to Crisis Recovery at the Policy Anniversary prior to:

- your 65th birthday for Occupation Categories A1, A2, M, A3, A4, B1, B2, C1, C2, D and Home Duties, and
- your 55th birthday for Occupation Category E.

The Crisis Recovery benefit will then convert to a Loss of Independence benefit at the Policy Anniversary prior to your 70th birthday for Occupation Categories A1, A2, M, A3, A4, B1, B2, C1, C2, D and Home Duties.

The Crisis Recovery benefit does not convert to a Loss of Independence benefit for Occupation E.

7. Accommodation Benefit

Where we pay you a lump sum under Double Crisis Recovery, we will reimburse the accommodation costs incurred by your Immediate Family Members up to a maximum of $250 per day, for a maximum of 30 days, for each day:

- you are confined to bed due to the condition for which we paid the benefit
- you are confined to bed more than 100 kilometres from your usual place of residence; and
- the Immediate Family Member remains away from their home, having been required to travel more than 100 kilometres from their usual place of residence to be with the Life Insured.

We will require evidence which establishes your bed confinement and proof of the accommodation costs that have been paid.

If you are eligible for this benefit under more than one cover type, we will only pay up to a maximum of $250 per day and for a maximum of 30 days total per Life Insured, under all policies

and benefit types. The total lifetime benefit paid under any Accommodation Benefit held under an AIA policy will not exceed $7,500 per Life Insured.

This Accommodation Benefit is not payable if you are also claiming Home Care Benefit under an AIA Priority Protection Income Protection benefit.

This benefit is not available when the benefit is solely structured through superannuation.

8. Counselling Benefit

Where we pay you a lump sum under Double Crisis Recovery, we will pay $200 for each session of grief counselling you and/or an Immediate Family Member of the Life Insured, attend with a counsellor or psychologist in relation to the claimable event.

Your counsellor or psychologist must, at the time of providing the counselling service, be registered with the Australian Counselling Association (www.theaca.net.au) or the Psychotherapy and Counselling Federation of Australia (pacfa.org.au).

The maximum total Counselling Benefit amount we will pay across all benefits and all policies held with AIA is $1,200 per Life Insured.

The Counselling Benefit will only be paid to policyholders or nominated beneficiaries and must be related to counselling sessions occurring within 24 months of the claimable event.

Counselling Benefit is not available when cover is solely structured through superannuation.

8.9.3 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories		Conditions
	A1, A2, M, A3, A4, B1, B2, C1, C2, D, E	Home Duties	
Double Crisis Recovery	$2 million	$1 million	Maximum limit applies to the total sums insured for Crisis Recovery, Crisis Recovery Stand Alone, Crisis Extension and Double Crisis Recovery and other similar benefits under other policies with us and other insurers. Crisis Recovery Reinstatement cannot exceed the Life Cover Sum Insured. The minimum sum insured for Double Crisis Recovery is $50,000.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age			
		All occupations	A1, A2, M, A3, A4, B1, B2, C1, C2	D	E	Home Duties
Double Crisis Recovery	Variable age-stepped premium	15 years	59 years	54 years	49 years	59 years
	Optimum & Variable premium	34 years	59 years	54 years	49 years	59 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Benefit	Occupation Categories		
	A1, A2, M, A3, A4, B1, B2, C1, C2, D	E	Home Duties
Double Crisis Recovery	65th birthday	55th birthday	65th birthday

8.9.4 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below.

Limitations

A Double Crisis Recovery benefit is not payable if:

- a claim for Terminal Illness is in progress or has previously been paid by us or any other insurer, and
- you pass away within 14 days from the date you suffered the Injury or Sickness which caused your Crisis Event.

After the Double Crisis Recovery benefit becomes payable, Benefit Indexation will not apply and cannot be exercised in respect of the corresponding Life Cover Sum Insured.

The maximum Double Crisis Recovery benefit payable in respect of all claims arising from cover under this benefit will not exceed the total Double Crisis Recovery Sum Insured.

After a Crisis Event for which the full Double Crisis Recovery Sum Insured has been paid, no further amount will be made under Double Crisis Recovery. The Double Crisis Recovery benefit does not cover any disease, sickness or incapacity other than a Crisis Event that occurs during the period the Double Crisis Recovery remains in force.

There are limitations on the payment of a Double Crisis Recovery benefit where the Crisis Event relates to Skin Cancer, Carcinoma in situ (limited to certain bodily sites), Prostate Cancer, a Coronary Artery Angioplasty, Benign Brain or Spinal Cord Tumour with serious functional impairment or Loss of Use of Limbs and/or Sight. Details of the partial payments that apply to these Crisis Events are listed in Section 8.9.2 above.

Exclusions

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

- any Crisis Event or disablement, caused by intentional self-inflicted injury or any such attempt by you, or
- an event caused by intentional self-inflicted injury or any such attempt by you.

Benefit reductions – Double Crisis Recovery

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

- Crisis Events
- Partial Payments
- Loss of Independence* (built-in benefit to TPD)
- Death or Terminal Illness (built-in benefit to Life Cover)
- TPD*
- Accidental TPD*
- Universal TPD*
- Partial and Permanent Disablement* (built-in benefit to TPD)
- Accidental Partial and Permanent Disablement* (built-in benefit to Accidental TPD), and
- Day 1 TPD* (built-in benefit to TPD).

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

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

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

8.9.5 When cover begins and ends

The Double Crisis Recovery benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

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

8.10 Family Protection

Your optional benefit

Family Protection will pay a lump sum if your Insured Child is diagnosed with one of the Family Protection Crisis Events listed in this section.

In this section

8.10.1 Benefit overview
8.10.2 Built-in Benefits
8.10.3 General terms and conditions
8.10.4 Limitations and exclusions
8.10.5 When cover begins and ends

Availability

The minimum Sum Insured for Family Protection is $10,000.

Family Protection can be purchased as a Rider Benefit to:

- Life Cover
- Accidental Death under a Life Cover Plan only
- TPD Stand Alone or Accidental TPD Stand Alone cover
- Crisis Recovery, as Stand Alone cover or a Rider Benefit to Life Cover, and
- Double Crisis Recovery.

The Family Protection benefit is not available where your Crisis Recovery is limited to one of the three Crisis Recovery modules as set out in Section 4.4 (i.e. Cancer and Coronary, Cancer Plus and Coronary Plus).

Cover type	Outside super	
Family Protection	◆ Ordinary Plan	❖ Linked Benefit (Superannuation PLUS)

8.10.1 Benefit overview

Table 20 shows the benefits available under Family Protection. The brief descriptions given in the Built-in Benefits table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 20

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options	
Family Protection	• Variable premium	
Built-in Benefits	**Benefit availability**	**Section**
Crisis Events Pays a lump sum Family Protection benefit if your Insured Child is diagnosed with one of the listed Family Protection Crisis Events.	◆❖	8.10.2
Death benefit Pays a lump sum if your Insured Child passes away.	◆❖	8.10.2
Terminal Illness benefit Pays a lump sum if your Insured Child is diagnosed with a Terminal Illness.	◆❖	8.10.2
Conversion option If no claim has been made on the Family Protection benefit, your Insured Child can purchase their own Crisis Recovery insurance cover when the benefit expires at the Policy Anniversary prior to their 21st birthday.	◆❖	8.10.2
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.	◆❖	7.2

8.10.2 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Family Protection, as indicated in Table 20. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.10.3–5 and Section 10.2.

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

1. Family Protection Crisis Events

We will pay a lump sum equal to the Family Protection Sum Insured after any applicable qualifying period, if your Insured Child is aged from two to 21 at the time of suffering one of the Family Protection Crisis Events listed below.

The Insured Child must be your natural child, stepchild or adopted child.

You can insure up to 10 children under the one benefit. The Sum Insured must always be the same for all children and the maximum Sum Insured on the commencement of the benefit is $200,000 per Insured Child.

Payment under the Family Protection benefit will not reduce the Sum Insured under any other benefit.

Family Protection Crisis Events

Crisis Events

- Death
- Terminal Illness

Cancer Events

- Cancer[1,2] (including sarcoma, lymphoma, leukaemia and other malignant bone marrow disorders)
- Skin Cancer[1]

Coronary Events

- Cardiomyopathy with permanent and serious impairment[3]
- Heart Attack[1]
- Pulmonary Arterial Hypertension (Primary) with serious functional impairment[1,3]
- Stroke (acute) with serious functional impairment[1]
- Subdural Haematoma (acute and subacute) requiring surgical intervention[1]

Other Serious Crisis Events

- Accidental HIV infection[1]
- Aplastic Anaemia
- Bacterial Meningitis with serious functional impairment[3]
- Blindness[3]
- Coma
- End Stage Kidney Failure[3]
- End Stage Liver Failure[3]
- End Stage Lung Failure[3]
- Loss of Hearing[3]
- Loss of Use of Limbs and/or Sight[3]
- Loss of Speech (complete and irrecoverable)[3]
- Major Burns of specified severity
- Major Head Trauma with serious functional impairment
- Major Organ Transplant[1,3]
- Paralysis (total and permanent)[3]
- Viral Encephalitis with serious functional impairment

1. Qualifying Period applies (see below).
2. No payment for Carcinoma in situ of the Breast.
3. This Event is considered a Progressive Event.

Qualifying period

A Family Protection benefit is not payable if, within three months after the benefit commences, is reinstated or increased (but only in relation to the increased amount), the Insured Child suffers, or is diagnosed with, a condition that results in one of the Family Protection Crisis Events indicated above.

Proof of Positive Diagnosis

Written proof of positive diagnosis notifying AIA of a Crisis Event must be provided as soon as reasonably practicable. Delays in notifying AIA may result in it taking longer to obtain the required information to assess your claim. Please refer to Section 4.2 for details.

2. Death benefit

We will pay the Family Protection Sum Insured if your Insured Child passes away.

3. Terminal Illness benefit

We will pay the Family Protection Sum Insured if your Insured Child is positively diagnosed with a Terminal Illness.

4. Conversion option

If we have not paid a Family Protection claim, each Insured Child has the option to purchase Crisis Recovery Stand Alone cover within 30 days after the Expiry Date of the Family Protection benefit. The Expiry Date for Family Protection is the Policy Anniversary prior to the Insured Child's 21st birthday.

To exercise this option, the Insured Child must contact us to request a separate insurance Policy in their own name. We will issue it on standard terms and conditions and without evidence of health or insurability.

The Sum Insured amount on conversion can be up to the Sum Insured amount at the time of conversion.

8.10.3 General terms and conditions

Sum Insured limits

Benefit	Per Insured Child	Conditions
Family Protection	$200,000	Maximum limit applies to the total sums insured for the Family Protection benefit under Crisis Recovery, Crisis Recovery Stand Alone and Double Crisis Recovery, Accidental Death, Life Cover, TPD Stand Alone, Accidental TPD Stand Alone and other similar benefits under other policies with us and other insurers. Family Protection cannot exceed the Crisis Recovery, Double Recovery, Accidental Death, Life Cover Crisis Recovery Stand Alone, TPD Stand Alone, or Accidental TPD Stand Alone Sum Insured. Maximum sum insured after indexation increases for all Family Protection benefits and similar benefits with other insurers is $500,000. A maximum of 10 Insured Children is available per Policy. The minimum Sum Insured for Family Protection is $10,000.

Entry age

	Minimum entry age	Maximum entry age
Life Insured (Adult)	15 years*	59 years
Insured Child	2 years	15 years

*The minimum entry age for Rider Benefits is also subject to the minimum entry age of the premium type selected for the insurance benefit they are purchased under.

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Life Insured (Adult)	70th birthday
Insured Child	21st birthday

8.10.4 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below.

Limitations

The maximum Family Protection benefit payable in respect of all claims arising from cover under this benefit cannot exceed in total the Family Protection Sum Insured for each Insured Child.

After a full Family Protection benefit payment is made for an Insured Child in respect of a Family Protection Crisis Event, no further amount will be payable under the benefit for that Insured Child.

Exclusions

No Family Protection benefit will be payable in relation to:

- any disease, sickness or incapacity other than a Family Protection Crisis Event that occurs during the period the Family Protection Rider Benefit remains in force
- death from suicide in the first 13 months from the commencement or re-instatement of the benefit*
- an event intentionally caused by the Insured Child's parent, guardian or relative, or someone who lives with or supervises the Insured Child, or
- any Family Protection Crisis Event or disablement, caused by intentional self-inflicted injury or any such attempt by you or the Insured Child.

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

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

8.10.5 When cover begins and ends

The Family Protection benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- payment of the full Sum Insured under the benefit
- payment of the full Sum Insured under Life Cover, Accidental Death, TPD Stand Alone, Accidental TPD Stand Alone, or Crisis Recovery Stand Alone
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- the lapse or cancellation of the Superannuation Life Cover Plan (where Family Protection benefit is taken as a Superannuation PLUS benefit)
- your or your Insured Child's passing away, or
- the Expiry Date of the benefit.

8.11 Needlestick Injury

Your optional benefit

The Needlestick Injury benefit is designed for individuals in medical and allied occupations (e.g. doctors and dentists).

We will pay a lump sum if you accidentally become infected with occupationally acquired Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C whilst working in your normal occupation.

In this section

8.11.1 Built-in Benefits
8.11.2 General terms and conditions
8.11.3 Limitations and exclusions
8.11.4 When cover begins and ends

Availability

- Needlestick Injury can be purchased as a Rider Benefit to Life Cover.
- To be eligible to claim, you must be working in a medical or allied occupation at the time of the accident.
- The only eligible Occupation Category is M.

Cover type	Outside super	
Needlestick Injury	◆ Ordinary Plan	❖ Linked Benefit (Superannuation PLUS)

Insurance cover	Premium options
Needlestick Injury	• Variable premium

8.11.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Needlestick Injury. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.11.2–4 and Section 10.2.

We will pay a lump sum equal to the Needlestick Injury Sum Insured if, as a result of a needlestick injury, or a splash injury occurring during the course of carrying out the duties of your normal occupation, you become infected with HIV, Hepatitis B or Hepatitis C.

We will only pay an amount under this benefit once.

You must:
- report the accident to the relevant licensing body and;
- have a negative HIV, Hepatitis B or Hepatitis C antibody test taken within seven days of the accident, with sero-conversion evidence to occur within six months of the accident.

If required we must be given access to independently test all blood samples used, and we retain the right to take further independent blood tests or other medically accepted HIV tests.

If 'Accidental HIV Infection' under Other Serious Crisis Events is payable in conjunction with a payment from the Needlestick Injury benefit, then both benefits will be paid up to a maximum of $2 million in total.

Where the total payment under both benefits would exceed $2 million, the full Needlestick Injury benefit will be paid first and a portion of the 'Accidental HIV Infection' under Other Serious Crisis Events will be paid to bring the total payment up to $2 million.

Payment of the Needlestick Injury benefit does not reduce the Sum Insured of any other benefit under the Life Cover Plan.

Waiting Period (Needlestick)

The Waiting Period is shown on your Policy Schedule and is the number of days at the beginning of a Needlestick Injury benefit claim when no Needlestick Injury benefit is payable. The Waiting Period begins at the Date of Loss (Needlestick).*

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

8.11.2 General terms and conditions

Sum Insured limits

Benefit	M Occupation Category only	Conditions
Needlestick Injury	$1 million	Needlestick Injury cannot exceed the Life Cover Sum Insured.

Entry age

Benefit	Minimum entry age	Maximum entry age
Needlestick Injury	17 years*	59 years

*The minimum entry age for Rider Benefits is also subject to the minimum entry age of the premium type selected for the insurance benefit they are purchased under.

Expiry Date

The Expiry Date for Needlestick Injury is the Policy Anniversary prior to your 70th birthday.

8.11.3 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below.

In order to claim a Needlestick Injury benefit, you must be in a medical or allied occupation (Occupation Category M) at the time of the accident.

Exclusions

No Needlestick Injury benefit will be payable in relation to:

- an event caused by intentional self-inflicted injury or any such attempt by you
- infection caused by an intentional self-inflicted act, sexual activity or recreational intravenous drug use
- where a cure for HIV, AIDS, Hepatitis B or Hepatitis C has become available to the Life Insured prior to the accident giving rise to a claim, or
- if you acquire HIV, AIDS, Hepatitis B or Hepatitis C from activities other than from performing the duties of your normal occupation.

Benefit reductions

Where the payment of any claim under TPD, Accidental TPD, Universal TPD, Crisis Recovery or Crisis Extension (after taking into account the exercise of any applicable Buy-back options) reduces the Life Cover Sum Insured to an amount lower than the Needlestick Injury Sum Insured, the Needlestick Injury Sum Insured will be reduced to the amount of the Life Cover Sum Insured.

8.11.4 When cover begins and ends

The Needlestick Injury benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

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

8.12 Forward Underwriting

Your optional benefit

Forward Underwriting allows you to increase your future cover if you experience specified Personal, Business or Other Events without having to provide additional information about your health.

In this section

8.12.1 Built-in Benefits
8.12.2 General terms and conditions
8.12.3 Limitations and exclusions
8.12.4 When cover begins and ends

Availability

- Forward Underwriting can be purchased as a Rider Benefit to:
  - Life Cover
  - TPD Stand Alone cover
  - Universal TPD Stand Alone cover, and
  - Crisis Recovery Stand Alone cover.
- The minimum sum insured for Forward Underwriting is $100,000.

Cover type	Outside super
Forward Underwriting	◆ Ordinary Plan

Insurance cover	Premium options
Forward Underwriting	• Variable age-stepped premium • Variable premium • Optimum

8.12.1 Built-in Benefits

Future protection

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Forward Underwriting. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.12.2–4 and Section 10.2.

You can exercise the option to obtain new or additional cover within 60 days of the occurrence of a Personal Event, a Business Event, or an Other Event, up to the maximum limits set out in the table below.

You will not need to provide any medical evidence of health at the time you decide to buy new or additional cover.

Any new or additional cover is subject to the terms and conditions of your Policy and is subject to our approval.

The following benefits can be taken out when exercising the option, even if they were not selected on the initial plan.

- Life Cover
- Term Cover
- Total and Permanent Disablement (TPD)[1]
  - Total and Permanent Disablement Buy-back[2]
- Double TPD[1]
- Universal TPD[1]
- Crisis Recovery[1]
  - Crisis Recovery Buy-back[2]
  - Crisis Reinstatement[2]
- Crisis Extension
- Double Crisis Recovery[1]

1. Benefit can be taken out as a Standalone or Rider Benefit.
2. The Sum Insured for Rider Benefit does not count towards the Forward Underwriting Cover Amount.

Events

Type of event	Maximum new or additional cover that can be purchased
Personal Events	
Marriage • Marriage. • An option under this event can only be exercised once. • The event must not have occurred within six months of a permanent separation. • You, as the Life Insured, must be a party to the Marriage.	Up to 25% Forward Underwriting Cover Amount.

Type of event	Maximum new or additional cover that can be purchased
Permanent separation • A permanent separation of two parties to a Marriage. • An option under this event can only be exercised once. • The event must not have occurred within six months of the Marriage event. • You, as the Life Insured, must be a party to the permanent separation. • Permanent separation must be evidenced by an order of divorce or a statutory declaration signed by both parties.	Up to 25% Forward Underwriting Cover Amount.
Mortgage The registration of a mortgage in respect of property owned by you, as the Life Insured.	The lesser of: • 50% Forward Underwriting Cover Amount, and • the value of the mortgage.
New Child Dependant • The birth or legal adoption of a Child. • The Life Insured must be a parent of the Child. • Adoption of a Child can be by same sex or heterosexual couples.	Up to 25% Forward Underwriting Cover Amount.
Child Dependant's education cost The Child must be registered for study at a private school or Tertiary Education institution (this includes university degrees).	The lesser of: • 25% Forward Underwriting Cover Amount, and • Child Dependant's education cost: – number of years' future attendance at an institution multiplied by the first year's tuition fee, PLUS – number of years' future attendance at an institution multiplied by the first year's accommodation fees provided by the institution.
Child born with Spina Bifida The protrusion of a sac containing tissue, cerebrospinal fluid, nerves and part of the spinal cord through an opening in one or more of the vertebrae of the spinal column.	Up to 25% Forward Underwriting Cover Amount.
Child born with Cerebral Palsy The diagnosis of Cerebral Palsy by a neurologist or paediatrician.	Up to 25% Forward Underwriting Cover Amount.
Business Events	
Business Events covered are: • You start a new business. • You increase your personal liability for business debts. • Your shareholding/value in the business/value to the business increases.	The lesser of: • 50% Forward Underwriting Cover Amount, and • the amount of increase in your monetary liabilities, shareholder value or value to business as a result of the business activity.
Other Event	
Every third anniversary of the Commencement Date of the Forward Underwriting Rider Benefit (in the case of a policy which has been cancelled and replaced, this will relate to the original policy commencement).	Up to 25% Forward Underwriting Cover Amount.

Forward Underwriting Cover Amount

The Forward Underwriting Cover Amount is the maximum additional cover that you can apply for over the lifetime of the benefit. This can be a new Priority Protection Policy, or an increase to an existing Priority Protection Policy, that you can purchase in the future.

This amount is selected at the Commencement Date of the benefit and is shown on the Policy Schedule.

8.12.2 General terms and conditions

Sum Insured limits

Benefit	All occupations	Conditions
Forward Underwriting	$10 million	TPD and Crisis Recovery are capped at $5m and $2m respectively, depending on Occupation Category. TPD (from all sources) under an Own Occupation definition is capped at $3m and Universal TPD is capped at $1m. The minimum sum insured for Forward Underwriting is $100,000.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Forward Underwriting	Variable age-stepped premium	15 years	54 years
	Optimum & Variable premium	34 years	54 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

	Life Cover/Crisis Recovery All occupations AND TPD/Universal TPD Stand Alone except Occupation E	TPD/Universal TPD Stand Alone for Occupation E only
Forward Underwriting	65th birthday	55th birthday

8.12.3 Limitations and exclusions

Limitations and exclusions that apply to both Forward Underwriting and Business Safeguard Forward Underwriting are set out below:

- The application to buy cover must occur within 60 days after the occurrence of the 'Business Event' or 'Personal Event' or 'Other Event'.
- If you exercise an option to purchase cover under Crisis Recovery and/or Crisis Extension, payment of a benefit will not apply in respect of a Crisis Event or a Crisis Extension Event that first occurred or was first diagnosed or investigated, or the symptoms were reasonably apparent before the option was exercised.
- Only one option may be exercised in each policy year. Note for Forward Underwriting, this condition does not apply to the birth of a Child with Spina Bifida or Cerebral Palsy.
- When an option is exercised:
  - the minimum amount of cover that must be purchased is $10,000
  - the rules and limitations of the benefits purchased will be applied
  - all benefits with us and other insurers will be taken into consideration, and
  - the minimum contractual premium at that time must be adhered to.
- Options can only be exercised up to the Policy Anniversary prior to your 65th birthday.
- Any options to purchase TPD, Universal TPD or Crisis Recovery can only be exercised if you have not exceeded the maximum Sum Insured limits for TPD, Universal TPD and Crisis Recovery, issued by us or other insurers. An option to purchase a TPD or Universal TPD benefit can only be exercised if you are:
  - not permanently disabled (total or partial), and
  - you have not made a claim or intend to make a claim on any life insurance policy issued by us or any other insurer.
- If the Life Insured suffers a Crisis Event and a claim is made under a Crisis Recovery benefit that was purchased by the exercise of an option:
  - the exercise of any future options to purchase Crisis Recovery will be governed by the Crisis Reinstatement rules set out in Section 8.8, and
  - Crisis Extension can no longer be purchased via the exercise of any future option.
- The Forward Underwriting benefit cannot be exercised if the Business Safeguard Forward Underwriting benefit has been exercised for the same Business Event.

New policies

- When an option under an existing Priority Protection policy is exercised to purchase a new Priority Protection policy, the Life Insured on the new policy must be the same as the Life Insured under the existing policy.
- The new Priority Protection policy can be issued under either an Ordinary or Superannuation Plan Priority Protection Plan.
- The new Priority Protection Policy will be on the same terms that apply to other new Priority Protection policies (or policies referable to other similar product as reasonably determined by us) available at the time the option is exercised.
- Any special conditions or exclusions that apply to the existing policy will also apply under the new policy.
- When an option under an existing Priority Protection policy is used to purchase a new Priority Protection policy, the new policy is subject to financial underwriting at the time the option is exercised.

Increasing existing cover

- When an option is exercised to increase cover under an existing Priority Protection policy, both the Policy Owner and the Life Insured must be the same as under the existing policy.
- The terms and conditions of the existing policy, including any existing special conditions and exclusions that apply to the existing policy, will also apply to the additional cover purchased.
- All increases in cover are subject to financial underwriting at the time the option is exercised.

8.12.4 When cover begins and ends

The Forward Underwriting benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- the date all cover purchased under the Forward Underwriting benefit is equal to the Forward Underwriting Cover Amount
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away, or
- the Expiry Date of the benefit.

8.13 Business Safeguard Forward Underwriting

Your optional benefit

Business Safeguard Forward Underwriting allows you to increase your future cover if you experience specified Business Events without having to provide additional information about your health.

In this section

8.13.1 Built-in Benefits
8.13.2 General terms and conditions
8.13.3 Limitations and exclusions
8.13.4 When cover begins and ends

Availability

- Business Safeguard Forward Underwriting can be purchased as a Rider Benefit to:
  - Life Cover
  - TPD Stand Alone cover
  - Universal TPD Stand Alone cover, and
  - Crisis Recovery Stand Alone cover.
- All Occupation Categories are eligible except for Home Duties.
- The minimum sum insured for Business Safeguard Forward Underwriting is $100,000.

Cover type	Outside super
Business Safeguard Forward Underwriting	◆ Ordinary Plan

Insurance cover	Premium options
Business Safeguard Forward Underwriting	• Variable age-stepped premium • Variable premium • Optimum

8.13.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Business Safeguard Forward Underwriting. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.13.2–4 and Section 10.2.

Future protection

You can exercise the option to obtain new or additional cover within 60 days of the occurrence of one of the following Business Events:

- increase in personal liability
- increase in shareholder value
- increase in your value to the business

up to the maximum limits set out in the table below.

You will not need to provide any medical evidence of health at the time you decide to buy new or additional cover.

Any new or additional cover is subject to the terms and conditions of your Policy and is subject to our approval.

The following benefits can be taken out when exercising the option, even if they were not selected on the initial plan.

- Life Cover
- Term Cover
- Total and Permanent Disablement (TPD)[1]
  - Total and Permanent Disablement Buy-back[2]
- Double TPD[1]
- Universal TPD[1]
- Crisis Recovery[1]
  - Crisis Recovery Buy-back[2]
  - Crisis Reinstatement[2]
- Crisis Extension
- Double Crisis Recovery[1]

1. Benefit can be taken out as a Standalone or Rider Benefit.
2. The Sum Insured for Rider Benefit does not count towards the Forward Underwriting Cover Amount.

Type of Business Event	Maximum new or additional cover that can be purchased
You start a new business	The lesser of: • 50% Business Safeguard Forward Underwriting Cover Amount, and • the amount of increase in your monetary liabilities, shareholder value or value to the business as a result of the business activity.
You increase your personal liability for business debts	
Your shareholding/value in the business/value to the business increases	

Business Safeguard Forward Underwriting Cover Amount

The Business Safeguard Forward Underwriting Cover Amount is the maximum cover that you can apply for over the lifetime of the benefit. This can be a new Priority Protection Policy, or an increase to an existing Priority Protection Policy, that you can purchase in the future.

This amount is selected at the Commencement Date of the benefit and is shown on the Policy Schedule.

Exercising the option

To exercise the Business Safeguard Forward Underwriting option you must:

- complete the Business Safeguard Forward Underwriting form within 60 days of the Business Event and include relevant information (financial evidence and any other evidence that we may require) that demonstrates that the Business Event has occurred, and
- be actively at work in your usual occupation at the time of applying to exercise the option.

You will also need to provide the following evidence, along with any other evidence we reasonably require at the time:

- for buy/sell, share purchase or business succession business insurance purposes – a written re-evaluation of the business from a qualified accountant or valuer
- for key person business insurance purposes – a written re-evaluation of your value to the business from a qualified accountant or valuer upon the occurrence of a Business Event
- for loan guarantee or debt protection business insurance purposes – the increase in the amount of the business loan and other particulars about the loan, and
- all existing exclusions and special conditions apply to the increased cover.

You cannot exercise the option to purchase new or additional cover if:

- an increase or reinstatement has been declined
- the Guaranteed Future Insurability or Forward Underwriting benefit has been previously exercised for the same Business Event, or
- you have made a claim or intend to make a claim on any insurance policy issued by us or any other insurer.

8.13.2 General terms and conditions

Sum Insured limits

Benefit	All occupations (excluding Home Duties)	Conditions
Business Safeguard Forward Underwriting	$10 million	TPD and Crisis Recovery are capped at $5m and $2m respectively, depending on Occupation Category. TPD (from all sources) under an Own Occupation definition is capped at $3m and Universal TPD is capped at $1m. The minimum sum insured for Business Safeguard Forward Underwriting is $100,000.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age
Business Safeguard Forward Underwriting	Variable age-stepped premium	15 years	54 years
	Optimum & Variable premium	34 years	54 years

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

	All except TPD Stand Alone or Universal TPD Stand Alone Occupation E only	TPD Stand Alone or Universal TPD Stand Alone Occupation E only
Business Safeguard Forward Underwriting	65th birthday	55th birthday

8.13.3 Limitations and exclusions

Limitations and exclusions that apply to Business Safeguard Forward Underwriting are the same as Forward Underwriting set out in Section 8.12.3, except for the following limitations:

- The application to buy cover must occur within 60 days after the occurrence of the 'Business Event'.
- If you exercise an option to purchase cover under Crisis Recovery and/or Crisis Extension, payment of a benefit will not apply in respect a Crisis Event or a Crisis Extension Event that first occurred or was first diagnosed, or the symptoms were reasonably apparent before the option was exercised.
- Only one option may be exercised in each policy year.
- If the option to increase the Sum Insured has not been exercised at least once in any three-year period, then the option will be automatically cancelled. After you exercise the option and have remaining sum insured to be exercised in the future, your option will be extended for three policy years, starting from the following Policy Anniversary when you exercise the option. To extend or reinstate the Business Safeguard benefit, financial evidence must be provided within 60 days of the option being cancelled, demonstrating that no Business Event occurred to support an increase in the Sum Insured during the three-year period.

8.13.4 When cover begins and ends

The Business Safeguard Forward Underwriting benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- the date all cover purchased under the Business Safeguard Forward Underwriting benefit is equal to the Business Safeguard Forward Underwriting Cover Amount
- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away, or
- the Expiry Date of the benefit.

8.14 Day 1 Accident

Your optional benefit

Day 1 Accident provides you with a benefit payment during the Waiting Period options of 30, 60 or 90 days.

Availability

- Day 1 Accident can be purchased as a Rider Benefit to Business Expenses – Ordinary Plan only.
- Day 1 Accident Rider Benefit can also be added to, or issued as a cancellation and replacement of, existing Income Protection or Income Protection Accident Only policies. Please refer to Sections 16.1 and 17.1 of the incorporated by reference material.

In this section

8.14.1 Built-in Benefits
8.14.2 General terms and conditions
8.14.3 Limitations and exclusions
8.14.4 When cover begins and ends

Cover type	Outside super	Inside super
Day 1 Accident	◆ Ordinary Plan	● Superannuation Plan

Insurance cover	Premium options
Day 1 Accident	• Variable premium

8.14.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Day 1 Accident. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.14.2–4 and Section 10.2.

If you are Totally Disabled as a result of Accidental Injury for the selected qualifying period, we will pay 1/30th of your Insured Monthly Benefit in arrears, for each complete day that you are Totally Disabled until the end of your selected Day 1 Accident Benefit Period.

Your Benefit Period options for Day 1 Accident are:
- 30 days
- 60 days, or
- 90 days.

Qualifying period

You can select a qualifying period of:
- 3 days – all Occupation Categories except for Occupation Category E, or
- 30 days – all Occupation Categories.

8.14.2 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories						Conditions
Day 1 Accident	Monthly Sum Insured limit						
Rider Benefit to Income Protection or Income Protection Accident Only	A1, A2, M, A3 A4		B1, B2, C1, C2	D	E	Home Duties	Maximum limit applies to the total sums insured for income protection with us and other insurers. Maximum limits also apply to the combined total Insured Monthly Benefit for Income Protection, Income Protection Accident Only and Business Expenses (see Section 16.1.3 of the incorporated by reference information).
	$30,000		$25,000	$15,000	$10,000	N/A	
Rider Benefit to Business Expenses	A1, A2, M	A3, A4	B1, B2	C1, C2, D	E	Home Duties	
	$60,000	$30,000	$25,000	$15,000	N/A	N/A	

Entry age

Benefit	Minimum entry age	Maximum entry age			
	All occupations (N/A for Home Duties)	A1, A2, M, A3, A4, B1, B2	C1, C2, D	E	Home Duties
Day 1 Accident – Rider Benefit • **Income Protection** • **Income Protection Accident only**	15 years	59 years	54 years	49 years	N/A
Day 1 Accident – Rider Benefit • **Business Expenses**	15 years*	59 years	54 years	N/A	N/A

*The minimum entry age for Rider Benefits is also subject to the minimum entry age of the premium type selected for the insurance benefit they are purchased under.

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

Day 1 Accident	A1, A2, M, A3, A4, B1, B2, C1, C2, D	E	Home Duties
Rider Benefit to Income Protection or Income Protection Accident Only	65th birthday	55th birthday	N/A

	A1, A2, M, A3, A4, B1, B2, C1, C2, D	E, Home Duties
Rider Benefit to Business Expenses	65th birthday	N/A

8.14.3 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

Limitations

The Day 1 Accident Benefit Period (30, 60 or 90 days) cannot exceed the Waiting Period that applies to your Income Protection or Income Protection Accident Only cover.

Day 1 Accident is not available if your Income Protection cover has a 14-day Waiting Period.

Benefit reductions

Amounts payable under the Bed Confinement, Specified Injury or Crisis Recovery benefit will be deducted from the Day 1 Accident benefit amount.

Exclusions

No Day 1 Accident benefit will be payable in relation to:

- disablement due to intentional self-inflicted injury or any such attempt by you
- disablement due to you engaging in or taking part in service in the armed forces of any country, or
- normal pregnancy, uncomplicated childbirth or miscarriage.

8.14.4 When cover begins and ends

The Day 1 Accident benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away
- cover ending for the main benefit the Day 1 Accident is linked to, or
- the Expiry Date of the benefit.

8.15 Claim Escalation

Your optional benefit

Claim Escalation allows for your claim payments to be increased each year in line with the Consumer Price Index Increase (CPI Increase).

In this section

8.15.1 Built-in Benefits
8.15.2 General terms and conditions
8.15.3 Limitations and exclusions
8.15.4 When cover begins and ends

Availability

- Claim Escalation can be purchased as a Rider Benefit to Income Protection CORE policies as shown in the table below. Claim Escalation can also be added to, or issued as a cancellation and replacement of, an existing Income Protection or Income Protection Accident Only. Please refer to Sections 16 and 17 of the incorporated by reference material for full details.

Cover type	Outside super	Inside super
Claim Escalation	◆ Ordinary Plan	● Superannuation Plan

Insurance cover	Premium options
Claim Escalation	• Variable age-stepped premium • Variable premium • Optimum

8.15.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Claim Escalation. Each benefit is subject to the general terms and conditions, limitations and terms around when cover begins and ends set out in Sections 8.15.2–4 and Section 10.2.

If your Total Disablement or Partial Disablement claim has been payable continuously for 12 consecutive months, we will increase your monthly claim payments by the CPI Increase.

The Claim Escalation increase will commence at the end of the 12th consecutive month on claim and further increases will be made at the end of each 12-month period thereafter, until the end of the Benefit Period, or when you are no longer on claim, whichever is earlier.

Only CPI increases will be applied. We won't make any adjustment to the claim payment pursuant to this Rider Benefit when there is a CPI decrease.

The Expiry Date for Claim Escalation under Income Protection, Income Protection Accident Only and Income Protection CORE is the Policy Anniversary prior to:

- your 65th birthday for Occupations Categories A1, A2, M, A3, A4, B1, B2, C1, C2 and D, or
- your 55th birthday for Occupation Category E.

8.15.2 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories					Conditions
	Monthly Sum Insured limit					
	A1, A2, M, A3, A4	B1, B2, C1, C2	D	E[1]	Home Duties[1]	
Income Protection CORE policies, Income Protection and Income Protection Accident Only	$30,000	$25,000	$15,000	$10,000	N/A	A maximum limit applies to the total sums insured for income protection with us and other insurers. Maximum limits also apply to the combined total Insured Monthly Benefit for Income Protection, Income Protection Accident Only, Income Protection CORE and Business Expenses (see Section 6).

[1] Not eligible for Income Protection CORE.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age			
		All occupations (N/A for E[1] and Home Duties)	A1, A2, M, A3, A4, B1, B2	C1, C2, D	E[1]	Home Duties[1]
Claim Escalation – Rider Benefit • **Income Protection CORE**	Variable age-stepped premium	15 years	59 years	54 years	N/A	N/A
	Optimum & Variable premium	34 years	59 years	54 years	N/A	N/A
Claim Escalation – Rider Benefit • **Income Protection** • **Income Protection Accident only**	Variable age-stepped premium & Variable premium	15 years	59 years	54 years	49 years	N/A
	Optimum	34 years	59 years	54 years	49 years	N/A

[1] Not eligible for Income Protection CORE.

Expiry Date

The Expiry Date is the Policy Anniversary prior to your:

	A1, A2, M, A3, A4, B1, B2, C1, C2, D	E[1]	Home Duties
Income Protection CORE, Income Protection and Income Protection Accident Only	65th birthday	55th birthday	N/A

[1] Not eligible for Income Protection CORE.

Premium Expiry Date

The Premium Expiry Date for Claim Escalation under Income Protection, Income Protection Accident Only and Income Protection CORE is the Policy Anniversary prior to:

- your 64th birthday for Occupations Categories A1, A2, M, A3, A4, B1, B2, C1, C2 and D, or
- your 54th birthday for Occupation Category E.

8.15.3 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

Benefit reductions

Under the Superannuation Income Protection Plan, the benefit may be reduced so that it does not exceed 100% of your Pre-disablement Income. If your cover allows monthly benefit to exceed 100% of your Pre-disablement Income then this can be paid under a Linked Benefit (Super Extras) if relevant.

Exclusions

No Claim Escalation benefit payment will be made in relation to:

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

8.15.4 When cover begins and ends

The Claim Escalation benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away
- cover ending for the main benefit the Claim Escalation is linked to, or
- the Expiry Date of the benefit.

8.16 Retirement Protector

Your optional benefit

Retirement Protector pays a monthly benefit to a nominated Superannuation Fund when either a Total or Partial Disablement Benefits is paid under an Income Protection CORE policy.

This can help to replace any previous retirement planning arrangement which has ceased or has been compromised by your disablement.

In this section

8.16.1 Built-in Benefits
8.16.2 General terms and conditions
8.16.3 Limitations and exclusions
8.16.4 When cover begins and ends

Availability

Retirement Protector can be purchased as a Rider Benefit to Income Protection CORE.

Cover type	Outside super	Inside super
Retirement Protector	◆ Ordinary Plan	● Superannuation Plan

Insurance cover	Premium options
Retirement Protector	• Variable age-stepped premium • Variable premium • Optimum

8.16.1 Built-in Benefits

With Retirement Protector, you can insure up to the current Employer Statutory Contribution rate of your average monthly Income. When we pay you an Insured Monthly Benefit for Total Disablement or Partial Disablement under Income Protection CORE, we will also pay a Retirement Protector benefit into a superannuation account nominated by you.

This can help to replace or complement any previous retirement planning arrangement which has ceased or has been compromised by your disability.

When the benefit is payable

We will pay the benefit amount into your nominated superannuation account when we pay you a Total or Partial Disability Benefit.

If you have selected the Benefit Indexation and/or Claim Escalation Rider Benefit, these will also apply to the Retirement Protector benefit payment.

How the benefit is paid

We will pay the Retirement Protector benefit as a contribution to a superannuation fund on your behalf.

You must provide us with your instructions and any information we request to enable us to pay any benefit to your nominated fund.

If you are a member of the AIA Insurance Superannuation Scheme No2, the Retirement Protector Benefit Payment will be paid as a contribution to another complying superannuation fund nominated by you.

If you are a member of an SMSF or Approved Superannuation Fund, the Retirement Protector Benefit Payment will be paid to your account in the superannuation fund you have nominated to receive the benefit.

We cannot pay the Retirement Protector benefit to you in cash.

Your Retirement Protector Insured Monthly Benefit will be the lesser of:

- your Retirement Protector Sum Insured as stated on the Policy Schedule^, adjusted for any applicable claim offsets, Benefit Indexation and Claim Escalation, and
- the prevailing rate of Statutory Employer Superannuation Contribution as at the Date of Disablement.

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

8.16.2 General terms and conditions

Sum Insured limits

Benefit	All occupations (excluding Home Duties)	Conditions
Retirement Protector	Insure up to the prevailing rate of Statutory Employer Superannuation Contribution of your monthly Pre-disablement Income	Paid as a contribution directly to your nominated super fund.

Entry age

Benefit	Premium type	Minimum entry age	Maximum entry age		
		All occupations (N/A for E and Home Duties)	A1, A2, M, A3, A4, B1, B2	C1, C2, D	E and Home Duties
Retirement Protector	Variable age-stepped premium	15 years	59 years	54 years	N/A
	Optimum & Variable premium	34 years	59 years	54 years	N/A

Expiry Date

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

8.16.3 Limitations and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below. If you hold Retirement Protector cover through a Superannuation Plan, the trustee must also ensure that conditions of release applicable to the fund have been satisfied before it can release a benefit payment to you or to your eligible recipients (see Section 9).

Benefit reductions

If the monthly benefit payable is reduced because you have a claim offset, or have a Partial Disablement rather than a Total Disablement, then the Retirement Protector Benefit Payment will be reduced by the same proportion.

Exclusions

We will not pay a Retirement Protector benefit claim:

- where disablement is due to intentional self-inflicted injury or any such attempt by you
- where disablement is due directly or indirectly to your participation in criminal activity or resulting from incarceration
- for any period you are incarcerated arising from your participation in criminal activity
- where disablement is due to you engaging in or taking part in active military service in the armed forces of any country after cover commencement, or
- in the case of normal pregnancy, uncomplicated childbirth or miscarriage.

8.16.4 When cover begins and ends

The Retirement Protector benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- the lapse or cancellation of the benefit or Policy (see Section 10.2)
- your passing away
- cover ending for the main benefit the Retirement Protector is linked to, or
- the Expiry Date of the benefit.

8.17 Repayment Relief

Your optional benefit

A monthly benefit for up to three months to help cover minimum monthly home loan repayments if you've been Involuntarily Unemployed for more than 60 consecutive days.

In this section

8.17.1 Built-in Benefits
8.17.2 General terms and conditions
8.17.3 Limitations and exclusions
8.17.4 When benefit payments cease
8.17.5 When cover begins and ends

Availability

- Available under an Ordinary Plan or Linked Benefit held through a separate policy as a separate contract of insurance.
- Available to those performing permanent Full-time Employment and Permanent Part-time Employees who are residing and working in Australia only.
- Repayment Relief can be purchased as a Rider Benefit to Life Cover, TPD Stand Alone or Universal TPD Stand Alone.
- Repayment Relief is not available if your Occupation Category is D, E or Home Duties.
- Only applies to home loans from a licenced loan provider in Australia.
- Only applies to owner occupier home loans. Repayment Relief is not available for investment home loans.

Cover type	Outside super	
Repayment Relief	◆ Ordinary Plan	❖ Linked Benefit (Superannuation PLUS)

Insurance cover	Premium options
Repayment Relief	• Variable premium

8.17.1 Built-in Benefits

This section sets out the terms and conditions of any Built-in Benefits that apply specifically to Repayment Relief. Each benefit is subject to the general terms and conditions, limitations and terms around when benefit payments cease and when cover begins and ends set out in Sections 8.17.2–5 and 10.2.

With Repayment Relief, you can insure an amount equal to your Minimum Monthly Home Loan Repayment for up to 90 days (Benefit Period) in the event you become Involuntarily Unemployed for greater than 60 consecutive days (Waiting Period).

When the benefit is payable

We will pay the Repayment Relief benefit where you:

- have been employed for at least 180 consecutive days (Qualifying Period), and immediately after that period of employment, you are Involuntarily Unemployed for longer than the Waiting Period
- suffer a Terminal Illness, or
- pass away.

What benefit is payable

Involuntary Unemployment

We will pay 1/30th of your Repayment Relief Insured Monthly Benefit for each additional day you continue to be Involuntarily Unemployed after the Waiting Period. We pay this benefit monthly in arrears directly to your nominated bank account.

We will pay this benefit for a maximum of 90 days so long as you continue to be Involuntarily Unemployed.

Death/Terminal Illness

We will pay a lump sum equal to three times the Repayment Relief Insured Monthly Benefit if you are diagnosed with a Terminal Illness or pass away, in which instance the benefit will be paid directly to your estate. Once a Death/Terminal Illness benefit becomes payable, any Involuntary Unemployment benefit will cease. No further benefits will be payable once the Death/Terminal Illness benefit is paid.

Payments made under the Repayment Relief benefit will not reduce the Sum Insured of the Linked Benefit.

Waiver of Premium

If the Repayment Relief benefit is payable for Involuntary Unemployment we will waive the premiums you would otherwise pay for this benefit or reimburse you for such premiums paid from the start of the Waiting Period until the end of the Benefit Period or until the date the Repayment Relief benefit ceases (whichever occurs first).

For the avoidance of doubt, the Repayment Relief Waiver of Premium benefit does not waive premiums for any other benefit or Plan on your Policy. However, if you have cover under the Income Protection Plan or Superannuation Income Protection Plan, your Income Protection premiums (including any Rider Benefits attached to your Income Protection cover) may also be Waived for a period of up to three months. See 'Involuntary Unemployment Waiver of Premium' in Section 12.1.

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

Please refer to the definition of Waive in Section 12.1.

Repayment Relief Insured Monthly Benefit

You will be required to provide reasonable proof of your Minimum Monthly Home Loan Repayment at the time of applying for this benefit. So long as you meet the conditions specified in 8.17.1–3 we will pay the Repayment Relief Insured Monthly Benefit regardless of whether you continue to hold a personal home loan or the Minimum Monthly Home Loan Repayment has changed at the time you become Involuntarily Unemployed, are diagnosed with a Terminal Illness or pass away.

Multiple periods of Involuntary Unemployment

After this benefit has been claimed once, we will not provide the benefit again unless you return to Full-time Employment or employment as a Permanent Part-time Employee, as applicable, for the Qualifying Period and you are then able to satisfy the definition of Involuntary Unemployment, Terminal Illness or you pass away.

If you become Involuntarily Unemployed within 180 days of the end of a previous period of Involuntary Unemployment, we will treat it as one continuous period. If you are diagnosed with a Terminal Illness or pass away within 180 days of the end of a previous period of Involuntary Unemployment, we will still pay a lump sum equal to three times the Repayment Relief Insured Monthly Benefit.

You can only claim the Involuntary Unemployment benefit four times during the life of your linked Life Cover Plan or Superannuation Life Cover Plan (as applicable).

If both disabled and unemployed

If you have cover under the Income Protection Plan, Superannuation Income Protection Plan or Business Expenses Plan and suffer both disablement (either total or partial disablement) and Involuntary Unemployment or Terminal Illness at the same time, we will pay both a total or partial disablement benefit (as applicable) as well as the Repayment Relief benefit.

In the event you pass away, we will pay any applicable Death benefit under your Income Protection Plan or Superannuation Income Protection Plan as well as the Repayment Relief benefit.

Increases to Minimum Monthly Home Loan Repayments

Where your Minimum Monthly Home Loan Repayment increases due to an increase to your home loan interest rate, you can apply to increase your Insured Monthly Benefit in line with the increase by providing us with evidence of your increased Minimum Monthly Home Loan Repayment within 60 days of that increase and confirmation that your employment status and occupation category still meet the eligibility criteria, and that you haven't been diagnosed with Terminal Illness since inception of the original policy.

8.17.2 General terms and conditions

Sum Insured limits

Benefit	Occupation Categories	
	A1, A2, M, A3, A4, B1, B2, C1, C2	D, E, Home Duties
Repayment Relief	Lesser of: • Minimum Monthly Home Loan Repayment, and • $7,500 per month.	N/A

Entry age

Benefit	Minimum entry age	Maximum entry age	
	All occupations (N/A for D, E and Home Duties)	A1, A2, M, A3, A4, B1, B2, C1, C2	D, E, Home Duties
Repayment Relief	18 years*	59 years	N/A

*The minimum entry age for Rider Benefits is also subject to the minimum entry age of the premium type selected for the insurance benefit they are purchased under.

Expiry Date

The Expiry Date is the Policy Anniversary prior to your 60th birthday.

8.17.3 Limitation and exclusions

Limitations and exclusions that apply to this Rider Benefit are set out below.

Limitations

Should your linked benefit under the Life Cover Plan or Superannuation Life Cover Plan end, cover under this benefit will also end.

If at any time after your application you become Self-employed, you will not be eligible for Involuntary Unemployment during the period of self-employment. However cover for Terminal Illness and Death will continue.

You can only have one Repayment Relief benefit at any one time. Multiple Repayment Relief benefits under different policies are not allowed.

Exclusions

No Repayment Relief benefit payment will be made in relation to:

- Any period of Involuntary Unemployment commencing within 180 days of policy commencement (in the case of a policy which has been cancelled and replaced, this will relate to the original policy commencement),
- you suffering unemployment, because:
  - a period of casual, seasonal or temporary work ends,
  - a fixed-term contract or specified period of work ends,
  - of an unsuccessful probationary period or dismissal due to unsatisfactory performance,
  - of deliberate or serious misconduct,
  - of incarceration,
  - of a loss of licence to perform some or all of the duties of your occupation, or
  - you resign, accept voluntary redundancy, retire early or abandon your employment.
- Involuntary Unemployment which occurs while you are working outside of Australia,
- death from suicide in the first 13 months from the date this benefit commenced, was reinstated or increased (but only in relation to the increased amount), or
- an event caused by intentional self-inflicted injury or any such attempt by you.

8.17.4 When benefit payments cease

Benefit payment will cease at the earlier of:

- the end of the Benefit Period (90 days), or
- you are no longer Involuntarily Unemployed.

8.17.5 When cover begins and ends

The Repayment Relief benefit will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- you cease to be a permanent Australian resident,
- the Expiry Date of the benefit,
- the linked Life Cover Plan or Superannuation Life Cover Plan ends (as applicable),
- we have paid this benefit four times during the life of your linked Life Cover Plan or Superannuation Life Cover Plan (as applicable),
- we have paid the full Benefit Period following your diagnosis with a Terminal Illness, or
- you pass away.

9. SUPERANNUATION PLANS

This section provides information about structuring your Priority Protection insurance cover through superannuation. This applies where you have selected benefits under:

- a Superannuation Life Cover Plan, and
- a Superannuation Income Protection Plan.

A Superannuation Plan is not a superannuation savings plan, which means it doesn't have an investment component – its main purpose is to provide payment of a benefit for you or your beneficiaries if we pay a claim.

Availability

You can choose to structure your Priority Protection insurance through superannuation if:

- you are a member of an Approved Superannuation Fund or a member of a self-managed superannuation fund (SMSF), or
- you are a member of the AIA Insurance Superannuation Scheme No2 (the Scheme).

You can only structure your insurance through an SMSF where the trustee of your SMSF is able to pay insurance premiums to us from your superannuation account.

Information about the Scheme and how to apply for membership is provided in Section 9.4.

Some Superannuation Income Protection Plans (specifically Income Protection or Income Protection Accident Only cover summarised in Section 5.3 of this PDS) can only be structured through superannuation on or after the preparation of this PDS if you are an existing Income Protection or Income Protection Accident Only customer with AIA Australia inside or outside superannuation.

If you are an existing Income Protection or Income Protection Accident Only customer outside superannuation, the cover outside superannuation can be replaced inside superannuation (either an Approved Superannuation Fund, an SMSF or the Scheme) in limited circumstances described elsewhere in this PDS provided:

- the benefits or features of your existing policy can be held inside super (if not, you must purchase a non-superannuation policy or policies to continue to hold these benefits outside super if you do not wish to lose those benefits through the replacement process)
- you are able to pay the insurance premiums associated with any replacement cover via superannuation from your superannuation account.

You should consider obtaining advice from your financial adviser about the implications of cancelling and replacing an existing AIA Income Protection or Income Protection Accident Only policy outside super with a policy inside super.

In this section

9.1 Insurance through Superannuation
9.2 Superannuation PLUS
9.3 Maximiser
9.4 AIA Insurance Superannuation Scheme No2

Important

As well as the information provided in this section, there is other important information in this PDS that applies to purchasing insurance cover. You should read this PDS (or where relevant, the incorporated by reference material) in full before making a decision about acquiring the cover described in this section.

9.1 Insurance through superannuation

1. Purchasing your Superannuation Plan

Superannuation Plan benefits can only be purchased on your behalf by the trustee of an Approved Superannuation Fund, an SMSF or the Scheme. The owner of the Policy will be the trustee. As the trustee is the owner of the Policy, any insurance benefit that you may be entitled to will be paid to and held by the trustee for you.

The trustee can only pay the benefit to you (or your beneficiaries) if it is permitted to do so under the trust deed and superannuation law.

Insurance cover under your Superannuation Plan will commence once we accept your application and issue the Policy to the trustee.

2. Linked Benefits

When you purchase a Superannuation Plan, you can also purchase additional benefits outside superannuation, under Superannuation PLUS, Maximiser or Repayment Relief.

For Income Protection CORE policies, additional benefits are provided under a Complimentary Income Protection CORE Extras policy outside superannuation.

When cancelling and replacing an existing Priority Protection Income Protection or Income Protection Accident Only policy, additional benefits may be issued under Super Extras outside superannuation.

Super Extras may also be added to an existing Priority Protection Income Protection or Income Protection Accident Only Superannuation Plan. The benefits provided are attached to a separate insurance Policy issued to you as the Policy Owner, and linked to your Superannuation Plan.

In this section

1. Purchasing your Superannuation Plan
2. Linked Benefits
3. Differences between insurance inside and outside of super
4. Payment of premiums
5. Payment of benefits
6. Conversion options
7. Taxation inside super
8. Risks of holding insurance through superannuation
9. When cover begins and ends

This allows you to access additional insurance cover that would not generally be available within superannuation, such as:

- Crisis Recovery (through purchasing Superannuation PLUS)
- Enhanced TPD definitions (through purchasing Superannuation PLUS or Maximiser)
- Complimentary Income Protection CORE Extras (through purchasing Income Protection CORE), and
- Repayment Relief.

The Linked Benefits are not superannuation benefits – they are held outside of superannuation attached to a separate insurance Policy that is linked to your Superannuation Plan benefits. The Linked Benefits available for each type of Superannuation Plan are set out below.

For more information relating to Super Extras, please refer to Section 16.2 of the incorporated by reference material.

All Linked Benefits will end when the Policy for the associated Superannuation Plan ends.

The table below shows the Linked Benefits available for each type of Plan.

	Superannuation PLUS	Maximiser	Super Extras[1]	Repayment Relief	Complimentary Income Protection CORE Extras
If you have a Superannuation Life Cover Plan, you can link:	✓	✓	✗	✓	✗
If you have a Superannuation Income Protection Plan, you can link:	✗	✗	✓	✗	✓

1. Super Extras is only available with Income Protection or Income Protection Accident Only cover. For more information relating to Super Extras, please refer to Section 16.2 of the incorporated by reference material.

Please refer to Sections 5.2, 9.2, 9.3, 9.4 of this PDS and 16.2 of the incorporated by reference material for information about each of the Linked Benefits and the types of additional insurance cover available.

3. Differences between insurance inside and outside of super

Before making a decision to acquire Priority Protection insurance cover through superannuation, you should consider the main differences between structuring insurance through an Ordinary Plan and acquiring insurance through a Superannuation Plan, as set out below.

- Some of the benefits available under an Ordinary Plan are not available under a Superannuation Plan (see Section 1 'Structuring your Priority Protection').*
- The insurance cover provided by some benefits may differ based on whether the relevant benefit is acquired under an Ordinary Plan or a Superannuation Plan. Where this applies to a benefit, the differences are detailed in the section of this PDS describing that benefit.
- While existing AIA Income Protection or Income Protection Accident Only policies outside super are able to be replaced with policies inside super, some benefits originally provided to you outside super will be lost unless the benefits are purchased outside super as part of the replacement exercise. You should consider obtaining advice from your financial adviser about the implications of cancelling and replacing an existing AIA Income Protection or Income Protection Accident Only policy outside super with a policy inside super.
- Any Superannuation Plan benefit payments will be paid to the trustee of the relevant fund in the first instance, and the trustee may only pay the benefit to you (or your beneficiaries) in accordance with the fund's trust deed and superannuation law.**
- Under superannuation law, the tax treatment of any claim proceeds may affect the amount of benefit you or your beneficiaries receive.
- If you cease to be a member of the relevant fund, the Policy/ies under which your Superannuation Plan benefits and any Linked Benefits are provided will end.
- If any premium refunds are payable, they will be paid to or at the direction of the trustee, not to you, and will be subject to preservation rules as required under superannuation law.
- Cooling off and complaints handling processes are different. Please refer to page 5 and Sections 9.4 and 10.5 of this PDS.

*Note that certain benefits that are not available within superannuation can be purchased as Linked Benefits attached to a separate insurance Policy linked to your Superannuation Plan.

**For Income Protection benefits, we will typically pay the trustee of the relevant fund a monthly payment. However, where we have an arrangement with the trustee, we will pay Income Protection benefits directly to you on the trustee's behalf.

4. Payment of premiums

Superannuation Plans

You will need to ensure that there are sufficient funds in your account in the relevant fund to meet each premium payment. If there are insufficient funds, the trustee of the relevant fund will not be able to pay your insurance premium and your Superannuation Plan may be cancelled.

Linked Benefits

You are responsible for paying insurance premiums directly to us for any Linked Benefits you have purchased. Premiums relating to Linked Benefits cannot be paid from your account in the relevant superannuation fund.

5. Payment of benefits

Superannuation Plans

If we pay a benefit on the Policy under which your Superannuation Plan benefits (which does not include any Linked Benefits) are provided, we will pay the benefit amount to the trustee of the relevant fund as Policy Owner. The trustee will then distribute the proceeds of the claim in accordance with the superannuation law and the fund's trust deed, which sets out the governing rules of the fund.

Superannuation law generally requires death benefits to be paid to one or more of your dependants or your legal personal representative (your estate). A summary of who death benefits may be paid to under superannuation law are included in the table below. The relevant fund's trust deed may restrict who death benefits may be paid to.

For Income Protection benefits, we will typically pay the trustee of the relevant fund a monthly payment. However, where we have an arrangement with the trustee, we will pay Income Protection benefits directly to you on the trustee's behalf.

A summary of eligible beneficiaries for superannuation purposes

Your dependants	• Your spouse and children (of any age) as defined under superannuation laws. – For this purpose, 'spouse' includes: > a person to whom you are legally married > a person (whether of the same or a different sex) who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple (such as a de facto spouse), or > a person (whether of the same or a different sex) with whom you are in a relationship that is registered under a relevant law of a state or territory. – For this purpose, 'child' includes: > an adopted child, stepchild or an ex-nuptial child of yours > a child of your spouse, and > a child of yours within the meaning of the *Family Law Act 1975* (such as a child born as a result of an artificial conception procedure or a surrogacy arrangement). • Someone who is in an interdependency relationship with you (as defined below). • Any other person who is financially dependent on you.
Your legal personal representative	The person acting as executor of your will or administrator of your deceased estate. If paid to your legal personal representative, a death benefit will form part of your deceased estate and be distributed according to your will (or the laws of intestacy if you don't have a valid will).
A person in an interdependency relationship	The circumstances in which an interdependency relationship will exist include if you and the other person (whether or not related by family): • have a close personal relationship • live together, and • one (or both) of you provides the other with financial support, domestic support and personal care. This may include live-in adult carers of elderly parents and siblings living together. In addition to the above requirements, other circumstances are also taken into account when establishing whether an interdependency relationship exists. You and the other person will still have an interdependency relationship where you both have a close personal relationship but do not satisfy the other requirements of an interdependency relationship listed above because either or both of you suffer from a physical, intellectual or psychiatric disability or because you are temporarily living apart. For example, where one of you is temporarily working overseas, you will still be deemed to be in an interdependency relationship. Superannuation laws may prescribe other matters relevant to determining whether an interdependency relationship exists, which trustees must have regard to.

Permitted Condition of Release

The proceeds of any claim on the Policy for your Superannuation Plan benefits (which does not include the proceeds of any claim under Linked Benefits) cannot be paid to you by the trustee if, in the trustee's opinion, a condition of release has not been satisfied under the *Superannuation Industry (Supervision) Regulations 1994*.

Schedule 1 of the *Superannuation Industry (Supervision) Regulations 1994* sets out the conditions of release under which a superannuation benefit can be paid. All superannuation trustees must be satisfied that any insurance proceeds they are able to receive (and pay) from the relevant fund meet a prescribed condition of release. Trustees are prohibited from acquiring insurance benefits which may provide a payment in circumstances where a prescribed condition of release has not been met.

The prescribed conditions of release relevant to insurance provided by a Superannuation Plan are:

- death
- a terminal medical condition
- permanent incapacity, and
- temporary incapacity (income protection only).

What benefit is payable if I pass away?

If you pass away and a Superannuation Plan death benefit is paid, the trustee of the relevant fund will deal with the benefit in accordance with the rules of the superannuation fund and the applicable superannuation laws. Superannuation law generally requires the death benefit to be paid to one or more of your dependants, or to your legal personal representative, however the fund rules may include additional restrictions.

What is the definition of terminal medical condition under superannuation law?

Terminal medical condition means:

A "terminal medical condition" exists in relation to a person at a particular time if the following circumstances exist:

a) two registered Medical Practitioners have certified, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the certification period) that ends not more than 24 months after the date of certification

b) at least one of the registered Medical Practitioners is a specialist practicing in an area related to the illness or injury suffered by the person

c) either:
   (i) if there is one certification period – the certification period has not ended; or
   (ii) otherwise – neither of the certification periods has ended.

What is the definition of permanent incapacity under superannuation law?

Permanent incapacity means:

a member of a superannuation fund is taken to be suffering permanent incapacity if a trustee of the fund is reasonably satisfied that the member's ill-health (whether physical or mental) makes it unlikely that the member will engage in gainful employment for which the member is reasonably qualified by education, training or experience.

What is the definition of temporary incapacity under superannuation law?

Temporary incapacity means:

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

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

What is the definition of gainfully employed under superannuation law?

Gainfully employed means:

employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

Note: Undertaking unpaid work or receiving passive income like interest, dividends, trust distributions or rent, does not meet the definition of gainful employment.

Linked Benefits

Linked Benefits are benefits which are held in a Policy owned by you outside of superannuation and linked to Superannuation Plan benefits that are held in a Policy owned by the relevant trustee.

If we pay a claim on the Policy under which your Linked Benefits are provided, we will pay the benefit amount directly to you.

Payments outside of superannuation (Linked Benefits)

- **Superannuation PLUS**

  Any Superannuation PLUS benefits that meet the policy terms for payment will be paid directly to you or your beneficiary(ies) as applicable. You will not be required to meet a condition of release as the payments are made outside of superannuation.

- **Maximiser**

  Where the Maximiser benefit is selected and a total and permanent disablement claim is made, it will be assessed firstly under the Any Occupation definition. If the definition is met, a lump sum equal to the Sum Insured will be paid to the trustee of the relevant fund. If the definition is not met, the claim will then be assessed under the Own Occupation definition.

  If the Own Occupation definition is met, a lump sum equal to the Sum Insured will be paid directly to you under the Policy held outside of the relevant fund.

- **Super Extras**

Where the Super Extras benefit is selected, and an Income Protection claim is made, it will be assessed under the Superannuation Income Protection Plan. If the definition relevant to the claim under the Superannuation Income Protection Plan is met, the Insured Monthly Benefit will be paid to the trustee of the relevant fund.

If any portion of the payment does not meet a Permitted Condition of Release, that portion will be paid directly to you under the Policy held outside of the relevant fund.

- **Repayment Relief**

Any Repayment Relief benefits that meet the policy terms for payment will be paid directly to you or your beneficiary(ies) as applicable. You will not be required to meet a condition of release as the payments are made outside of superannuation.

- **Complimentary Income Protection CORE Extras**

Income Protection CORE policies held in a Superannuation Income Protection Plan are also provided with a separate Complimentary Income Protection CORE Extras policy.

The Complimentary Income Protection CORE Extras policy is owned by the Income Protection CORE life insured outside of superannuation and provides access to a number of additional claimable events which are not available under the main Income Protection CORE policy.

If an Income Protection CORE claim is made, it will be assessed under the Superannuation Income Protection Plan. If the definition relevant to the claim under the Superannuation Income Protection Plan is met, the Insured Monthly Benefit will be paid to the trustee of the relevant fund.

If any portion of the payment does not meet a Permitted Condition of Release, that portion may be paid directly to you under the Complimentary Income Protection CORE Extras policy held outside of the relevant fund.

6. Conversion option

The benefits associated with certain covers held by you under a Superannuation Life Cover Plan issued to the trustee of the relevant fund can be replaced with Ordinary Life Cover Plan benefits, under a Policy issued to you, without providing any medical evidence, subject to those benefits being offered by us under an Ordinary Life Cover Plan at that time.

The benefits that you can convert to an Ordinary Life Cover Plan before their Expiry Dates are:

- Life Cover
- TPD
- TPD Buy-back, and
- Waiver of Premium (where held as a Rider Benefit to Life Cover or TPD).

The Sum Insured must be the same amount or less than the Sum Insured for the equivalent benefits under your Superannuation Life Cover Plan. You will become responsible for paying insurance premiums directly to us (premiums can no longer be paid out of the relevant fund).

When you exercise your conversion option, you will be asking us to cancel your Superannuation Life Cover Plan.

7. Taxation inside super

Tax laws (and tax thresholds applicable under tax laws) can change from time to time. How the tax laws may affect you depends on your individual circumstances so you should obtain advice about your own tax situation.

This general information about the taxation of superannuation is based on tax laws effective as at the date of preparation of the PDS. Further information is available in Section 9.4 in relation to the Scheme and at ato.gov.au

Tax deductions for contributions

You may be able to claim a tax deduction on personal contributions paid to a superannuation fund if you meet eligibility criteria. Information about tax deductions for superannuation contributions including lodging your intention to claim a tax deduction can be obtained online at ato.gov.au

Tax payable on benefits

- **Death benefit**

  Superannuation lump sum death benefits paid to a tax dependant of the deceased will be tax-free. A person who is a dependant for superannuation purposes (see 'Payment of Benefits' above) may not be a tax dependant, and vice versa. For example, a child aged 18 or over, who is a dependant for superannuation purposes and entitled to receive a death benefit, will not be a tax dependant unless they are financially dependent on you or in an interdependency relationship with you. If that child is not financially dependent on you, the death benefit paid to that child will not be tax free. Further information about who is a dependant for superannuation and tax purposes can be obtained online at ato.gov.au.

  Superannuation lump sum death benefits paid to non-tax dependants will be taxed at up to 15% plus the Medicare levy (if paid from a taxed source) and up to 30% plus the Medicare levy (if paid from an untaxed source). A non-tax dependant may include an adult child aged 18 years or older.

  Where a death benefit is paid to the legal personal representative of a deceased estate, tax is payable according to who is intended to benefit from the estate. It may be tax-free if the lump sum death benefit is payable from the estate to tax dependants of the deceased.

  Otherwise it will be taxed as a benefit paid to non-tax dependants. Note: the Medicare levy will not apply to a lump sum death benefit that is paid to a non-tax dependant via the deceased estate.

  Where required, tax payable on a death benefit may be withheld before an amount is paid from the superannuation fund.

- **Terminal Illness**

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

- **Total and Permanent Disablement**

  Lump sum benefits received from a superannuation fund are divided into two components – a tax-free component and a taxable component. The tax-free component is always tax-free. The taxable component is taxed depending on the person's age and whether a taxed or an untaxed element exists. The taxation treatment of the taxable component is summarised below.

Age	Taxation treatment of taxable component (taxed element)+	Taxation treatment of taxable component (untaxed element)+
Under preservation age*	Lower of marginal tax rate° or 20%° on whole component	Lower of marginal tax rate° or 30%° up to $1,780,000# 45%° over $1,780,000#
Preservation age to age 59*	0% up to $245,000^ Lower of marginal tax rate° or 15%° over $245,000^	Lower of marginal tax rate° or 15%° up to $245,000^ Lower of marginal tax rate° or 30%° over $245,000^ up to $1,780,000# 45%° over $1,780,000#
Age 60 and above	Tax free	Lower of marginal tax rate° or 15%° up to $1,780,000# 45%° over $1,780,000#

* A person's preservation age ranges from age 55 to age 60, depending on the person's date of birth.

+ The components of your payment will generally be required to be taken in the same proportion as the components in your account at the time of the payment.

° Plus any applicable levies.

^ Low rate cap amount for the 2024/25 financial year. For details of the low rate cap amount from year to year, go to ato.gov.au

Untaxed plan cap amount for the 2024/25 financial year. For details of the untaxed plan cap amount from year to year, go to ato.gov.au

For information on how the different tax components and elements are calculated, go to ato.gov.au or consult a tax professional.

In the case of a Total and Permanent Disablement lump sum benefit, the tax-free component may be increased to reflect the period from the date of ceasing gainful employment due to disablement until the member's last retirement day (generally their 65th birthday).

Where required, tax payable on a Total and Permanent Disablement benefit may be withheld before an amount is paid from the superannuation fund.

- **Income Protection**

  If an Income Protection benefit becomes payable, this will typically be treated as your personal assessable income for tax purposes and will be subject to tax at your marginal tax rate. PAYG tax is payable on Income Protection benefits and will be deducted where applicable, before the monthly benefit is paid to you by or on behalf of the trustee of the relevant fund.

Tax payable on contributions and rollovers

Depending on your individual circumstances, tax may be applicable to any contributions or rollovers made to your Approved Superannuation Fund, SMSF or the Scheme to cover the costs of insurance premiums for any insurance cover held through a Superannuation Plan. Further information about tax payable on contributions and rollovers is available in Section 9.4, in relation to the Scheme. You should consult your professional tax adviser about the taxation of superannuation contributions and rollovers.

Contribution caps

There are limits (caps) on the amount you can contribute to your superannuation each financial year to be taxed at lower rates. Contribution caps exist to limit the amount that you can contribute to your superannuation each financial year and still receive concessional tax treatment. If your contributions exceed these caps, you may have to pay extra tax.

There are two contribution caps – one that applies to concessional contributions and one that applies to non-concessional contributions. Concessional contributions include employer and personal contributions claimed as a tax deduction. Non-concessional contributions include personal (after tax) contributions for which you do not claim an income tax deduction.

If you are a member of more than one superannuation fund, all concessional contributions made to all your funds count towards your concessional contribution cap and all non-concessional contributions made to all your funds count towards your non-concessional contributions cap.

For information about these contribution caps, including the caps that apply each year and how contributions are counted towards the caps, go to ato.gov.au.

Collection of your Tax File Number (TFN)

Superannuation trustees are authorised under superannuation law to collect, use and disclose your TFN for superannuation purposes. By law, you do not have to provide your TFN to the trustee but you should be aware of the following before deciding whether or not to provide it.

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

You can obtain more information about TFNs by contacting us or visiting the ATO website (ato.gov.au) for general information. For additional information about TFNs relating to the Scheme, refer to Section 9.4.

8. Risks of holding insurance through superannuation

- **You will have no direct relationship with AIA Australia**

  The owner of the policy under which your insurance benefits (which does not include any Linked Benefits) are provided will be the trustee of the relevant fund. As the Life Insured, you will have no direct legal relationship with us, unless you also purchase a Linked Benefit which is provided under a Policy issued to you.

- **Inability to access benefits unless you have met a condition of release**

  You will be unable to access insurance cover through superannuation which may pay a benefit in circumstances where a Permitted Condition of Release has not been satisfied. Additionally, if a benefit is paid in circumstances where the trustee determines that a condition of release has not been satisfied, that benefit payment may not be released.

- **Inconsistencies between your insurance policy and the trust deed or superannuation law**

  Insurance benefits acquired through superannuation are subject to superannuation law and the governing rules of the relevant fund, as well as to the terms and conditions of the particular insurance benefits. If there is any inconsistency between the applicable insurance policy terms and conditions and the trust deed or superannuation law, the trust deed or superannuation law will prevail.

- **Refund of premiums not available**

  If you change your mind about holding insurance through superannuation, you may not be entitled to receive any refund of premiums paid in cash, as superannuation preservation rules may require that the refund is paid to the relevant fund or rolled over to another superannuation product.

- **Additional tax may be payable**

  Depending on your tax circumstances, the benefit may be subject to more tax than would otherwise apply if the benefit was paid from the same insurance held outside of superannuation.

- **Contribution limits apply to superannuation each year**

  Any concessional or non-concessional contributions you make in order to pay premiums will reduce the amount of concessional or non-concessional contributions that may be contributed in a financial year to other superannuation accounts you hold that may be eligible for concessional tax treatment. If you exceed the applicable limits on concessional or non-concessional contributions in a year, you may incur additional tax and other penalties.

- **Reduced retirement savings**

  Where you choose to pay premiums by rollover from another superannuation fund and do not make extra contributions to negate the premium cost, your retirement savings in that other superannuation fund will be reduced, which means you may have less available to you on retirement than otherwise may have been the case.

- **Changing superannuation and taxation laws**

  Taxation or superannuation laws may change in the future, altering the suitability of holding insurance in superannuation.

- **A service change or interruption**

  Risks also include the possibility of changes to the relevant fund, disruption of its systems or changes to the fund's internal operations, such as changes to key staff involved in the management of the fund.

- **Cover may be cancelled**

  In certain circumstances, insurance cover that is held within a superannuation fund may have to be cancelled by the relevant trustee where required by law. For example, where your account in the relevant fund in relation to the insurance cover is inactive for a period of 16 months (that is, no contribution or rollover is made to the account for this period), superannuation law may require the trustee of the relevant fund to cancel the Policy under which your Superannuation Plan benefits are provided, unless you have provided an election to retain the cover.

  For information about risks associated with life insurance more generally, refer to Section 10.1 of this PDS.

9. When cover begins and ends

Insurance through a Superannuation Plan will begin on the Commencement Date shown on your Policy Schedule and end at the earliest of:

- your superannuation account in the relevant fund holds insufficient monies to pay the relevant premium
- the relevant fund ceases to be a complying superannuation fund
- the date you become both ineligible under superannuation law to make, or receive on your behalf, contributions into the Scheme and are unable to rollover funds into the Scheme from another complying superannuation fund
- you cease to be a member of the relevant fund in which the Superannuation Plan benefits are held, or
- the relevant insurance cover or benefit ends under the terms of the Policy.

9.2 Superannuation PLUS

Your optional benefit

Superannuation PLUS gives you the opportunity to purchase benefits that are generally not available through superannuation, such as Crisis Recovery and TPD (Own Occupation) cover.

In this section

9.2.1 Benefit overview
9.2.2 How Superannuation PLUS works
9.2.3 Limitations
9.2.4 When cover ends

Availability

Superannuation PLUS can be acquired by you outside super if the trustee of the relevant fund has purchased a Superannuation Life Cover Plan for you.

9.2.1 Benefit overview

Table 21 shows the benefits available under Superannuation PLUS. The brief descriptions given in the table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 21

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Premium options
Superannuation PLUS	• Variable premium • Variable age-stepped premium • Optimum

Linked Benefits available under Superannuation PLUS	Benefit availability	Section
Total and Permanent Disablement.	❖	3.1
Accidental Total and Permanent Disablement	❖	3.1
Universal Total and Permanent Disablement	❖	3.2
Crisis Recovery	❖	4
Total and Permanent Disablement Buy-back	❖	8.1
Double Total and Permanent Disablement	❖	8.2
Double Universal Total and Permanent Disablement	❖	8.3
Crisis Extension	❖	8.6
Crisis Recovery Buy-back	❖	8.7
Crisis Reinstatement	❖	8.8
Double Crisis Recovery	❖	8.9
Family Protection	❖	8.10
Waiver of Premium	❖	8.4
Needlestick Injury	❖	8.11

9.2.2 How Superannuation PLUS works

When you purchase Linked Benefits through Superannuation PLUS, it gives you access to benefits not generally available within your Superannuation Plan.

When a claim is payable on a benefit acquired through Superannuation PLUS, the monies will be paid directly to you as the Policy Owner or your beneficiaries, rather than under the Policy held by the trustee of the relevant fund.

The policy fee will be applied to the Superannuation Life Cover Plan where applicable.

Note: the TPD and Crisis Recovery Sum Insured amount cannot exceed the Life Cover Sum Insured.

If Premium Freeze and Benefit Indexation is applied to your Superannuation PLUS benefit, it must also be applied to the Superannuation Life Cover Sum Insured and vice versa.

9.2.3 Limitations

Benefit reductions

If a claim is payable under one of the Superannuation PLUS benefits, we will pay the Sum Insured amount directly to the Policy Owner of the Policy that provides the Superannuation PLUS benefit. The Sum Insured for Life Cover or any TPD benefit held under your Superannuation Life Cover Plan then reduces by the same amount.

Note: when a full claim is payable under Double TPD, Double Universal TPD or Double Crisis Recovery, the Life Cover Sum Insured does not reduce.

9.2.4 When cover ends

If cover ends under your Superannuation Life Cover Plan, your selected Superannuation PLUS cover will also end. See Section 9.1 for more information.

9.3 Maximiser

Your optional benefit

Maximiser provides access to enhanced TPD definitions that are not available within superannuation by splitting the cover and the cost across Superannuation and Ordinary Life Cover Plans.

In this section

9.3.1 Benefit overview
9.3.2 How Maximiser works
9.3.3 Limitations
9.3.4 When cover ends

Availability

- Maximiser is available if you have purchased a Superannuation Life Cover Plan, and selected TPD or Double TPD cover under an 'Any Occupation' definition.
- Maximiser can be purchased as a Linked Benefit outside super to:
  - TPD as a Rider Benefit to Life Cover inside super
  - TPD Stand Alone inside super
  - Double TPD as a Rider Benefit to Life Cover inside super.
- All Occupation Categories are eligible except for Occupation Category D, E and Home Duties.

9.3.1 Benefit overview

Table 22 shows the benefits available under Maximiser. The brief descriptions given in the table are a summary only. For the detailed terms, please refer to the relevant section noted in the table below. The benefits that apply to you will be shown on your Policy Schedule.

Table 22

Benefit availability ◆ Ordinary Plan ❖ Linked Benefit ● Superannuation Plan

Insurance cover	Benefit availability	Premium options
Maximiser	❖	• Variable premium • Variable age-stepped premium • Optimum

Linked Benefits available under Maximiser		Section
Total and Permanent Disablement (Own Occupation) Pays a lump sum equal to the Sum Insured if you are disabled according to the TPD Own Occupation definition.	❖	3.1
Partial and Permanent Disablement Provides a partial payment from your Sum Insured if you suffer the permanent loss of the use of one arm, one leg, or sight in one eye. The advance payment is 25% of the Sum Insured up to a maximum of $750,000. If you select the TPD Stand Alone benefit, you must survive for 14 days from the date of the loss to be eligible for this payment.	❖	3.1
Benefit Indexation Automatically increases your Sum Insured each year by the higher of the CPI Increase and 5%, and adjusts your premium accordingly. You can opt out of this benefit on your application form or before a Policy Anniversary.	❖	7.2
Premium Freeze Allows you to keep your premium the same for the following year by reducing your Sum Insured amount. You must be at least 35 years old and paying Variable age-stepped premiums.	❖	7.1

Linked Benefits available under Maximiser	Benefit availability	Section
Accommodation Benefit Where we pay 100% of the TPD or Double TPD Sum Insured, we will reimburse the accommodation costs incurred by your immediate family members whilst you are confined to a bed more than 100 km from your usual place of residence (up to $250 per day for up to 30 days). The Accommodation benefit can assist an immediate family member with the costs of accommodation to be near you provided you are confined to a bed or hospitalised.	❖	3.1.2
Counselling Benefit Where we pay 100% of the TPD or Double TPD, we will reimburse $200 for each session of grief counselling you and/or an Immediate Family Member attend related to the claimable event, up to a maximum total value of $1,200.	❖	3.1.2

9.3.2 How Maximiser works

When you purchase Maximiser, it gives you access to enhanced TPD definitions not available within your Superannuation Life Cover Plan.

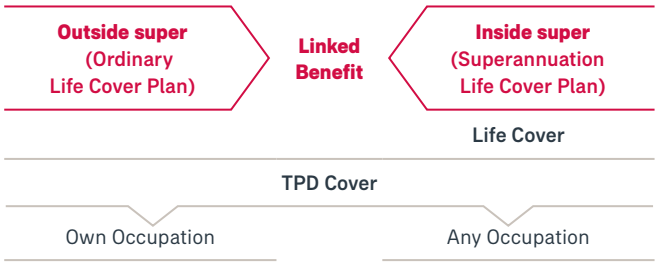
Maximiser gives you access to the enhanced TPD 'Own Occupation' definition outside of super and the TPD 'Any Occupation' definition inside super and splits the total cost across the two policies.

By linking the two definitions inside and outside of super, it means that we only pay the full TPD Sum Insured under one definition (never both).

Your claim will first be assessed under the TPD 'Any Occupation' definition within super and if this is not met your claim will then be assessed under the TPD 'Own Occupation' definition outside of super.

Note: under Maximiser the TPD Sum Insured must be the same amount inside and outside of super and cannot exceed $3m.

Example:



Under Maximiser, the Partial and Permanent Disablement benefit may be payable outside of super under an Ordinary Life Cover Plan.

Adding Superannuation PLUS Cover

Superannuation PLUS can be purchased with Maximiser at an additional cost if you have selected TPD or Double TPD as a Rider Benefit to Life Cover or TPD Stand Alone.

If you have selected TPD as a Rider Benefit under a Superannuation Life Cover Plan, the benefits available outside super under a Superannuation PLUS policy are:

- Crisis Recovery
- Crisis Extension
- Crisis Recovery Buy-back
- Crisis Reinstatement
- Family Protection
- Needlestick Injury (Occupation Category M only), and
- Waiver of Premium.

If you have selected Double TPD as a Rider Benefit to Superannuation Life Cover, then the above benefits are available through Superannuation PLUS, except for the Waiver of Premium benefit.

If a claim is paid for a Crisis Recovery or Crisis Extension benefit under such a Superannuation PLUS Policy, the applicable TPD or Double TPD benefit and the Maximiser benefit will be reduced by the amount of the claim paid.

Where the Life Cover Purchase benefit has been selected as a Rider Benefit under the TPD Stand Alone benefit, the Life Cover Purchase is able to be exercised after a TPD Stand Alone or Maximiser claim.

9.3.3 Limitations

Benefit reductions – Maximiser

The insurance cover in your Superannuation Plan will be reduced by an amount equivalent to the Maximiser benefit paid.

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

- TPD or Accidental TPD (with an 'Any Occupation' definition only)
- Partial and Permanent Disablement
- Accidental Partial and Permanent Disablement
- Loss of Independence
- Day 1 TPD
- Crisis Events*# (Built-in Benefit to Crisis Recovery and Double Crisis Recovery)
- Partial Payments*# (Built-in Benefit to Crisis Recovery and Double Crisis Recovery)
- Crisis Extension Events*# (Built-in Benefit to Crisis Extension)
- Death or Terminal Illness* (Built in Benefit to Life Cover).

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

The Partial and Permanent Disablement benefit is only payable within an Ordinary Life Cover Plan.

If the Sum Insured is reduced under one Policy, the same reduction will apply to the other linked Policy.

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

#When linked to TPD under Superannuation PLUS only.

Claims assessment

With Maximiser your TPD claim will first be assessed within the Superannuation Life Cover Plan to confirm if you meet the TPD 'Any Occupation' definition. If you meet the TPD 'Any Occupation' definition, a benefit payment is made to the trustee of the relevant fund.

If you do not meet the TPD 'Any Occupation' definition, your claim will then be assessed within the Ordinary Life Cover Plan to see if you meet the TPD 'Own Occupation' definition. If you meet the TPD 'Own Occupation' definition, a benefit payment is made to you.

Waiver of Premium

When the Waiver of Premium benefit is purchased as a Rider Benefit to Life Cover under a Superannuation Life Cover Plan, we will not Waive premiums for the Life Cover benefit when the Superannuation Life Cover Sum Insured has been reduced by a claim under Maximiser.

Benefits not available

The Superannuation PLUS benefits not available with Maximiser are:

- Double Crisis Recovery
- Universal TPD
- Double Universal TPD
- Accidental TPD, and
- TPD Buy-back.

9.3.4 When cover ends

If cover ends under your Superannuation Life Cover Plan, your selected Maximiser cover will also end and vice versa. See Section 9.1 for more information.

9.4 AIA Insurance Superannuation Scheme No2

1. Important information

This section only applies to you if you intend to acquire your Priority Protection insurance benefits via the AIA Insurance Superannuation Scheme No2 (**Scheme**). If you wish to do this, you will need to become a member of the Scheme. This section provides information about the Scheme, including applying for membership, making contributions and how benefits will be paid if you have a claim.

The Scheme is a risk only superannuation product issued out of the Smart Future Trust, which is a regulated superannuation fund under the *Superannuation Industry (Supervision) Act 1993* and is governed by a trust deed and superannuation law.

When you choose to structure your Superannuation Life Cover Plan or Superannuation Income Protection Plan through the Scheme, you will become a member of the Scheme and the Policy under which your selected insurance covers are provided will be owned by Equity Trustees Superannuation Limited (ABN 50 055 641 757, AFSL 229757, RSE License L0001458) as the trustee of the Scheme. The trustee of the Scheme holds the Policy for your benefit. References to the 'trustee' in Section 9.4 of this PDS are references to the trustee of the Scheme.

There are risks associated with membership of the Scheme and any insurance cover obtained through the Scheme. For information about risks associated with Priority Protection insurance policies, see Section 10.1 of this PDS. For information about risks associated with insurance through superannuation, see Section 9.1.

The financial adviser that sells and advises you about Priority Protection insurance is not an agent or representative of the trustee of the Scheme. You should ensure you obtain advice that takes into account your personal situation, objective or needs when deciding whether to acquire Priority Protection insurance through the Scheme.

You should read the description of insurance benefits in this section in conjunction with information shown elsewhere in this PDS about the amount of insured benefits available through superannuation (maximum benefit limits may apply), the circumstances in which they are payable (limitations and exclusions apply) and the cost of benefits. Insurance benefits through superannuation are subject to AIA Australia's acceptance of a claim under the terms and conditions of the applicable policy.

If you would like further information to help you understand what benefits are inside or outside superannuation, speak to your financial adviser.

In this section

1. Important information
2. About the Scheme
3. Membership of the Scheme
4. Tax File Number (TFN)
5. Membership fees and costs
6. Contributions and transfers
7. Withdrawing contributions
8. Payment of benefits
9. Nominating beneficiaries
10. Taxation
11. Transfer of Scheme monies
12. Privacy
13. Enquiries and complaints about the Scheme

2. About the Scheme

The trustee has delegated administration of the insurance benefits within the Scheme to Insurance and Superannuation Administration Services Pty Ltd ABN 31 058 682 876 (ISAS or Scheme Administrator). The trustee has also delegated certain reporting and other functions relating to the Smart Future Trust, including the Scheme to smartMonday Solutions Limited ABN 48 002 288 646 (Fund Administrator).

At the date of this PDS, each of ISAS and smartMonday Solutions have given and not withdrawn their consent to be named in the form and context in which they have been named in the PDS.

AIA Australia has agreed with the trustee to pay any costs and expenses of operating the Scheme that cannot be met from other Scheme monies, including costs payable to the service providers. The cost of any insurance cover obtained by you as a member of the Scheme is payable by you by transfer or contribution of money into the Scheme. Information about the cost of insurance cover (including associated fees) is set out in Section 11.

If the Scheme is terminated, the trustee will consult with AIA Australia to make provision for the transfer of members' benefits in the Scheme to another arrangement within the superannuation system. Transfer could be by way of successor fund transfer to another regulated superannuation fund.

Website disclosures

The trustee is required to disclose certain information about the trustee and the Smart Future Trust on a website.

The trustee's website, eqt.com.au, and the Smart Future Trust's website, smartmonday.com.au, contain information and documentation relevant to the Scheme, including the Smart Future Trust trust deed, this PDS, the trustee's most recent

annual report, the names of each outsourced service provider to the Smart Future Trust and other disclosures that must be shown on a website under superannuation law.

3. Membership of the Scheme

If you want to obtain Priority Protection insurance benefits through superannuation, you can become a member of the Scheme.

If you want to replace existing Income Protection or Income Protection Accident Only benefits (summarised in section 5.3) that you hold outside superannuation with benefits inside super, you can also do this by becoming a member of the Scheme (if you are not already a member).

The trustee of the Scheme will be the owner of the Policy for the purposes of providing access to insurance benefits under a Superannuation Plan – either a Superannuation Life Cover Plan or Superannuation Income Protection Plan issued by AIA Australia, depending on the benefits you choose. Any insurance benefit due under a Superannuation Plan must be paid to, or on behalf of, the trustee of the Scheme. The trustee of the Scheme can only pay a benefit from the Scheme to you (or your beneficiaries) if it is permitted to do so under the trust deed governing the Scheme and superannuation law.

As a risk-only member of the Scheme, your only benefits in the Scheme will be any insurance benefits payable by AIA Australia under a Superannuation Plan. The trustee does not guarantee payment of any benefit, as any insurance benefits depend on you satisfying Policy criteria relevant to your claim.

Applying for membership to obtain new insurance cover

To apply for Priority Protection insurance cover under this PDS, you should speak with a financial adviser qualified to sell AIA Australia products and help you complete an application form for the insurance cover required. You apply to the trustee for membership of the Scheme at the same time as you apply to AIA Australia for insurance cover. While your application is being assessed, your initial or instalment premium will be held in a trust account held by the trustee until the Policy is issued by AIA Australia. Any interest earned on the account while your initial or instalment premium is held within that account is retained by the Trustee and allocated to the Fund's General Reserve to meet expenses of the Fund.

Your membership of the Scheme will not commence until AIA Australia has assessed your application for insurance cover and has agreed to issue the Policy you have applied for to the trustee of the Scheme. Eligibility requirements apply – see below.

Applying for membership to facilitate replacement Income Protection cover

Priority Protection Income Protection and Income Protection Accident Only insurance cover is only available when replacing an existing Priority Protection Income Protection insurance or Income Protection Accident Only cover from AIA Australia and the cancellation and replacement is being performed for an administrative reason where an alteration to the existing policy is not available. If the existing policy is outside super, the replacement policy may be provided inside super by applying to the trustee for membership of the Scheme at the same time as replacement cover is requested. You must speak with a financial adviser qualified to sell AIA Australia products and complete the forms necessary to arrange the replacement cover.

Your membership of the Scheme will not commence until AIA Australia has agreed to issue replacement cover to you and the replacement Policy is issued to the trustee of the Scheme. Your initial or instalment premium for replacement cover through the Scheme will not be accepted until your membership has commenced. Eligibility requirements apply – see below.

Eligibility for membership

To be eligible to apply for membership and to remain a member of the Scheme, you must meet the eligibility requirements required by the Scheme's trust deed and by superannuation law.

Importantly, you must be eligible to contribute to superannuation or have contributions made on your behalf, or be able to meet the cost of premiums by rolling over superannuation benefits from another complying superannuation fund.

Your membership of the Scheme will cease if you are no longer eligible to contribute to super or have contributions made on your behalf or pay the required premiums by rolling over superannuation benefits from another complying superannuation fund. Alternatively, you have the option to transfer your insurance benefits under the Scheme to an Ordinary Plan. You can do this before the Expiry Dates of each insurance benefit, subject to those benefits being offered by us under an Ordinary Life Cover Plan at that time. While the Superannuation Life Cover benefit can be converted prior to the Policy Anniversary before your 75th birthday, other eligible benefits have an earlier Expiry Date (see Conversion option in Section 9.1). When you exercise your option to convert your Superannuation Life Cover Plan to an Ordinary Life Cover Plan, your Superannuation Life Cover Plan will be cancelled, and you will no longer be a member of the Scheme.

Note that by the Policy Anniversary prior to your 75th birthday any remaining insurance benefits on the Scheme will expire. Some benefits can continue for longer under an Ordinary Plan. Consider exercising the Conversion option before the Expiry Dates of each insurance benefit. For information on benefit Expiry Dates and availability of the Conversion option see each benefit's corresponding section in this PDS or the incorporated by reference material.

For more information about your insurance needs, please speak to your financial adviser. For further information regarding the work test requirements, go to ato.gov.au

4. Tax File Number (TFN)

In order for the trustee to issue you with membership of the Scheme and accept contributions, transfers or rollovers on your behalf, you must provide the trustee with your TFN. You don't have to provide your TFN, however if you do not provide your TFN, you cannot participate in the Scheme.

Please note that rollover or transfer requests cannot be processed where the TFN is not able to be validated. This means that an account will not be opened and no welcome letter is issued until the TFN is successfully validated. Where your policy has been set up and premiums received, your policy will be cancelled and any premiums received will be refunded within 30 days from the date the Scheme administrator becomes aware that your TFN is not able to be validated or if you have not supplied your TFN.

The trustee can only use your TFN to help identify your superannuation benefits and to help calculate any tax on those benefits and to report it to the ATO. If you transfer benefits to another complying superannuation fund or retirement savings account, the trustee can disclose your TFN to the trustee of that fund, unless you tell the trustee in writing not to. The trustee cannot disclose your TFN to anyone else except the ATO. For more information about TFNs, refer to Section 9.1.

5. Membership fees and costs

There are no fees or costs charged to you for Scheme membership other than the cost of insurance cover and any associated policy fee, stamp duty and premium frequency charges as set out in Section 11. If your premiums are funded by non-concessional contributions, the benefit of any tax deduction is retained by the Trustee and allocated to the Fund's General Reserve to meet expenses of the Fund. The only insurance premiums payable through the Scheme are premiums associated with insurance cover under a Superannuation Life Cover Plan or Superannuation Income Protection Plan. Premiums associated with insurance cover outside superannuation (including under Linked Benefits attached to your Superannuation Plan(s)) cannot be paid through the Scheme.

When calculating the cost of insurance cover payable by you through the Scheme (and the superannuation contribution or rollovers to the Scheme), you should note that the benefit of tax deductions that the trustee receives in relation to the premiums paid to AIA Australia is generally passed on to you (either by offsetting tax payable by the trustee on concessional contributions or on untaxed rollovers, or by a rebate on taxed rollovers) unless your premium payment is funded by a non-concessional contribution, in which case the benefit of any tax deduction is retained by the Trustee and allocated to the Fund's General Reserve to meet expenses of the Fund.

You will be notified in advance of any fee changes that are, or result in, an increase in fees or costs for you. AIA Australia may provide notification of insurance-related fees and costs to you directly.

To the extent commissions (and other monetary or non-monetary benefits) are given to financial advisers or others, the commissions or benefits are paid by AIA Australia out of the insurance premiums it receives from the Scheme. The commissions or other benefits are not given by the trustee. Your financial adviser should provide you with information about commissions or other benefits they receive, for example, in the Statement of Advice they provide you.

Variation of your insurance while a Scheme member

You can vary your Superannuation Life Cover Plan or Superannuation Income Protection Plan through the Scheme on application to AIA Australia. Variations of your insurance cover are subject to the term and conditions of the applicable Policy including applicable premium rates, at the time the variation is requested, and acceptance of your variation application by AIA Australia.

If you have existing Income Protection or Income Protection Accident Only Cover (described in Section 5.3 of this PDS) you can add linked or Rider Benefits outside superannuation. For information about available linked or Rider Benefits please refer to the incorporated by reference material (AIA07702-04/25) which can be accessed on the Income Protection product pages of the aia.com.au website.

Cancellation of your insurance and Scheme membership

You can cancel some or all of your insurance cover through the Scheme. Where you cancel all your insurance cover, your membership of the Scheme will also cease, and vice versa.

To cancel all your insurance cover and Scheme membership, or cancel some of your insurance cover, you will need to send your written cancellation request by mail, fax or email or in any other manner permitted by law, to us (refer to Section 10.2 for further information about cancelling insurance cover including information about any refund of premiums and cancellation charges that may apply). Once AIA Australia receives your cancellation request we will need to confirm your request with the trustee of the Scheme.

The trustee of the Scheme will deal with any amounts refunded on cancellation of your insurance cover in accordance with superannuation tax and preservation rules. Any premium you paid as a superannuation contribution or by way of rollover into the Scheme (less allowable adjustments, for example, for taxes) must usually be preserved and cannot be refunded to you directly unless permitted under superannuation laws. You must provide details of another complying superannuation fund so that the trustee of the Scheme can transfer any preserved money into that fund, otherwise the trustee of the Scheme will

transfer any preserved money to the ATO – see 'Transfer of Scheme monies' in this section.

Your Scheme membership may be cancelled in other circumstances, for example, if insurance premiums associated with your Superannuation Plan(s) through the Scheme are not paid. See Section 10.1.

Cancellation of Scheme membership within cooling-off period

The Scheme provides a cooling-off period of 30 days, commencing at the earlier of the day the trustee accepts your application for membership of the Scheme and the end of the 5th day after the date the trustee issues confirmation of your membership. During this period you can cancel your membership of the Scheme by sending your written cancellation request by mail, fax or email or in any other manner permitted by law to us and your insurance cover via the Scheme will also cease. Any premiums you have paid (including the policy fee) will be refunded to the Scheme and, after adjustment for any taxes payable by the trustee, will be dealt with by the trustee of the Scheme in accordance with superannuation tax and preservation rules. You will lose the right to cancel your Scheme membership under the cooling-off regime if you have exercised any right or power under the Scheme (including under a Policy held through the Scheme). This means, for example, that premiums will not be refunded where you have made a claim and your Scheme membership will not cease until your claim (and any benefit payment, if applicable) is finalised. You must provide details of another complying superannuation fund so that the trustee of the Scheme can transfer any preserved money into that fund. Otherwise the trustee of the Scheme will transfer any preserved money to the ATO – see 'Transfer of Scheme monies' in this section.

6. Contributions and transfers

The contributions paid by you or on your behalf to the trustee will be used for the purpose of paying the premiums for your insurance benefits under the Superannuation Plan. Contributions will not be invested on your behalf and will not earn investment returns.

You must fund the cost of the entire annual premium for the Policy by way of contribution to the Scheme or alternatively by way of a rollover or transfer from another complying superannuation fund.

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

Personal and spouse contributions can be made in various ways including by direct debit or credit card. For further information, contact the Fund Administrator (see contact details at the end of this PDS).

Your employer can make contributions to the Scheme while you are a member. Employer contributions (voluntary or compulsory) must be made using a SuperStream compliant method.

SuperStream is a government reform aimed at improving the efficiency of the superannuation system. All contributions made to the Scheme will be reported as personal non-concessional unless a contribution remittance from your employer is received by the Scheme with each contribution made and complies with SuperStream standards (or the Scheme receives a notice of your intention to claim a tax deduction for your personal contributions – see the Taxation information further below).

Under superannuation legislation, the Scheme cannot accept certain types of contributions. For example, it cannot accept member contributions where the member does not satisfy the eligibility requirements noted above under the 'Membership of the Scheme' section. If the trustee inadvertently receives a contribution that it cannot accept, it must refund the amount after deducting any permissible charges and your Policy may lapse or be cancelled.

Please be aware that the Scheme is not an investment vehicle and does not accept contributions or rollovers in excess of the amount of annual premium due for the insurance cover you hold in the Scheme. Consequently, there is generally no accumulated money in your account and the Scheme will be unable to process any release authority issued by the ATO.

Government and downsizer contributions

The Scheme does not accept contributions from the government. If you are eligible for a government co-contribution or Low Income Superannuation Tax Offset, you will need to nominate another superannuation fund to the ATO so that it can pay your entitlement.

In addition, the Scheme does not accept downsizer contributions.

Transfer of money from other superannuation funds

As the Scheme is not an investment vehicle, the trustee will only accept transfers from other complying superannuation funds or superannuation funds that are exempt from complying status (e.g. constitutionally protected funds) if the transferred amount is less than or equal to the annual premium for your insurance cover.

If you fund the cost of a Superannuation Plan by rolling over or transferring amounts from a taxed complying superannuation fund yearly or half-yearly in advance, you will only need to rollover or transfer 85% of the premium requested by AIA Australia in connection with your cover. This is because you generally will be given the benefit of tax deductions that the trustee receives in respect of premiums paid by the trustee to AIA Australia. These deductions are in the form of a 15% rollover rebate which reduces the cost of your insurance that needs to be funded by you.

This rebate may be withdrawn or changed and you will be notified if this occurs.

If you fund the cost of a Superannuation Plan by rolling over or transferring amounts from an untaxed superannuation fund that is exempt from complying status (e.g. constitutionally protected

funds) yearly or half-yearly in advance, you will need to rollover or transfer 100% of the premium requested by AIA Australia in connection with your cover. This is because the trustee must pay tax on your untaxed roll-in/transferred amount, which is offset by the tax deduction available to the Scheme for the premiums paid by the trustee to AIA Australia, however there is no resulting tax credit amount able to be passed on to you.

Contribution caps

There are limits (caps) on the amount you can contribute to your superannuation (across all super funds you participate in) each financial year to be taxed at lower rates. Contribution caps exist to limit the amount that you can contribute to your superannuation each financial year and still receive concessional tax treatment. If your contributions exceed these caps, you may have to pay extra tax. See Section 9.1 for further information regarding these caps. For detailed information about the caps that apply each year and how contributions are counted towards the caps, go to ato.gov.au

7. Withdrawing contributions

Under superannuation law you cannot usually withdraw contributions once they have been paid, as superannuation contributions are preserved until you meet a condition of release under superannuation law including, for example, a Permitted Condition of Release (see Section 9.1).

8. Payment of benefits

The trustee can only pay benefits paid to it under a Superannuation Plan to you, your beneficiaries or legal personal representative if it is permitted to do so under the Scheme's trust deed and superannuation law.

The trustee does not guarantee the payment of any benefit, as any insurance benefits depend on you satisfying Policy criteria relevant to your claim.

If you pass away, AIA Australia will pay a lump sum equal to the insured amount under the Life Cover, Term Cover, Accidental Death and/or Income Protection benefits (as applicable under a Plan relevant to your account in the Scheme), to the trustee who will deal with the benefit in accordance with the Scheme's trust deed and superannuation law. Superannuation law generally requires death benefits to be paid to one or more dependants or to your legal personal representative. These terms are explained in Section 9.1.

You can nominate the beneficiaries of your death benefit when you complete your application for membership of the Scheme (see 'Nominating beneficiaries' in this section). You may only nominate beneficiaries who are your dependants (as defined by superannuation law) or your legal personal representative.

The trustee may request information or evidence to establish a person's eligibility before making a death benefit payment from the Scheme.

9. Nominating beneficiaries

You can make either a non-lapsing binding nomination or a non-binding nomination in the Scheme at the time you apply for membership of the Scheme, or at a later time, by using the relevant form. If the trustee has not received a binding nomination that is valid and effective at the date of your death, the benefit may be paid to one or more of your spouse, other dependant or your legal personal representative.

If you submit a nomination of beneficiary as part of your application for membership of the Scheme, that nomination of beneficiary will also apply to any Complimentary Interim Accidental Death Cover benefit payment AIA Australia makes directly to you (outside the Scheme).

If you do not submit any nomination of beneficiary (either a non-lapsing binding nomination or a non-binding nomination) to the trustee of the Scheme, any Complimentary Interim Accidental Death cover benefit will be paid by AIA Australia to your legal personal representative (your estate).

Non-lapsing Binding Nomination

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

Conditions applying to non-lapsing binding nominations are as follows:

- To be valid, a non-lapsing binding nomination must be in writing in the approved form. It must also be signed and dated by you in the presence of two witnesses who must each sign and date the declaration where indicated and set out their full name and date of birth. Each witness must be 18 years of age or over and must not be one of your nominated beneficiaries.
- The nomination must specify the proportion of the benefit to be paid to each nominated beneficiary and the total nomination must add up to 100%.
- You can only nominate beneficiaries who are either your dependants (as defined by superannuation law, see Section 9.1) or your legal personal representative.
- A nomination is effective only when it is received and consented to by the trustee.
- You may revoke or change your nomination at any time by completing a new, valid non-lapsing binding nomination and lodging it with the trustee. You may also change your nomination from binding to non-binding at any time.
- A valid non-lapsing binding nomination is valid and effective for the entire term you are a member unless it is revoked by you, or another valid non-lapsing nomination is lodged with the Trustee or all the nominated beneficiaries are not an eligible beneficiary at the time of payment.

Non-binding Nomination

If you provide a non-binding nomination to the trustee, the trustee will take your wishes into account, along with all other available information, but has complete discretion in deciding who will receive the benefit payable from the Scheme on your death.

The trustee may pay the death benefit to one or more of your dependants in whatever proportions the trustee decides or may pay some or all of a death benefit to your legal personal representative to be distributed as part of your deceased estate.

Conditions applying to non-binding nominations are as follows:

- A non-binding nomination does not need to be witnessed to be a valid nomination.
- A non-binding nomination is effective only when it is received by the trustee.
- A non-binding nomination is valid for the entire time that you are a member of the Scheme, unless you lodge another valid nomination with the trustee.
- You may revoke or change your non-binding nomination at any time by completing a new, valid non-binding nomination and lodging it with the trustee. You may also change your nomination from non-binding to binding at any time by providing the trustee a form that meets the conditions for a valid non-lapsing binding nomination.

10. Taxation

Tax laws (and tax thresholds applicable under tax laws) can change from time to time. How the tax laws may affect you depends on your individual circumstances so you should obtain advice about your own tax situation.

This general information about the taxation of superannuation is based on tax laws effective as at the date of preparation of the PDS. Further information, including updated information about tax thresholds, such as limits for concessional and non-concessional contributions or concessionally taxed benefits, is available at ato.gov.au. See Section 9.1 of this PDS for more information.

Tax payable by the Scheme

Concessional contributions to superannuation funds and rollovers from untaxed sources can currently be taxed up to 15%, payable by the trustee. However, since the trustee is able to claim a tax deduction for premiums paid to AIA Australia under a Superannuation Life Cover Plan and a Superannuation Income Protection Plan, there is generally no tax payable by the Scheme on your concessional contributions or untaxed rollovers because the benefit of the tax deduction received offsets any tax payable (this is subject to change if tax deductions are not obtained).

An extra 15% tax (called Division 293 tax) is payable where an individual's income (for Division 293 purposes) plus concessional contributions exceeds $250,000. The tax is payable on the lesser of the individual's concessional contributions (minus any excess concessional contributions) and the excess over $250,000. This additional tax is assessed by the ATO and payable by the individual personally.

Benefits payable from the Scheme may also be subject to tax, depending on the nature of the benefit and taxation components (see Section 9.1).

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

Is there a tax deduction for superannuation contributions?

It may be possible for an individual to claim a tax deduction (in the individual's tax return) on personal contributions paid to the Scheme if the individual meets the eligibility criteria under taxation law. For information about the eligibility criteria, go to ato.gov.au

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

- the day the person lodges their tax return for the financial year in which the contribution was made, or
- the end of the financial year after the year in which the contribution was made,

and the trustee must acknowledge a deduction notice. Contributions that are eligible to be claimed as a tax deduction by an individual are classified as concessional contributions, and subject to the limit on concessional contributions the individual can make in a financial year.

A deduction notice covering a contribution may not be valid in certain circumstances, for example, where the individual is no longer a member of the Scheme or the trustee no longer holds all or part of the contribution because an amount has been withdrawn or rolled over to another superannuation fund.

All employer contributions are generally tax deductible for/to the employer when made on behalf of employees to a complying superannuation fund:

- where the contribution is made on or before the day that is 28 days after the end of the month in which the employee turns 75
- where the contribution reduces the employer's Superannuation Guarantee charge percentage, or
- where the employer was required to make the contribution by an Australian law, industrial award, determination or notional agreement preserving State awards that is in force.

11. Transfer of Scheme monies

If money is held for you in the Scheme, it can, in some circumstances, be transferred to the ATO, where it will be held until it can be paid to you, a fund you nominate, or (if a death benefit) to your beneficiary or legal personal representative.

The circumstances in which money held for you can be transferred to the ATO include:

- if your Scheme membership or the Superannuation Life Cover Plan or Superannuation Income Protection Plan Policy is cancelled and the trustee is holding contributions or rollovers/

transfers in the Scheme that have not yet been applied towards payment of premiums
- the cancellation of the Policy results in a refund of premiums by AIA Australia to the trustee of the Scheme (after adjustment for any cancellation charges by AIA Australia), or
- the trustee is unable to pay your insured benefit to you because you do not meet a condition of release.

The trustee may also voluntarily transfer amounts to the ATO in certain circumstances where the trustee believes it is in the best financial interests of the member.

The trustee will transfer your money in the Scheme (after giving you prior written notice of its intention to do so) if you do not inform the trustee of an alternative superannuation fund within the time frame set out in the notice. Your consent to the transfer is not required.

If your money in the Scheme is transferred to the ATO:
- you will have ATO-held super, which may be claimed once you've met certain conditions or transferred to another complying superannuation fund in which you are a member
- the ATO will not be able to accept any ongoing contributions from you or your employer, however other amounts from other superannuation funds may also be transferred to your ATO-held super, and
- the ATO-held super does not provide insurance benefits. Any insurance cover you had as part of the Scheme will lapse on transfer to the ATO (if it has not previously ceased for some other reason).

The ATO is able to reunite and consolidate the lost or unclaimed amounts with their owners (where they can be identified) and manages the amounts in the interim. You can find information about your ATO-held super at ato.gov.au or through your myGov account linked to the ATO.

12. Privacy

The information below relates to the Scheme trustee's Privacy Policy. Please refer to Section 10.4 for information about AIA Australia's Privacy Policy.

When you apply for membership of the Scheme, you will be asked to provide information that is needed to admit you as a member of the Smart Future Trust (Fund), administer your benefits, identify when you may become entitled to your benefits, and to comply with Australian taxation laws and other applicable laws and regulations.

Equity Trustees Superannuation Limited and/or any related bodies corporate under EQT Holdings Limited (the EQT Group), will collect this personal information about you. If the information requested is not provided, the EQT Group may be unable to process your application or administer your benefits, or your benefits may be restricted.

You should refer to the EQT Group Privacy Policy for more detail about the personal information the EQT Group collects and how the EQT Group collects, uses and discloses your personal information.

The policy is available at eqt.com.au/global/privacystatement and can also be obtained by contacting the EQT Group's Privacy Officer by phone on (03) 8623 5000 or by email to privacy@eqt.com.au.

A copy of the Fund Administrator's Privacy Statement is available online at smartmonday.com.au/Privacy-cookies

Use and disclosure

The information that you provide may be disclosed to certain organisations to which the EQT Group has outsourced functions, or which provide advice to the EQT Group and/or to government bodies, including but not limited to:
- organisations involved in providing administration and custody services for the Fund, the Fund's insurers, accountants, auditors, legal advisers, and/or those that provide mailing and/or printing services
- doctors and other experts – the insurer may be required to disclose information about you to these parties for the purposes of assessing your claim
- the ATO, APRA, ASIC, AUSTRAC, Centrelink and/or other government or regulatory bodies, and
- those where you have consented to the disclosure and/or as required by law.

In some cases, these organisations may be situated in Australia or offshore, though it is not practicable to list all of the countries in which such recipients are likely to be located.

Access and correction

Subject to some exceptions allowed by law, you can ask for access to your personal information. The EQT Group will give you reasons if it denies you access to this information. The EQT Group Privacy Statement outlines how you can request access and seek the correction of your personal information.

Direct marketing

The EQT Group may from time to time provide you with direct marketing and/or educational material about products and services the EQT Group believes may be of interest to you. If you do not wish to receive this information from the EQT Group (including by email or electronic communication), you have the right to opt out by advising the EQT Group by phone on (03) 8623 5000 or by email to privacy@eqt.com.au.

Privacy complaints

The EQT Group Privacy Policy contains information about how you can make a complaint if you think the EQT Group has breached your privacy and about how EQT will deal with your complaint.

13. Enquiries and complaints about the Scheme

If you are a member of the Scheme and have any questions about the Scheme (including insurance cover obtained from AIA Australia via the Scheme), please contact the Scheme Administrator on 1800 844 992.

If you have a complaint, please contact the Scheme Complaints Officer below:

Complaints Officer
ISAS
PO Box 1305
South Melbourne, VIC 3205
Phone: 1800 844 992

The trustee (or other person acting on the trustee's behalf) will respond to any questions or complaints as soon as possible. The length of time required to resolve your enquiry or complaint depends on the nature and complexity of the matter. By law, we're required to deal with your complaint within 45 days unless an alternate timeframe applies (for example a complaint about a death benefit distribution must be resolved within 90 days of the end of the 28 day objection period).

If you are not satisfied with how your complaint has been dealt with, you may also wish to lodge your complaint to Australian Financial Complaints Authority (AFCA). You can contact AFCA at any time (see details below), although they are likely to refer you back to us if you don't contact us about your complaint before you raise the matter with AFCA.

AFCA provides fair and independent financial services complaint resolution that is free to consumers. Time limits may apply to complain to AFCA and so you should act promptly or otherwise consult the AFCA website to find out if or when the time limit relevant to your circumstances expires. Other limits may also apply.

Australian Financial Complaints Authority (AFCA)
GPO Box 3
Melbourne VIC 3001
Email: info@afca.org.au
Phone: 1800 931 678
Website: afca.org.au

10. IMPORTANT INFORMATION ABOUT YOUR POLICY

10.1 Risks

There are some significant risks associated with life insurance provided by AIA Australia.

Premium and Cover Pause

Both during the Premium and Cover Pause period and any subsequent period after your premiums and cover have recommenced, you will not be eligible to claim for any sickness, injury, specified medical event, death or any other event (including signs, symptoms or diagnosis of such Illness, Injury or condition) that occurred for the first time during the Premium and Cover Pause period.

A sickness, injury or specified medical event is taken to have happened when:

- a Medical Practitioner first gave the Life Insured advice, care or treatment or recommended that the Life Insured seek advice, care or treatment for the sickness, injury or specified medical event; or
- in relation to a health condition, you experienced symptoms which, to a reasonable person, would have indicated the presence of that health condition or the need to seek medical treatment or investigation that would have revealed the presence of that health condition prior to the end of your Premium and Cover Pause period, notwithstanding that you were not in fact aware that you had the health condition.

You will **NOT** be able to resume cover prior to the end of the agreed Premium and Cover Pause period.

If you decide to change premium frequency as part of the Premium and Cover Pause process, it will be subject to a premium frequency charge that will be included in the premium amount. Please refer to Section 11.2 of this PDS for more information.

Selection of wrong product

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

Inadequate amount of insurance

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

In this section

10.1 Risks
10.2 General terms and conditions
10.3 Taxation
10.4 Privacy
10.5 Complaints in relation to your Policy

Inability to obtain an increase in cover

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

Insurance cover may cease to meet your needs

Your changing circumstances may result in your insurance cover ceasing to meet your needs. Additionally, some of your insurance benefits may operate differently as you get older. For example, where you select a Total and Permanent Disablement benefit, the conditions that need to be satisfied in order to validly claim on that benefit may change once you reach a certain age. You should review your insurance needs on an ongoing basis.

Premium rates

The premiums you are required to pay in order to maintain your cover may change from year to year. See Section 11.2 for details on circumstances in which this may occur.

Late payment of premiums

If you or the trustee (where applicable, in the case of cover held through a Superannuation Plan) do not pay your premiums within 60 days of the premium due date, your Policy will lapse. Although you or the trustee (where applicable) can apply for reinstatement of the Policy upon payment of the unpaid premium, we may require evidence of continued good health and eligibility before reinstating the Policy and you will not be covered under the reinstated policy for any symptoms that were apparent before the reinstatement.

If reinstatement relates to cover under a Superannuation Plan, a membership application for the Scheme may be required in some circumstances.

Electing to freeze premiums

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

Duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending, cancelling and replacing or making changes to existing insurance, and reinstating insurance.

See 'Getting Started' at the beginning of this document.

You may need to prove the information provided

We may undertake enquiries in connection with the disclosures or representations you made when you applied for, reinstated or changed your insurance. That may occur at the time a claim is made, or at any other time.

We may request that you assist us with enquiries concerning your disclosures and representations, and it is a condition of this Policy that you cooperate with such enquiries. You must provide us with information, and authorities to obtain information that we reasonably require to verify the disclosures or representations you made when applying for, varying or reinstating your Policy.

Your obligations

In providing you your policy, we've contracted to insure you for the agreed cover set out in your Policy Schedule. While we've accepted the risks associated with any potential loss we have insured, you also have an obligation to mitigate your loss. You must not knowingly contribute to the severity or duration of any disablement or insured event, or your claim may not be accepted.

Before a Total and Permanent Disability or Accidental Total and Permanent Disability claim will be considered, you must,

- be under the care of, and complying with, the reasonable advice of an appropriate specialist Medical Practitioner and;
- have received a diagnosis from the specialist Medical Practitioner; and,
- have completed any treatment plan and rehabilitation recommended by the specialist Medical Practitioner.

The payment of Total and Permanent Disability or Accidental Total and Permanent Disability benefits will only be considered once your condition has reached a point where functional improvement is unlikely, even with additional intervention or treatment (medical and non-medical).

In arriving at this determination, we will consider all medical information from your specialist Medical Practitioner and other Medical and allied health providers. If reasonably required, we will also seek independent specialist Medical Practitioner opinion.

Payments under Income Protection CORE are subject to you;

- being under the care of an appropriate Medical Practitioner and;
- complying with and actively participating in any treatment plan and rehabilitation recommended by a Medical Practitioner.

Payments under Income Protection CORE may be withheld or delayed during periods of Total or Partial Disablement where you:

- do not follow the prescribed advice, treatment plan or rehabilitation provided by the Medical Practitioner.
- are not under the care of an appropriate Medical Practitioner as recommended or where appropriate.

If your condition does not improve as would generally be expected, we may not pay a benefit until you (where reasonable and appropriate);

- attend an assessment with, and receive confirmation of your diagnosis, severity of symptoms and treatment plan from an appropriate specialist Medical Practitioner; and
- are under the care of an appropriate specialist Medical Practitioner; and
- are complying with and actively participating in any treatment plan and rehabilitation recommended by the specialist Medical Practitioner.

These requirements may not apply for periods where, in the reasonable opinion of a specialist Medical Practitioner, continued or future treatment would be of no benefit; or it was not reasonably possible for you to seek and follow medical advice or treatment. If reasonably required, we will also seek independent specialist Medical Practitioner opinion.

We may not pay claims where;

- you have not consulted a Medical Practitioner about the claimed condition within 7 days of ceasing work; or
- you have not reasonably undergone medical treatment or rehabilitation recommended by a Medical Practitioner for the Injury or Sickness; and
- reasonable evidence suggests that not undergoing such medical treatment or rehabilitation could reasonably be regarded as capable of causing or contributing to the disablement.

However, we will not decline a claim for any period where it was not reasonably possible for you to consult a Medical Practitioner and will only reduce payment by the amount to which we are disadvantaged.

Holding insurance within superannuation

There are risks associated with structuring your insurance cover through superannuation. See Section 9.1 for further information.

10.2 General terms and conditions

Your Priority Protection Policy

Your Policy is your contract of insurance with us in respect of the insurance cover you have selected. We hold a copy of this PDS and your Policy Schedule on our systems as evidence of your Policy.

The contract is one of offer and acceptance, and is based completely on the accuracy of your application and any supporting documents. Your Policy commences when we accept your application (or you accept any additional or varied terms that we have offered) or following the cancellation and replacement of an existing policy and we issue your Policy Schedule.

Together with your application for cover, this PDS (including the incorporated by reference material, where relevant) and your Policy Schedule constitute the entire agreement between us and the Policy Owner in relation to your insurance cover.

Replacement Policies

Please note the following in relation to the cancellation and replacement of an existing Priority Protection policy

- that references in this PDS (and incorporated by reference material) to commencement, commencement of cover or Commencement Date is, unless otherwise stated, the date cover under the new replacement policy commenced as stated on the Policy Schedule.
- that, unless otherwise stated, entry age requirements are only applicable for new cover or cover increases. They are not applicable when replacement policies are being issued.
- pre-existing medical conditions at time of replacement are not considered (only pre-existing conditions at time of original application are relevant).
- that references in this PDS (and incorporated by reference information) to time of application, in the case of a replacement policy is the date of the original application for the existing policy that is being replaced.
- the premium rate guarantee period applicable to the replacement policy, will commence from the original commencement date of the cancelled policy (or previously replaced policy where applicable).

The cancellation and replacement of an existing AIA Priority Protection Policy is only available if the cancellation and replacement is being performed to facilitate a change which is not possible as an alteration to the existing Policy.

In assessing an application to replace an existing Priority Protection Policy with the latest version of Priority Protection, we will have regard to and rely on matters previously disclosed and representations previously made to us by you in the course of applying for your existing Priority Protection policy and any increases or additions to that Policy.

The duty to take reasonable care extends to:

- accurately informing us if the information in previous applications for your existing policy or any increases or additions was incorrect, incomplete or misleading when we agreed to issue your existing Policy, increases or additions; and
- updating those previous incorrect, incomplete or misleading disclosures or representations so that they are correct, complete and not misleading.

As part of this process, you should let us or your adviser know if you require copies of previous applications relating to your existing Policy.

Policy ownership

The Policy Owner is noted on the Policy Schedule in relation to the applicable Policy. If there is more than one Policy Owner, they hold the Policy as joint owners unless otherwise stated on the Policy Schedule.

Cover continues regardless of changes to your circumstances

Subject to payment of the appropriate premiums in full within 60 days of the premium due date, and the conditions that will end cover (see the applicable 'When cover begins and ends'), your cover will continue until the applicable Expiry Date.

Fees and charges

Cover under your Policy is subject to payment of the fees and costs payable in relation to your Policy, as set out in your Policy Schedule (including any relevant endorsements) and policy information we provide to you annually.

See Section 11 for further information regarding the fees and charges payable in connection with a Policy.

Policy information we send you

Each year you will receive policy information showing the level of your selected benefits under the Policy. Any change to the premiums, fees and charges in accordance with Section 11.1 and any other matter relevant to the Policy over the preceding year will also be communicated to you.

If there are any material changes to the circumstances described in this PDS, you will be notified of these as well. However, any material change related to fees and charges will be notified in writing prior to the change taking effect.

Increasing or decreasing your cover

Any change to your cover which is initiated by you will be confirmed in writing by us, and instructions from you may need to be confirmed by the trustee if the trustee is the Policy Owner.

Increasing cover

You can increase your Sum Insured and/or Insured Monthly Benefit each policy year in line with the Benefit Indexation Increase for that year as set out in Section 7.2.

You can also select a voluntary increase in your Sum Insured and/or Insured Monthly Benefit. Any voluntary increase will be subject to underwriting and maximum Sum Insured and Insured Monthly Benefit rules.

Decreasing cover

You can decrease the Sum Insured and/or Insured Monthly Benefit of an eligible benefit under the Policy at any premium due date providing the reduced Sum Insured, Insured Monthly Benefit or premium are not below the appropriate minimums in force at the time of the decrease.

Where the Sum Insured and/or Insured Monthly Benefit is decreased, any Benefit Indexation will continue based on the reduced Sum Insured and/or Insured Monthly Benefit.

Cancelling your Policy (other than during a cooling-off period)

You or the trustee at your direction, as applicable, can cancel your Policy or individual benefits within the Policy at any time. Any request to cancel the Policy must be authorised by the Policy Owner. Cancellation requests can be submitted to us by phone, mail, fax or email or in any other manner permitted by law.

If premiums have been paid in advance, or a claim has been paid and the Policy or benefit within the Policy is then cancelled, we will refund the unexpired portion of the premium to the Policy Owner.

Where a Policy provides a Linked Benefit (i.e. Superannuation PLUS, Maximiser, Super Extras or Repayment Relief) and the Policy held within superannuation to which the first Policy is linked has been cancelled, the Policy providing the Linked Benefits will automatically be cancelled from the same effective date.

If a Superannuation Plan was obtained as a member of the AIA Insurance Superannuation Scheme No2, you will need to provide the details of another complying superannuation fund to enable the trustee to transfer any premium refund provided upon cancellation. If this information is not provided then the monies may be paid to the ATO.

If you are a member of the Scheme and the cancellation of the Policy means you cease to have any Superannuation Plans through the Scheme, your Scheme membership will also cease.

Lapse and reinstatement of your Policy

If premiums are not paid within 60 days of the premium due date, your Policy will lapse and your cover will cease. You or the trustee (where applicable) can apply for your Policy to be reinstated if it has lapsed. However, you may be required to provide evidence of continued good health and eligibility prior to reinstatement of your Policy.

You will also need to pay any unpaid premiums.

Reinstatement can occur within 90 days from the premium due date for the first unpaid premium.

After reinstatement without any further medical and other relevant evidence, the Policy will not cover any:

- Sickness including Terminal Illness which occurred or where the symptoms were reasonably apparent to the Life Insured, or would have been apparent to a reasonable person in the circumstance, or
- Injury or death of the Life Insured

after the Policy lapsed and prior to reinstatement.

You may not reinstate a Policy if a Linked Benefit is selected unless the applicable Superannuation Life Cover Plan or Superannuation Income Protection Plan that the Policy is linked to, is also reinstated from the same effective date.

If reinstatement relates to cover under a Superannuation Plan a membership application for the Scheme may be required in some circumstances.

Any policy loadings/exclusions or other policy restrictions which applied to your Policy before it lapsed will also apply once your Policy is reinstated.

Any premium rate guarantee period applicable to the reinstated policy, will commence from the original commencement date of the lapsed policy (or a previously replaced policy where applicable).

Pre-existing Condition

Your Policy will not provide cover in respect of any Pre-existing Condition, except if:

- you disclosed the Pre-existing Condition to us before the commencement, reinstatement or increase of the applicable benefit and we did not limit or exclude cover provided under that benefit in respect of that Pre-existing Condition; or
- you did not disclose the Pre-existing Condition to us before the commencement, reinstatement or increase of the applicable benefit in circumstances where cover provided under that benefit would not have been declined, limited or excluded by us, nor would we have applied a loading, on the basis of that Pre-existing Condition.

Note: The Pre-existing Condition exclusion above does not apply to the Complimentary Family Final Expenses benefit or to the cancellation and replacement of an existing policy.

Making a claim

You or your beneficiaries should notify us as soon as practicable of any claim or potential claim against the Policy. The event giving rise to your claim must have occurred while the Policy was in force.

Following our receipt of your written notice of a claim, we will provide you with the appropriate forms so that proof of your claim can be filed with us. The forms can also be obtained by contacting our Claims Department on 1800 333 613.

The completed claim forms (where relevant) and any other particulars we reasonably request as proof of any entitlement to claim must be provided to us and the trustee, where applicable. Our assessment of your claim may require obtaining information

such as medical evidence from the treating providers, Medicare, Pharmaceutical Benefits Scheme and private health insurance records, employment, lifestyle, pastime or financial evidence. This may include information to consider the disclosures and representations you made when you applied for, reinstated or changed the Policy. All certificates and evidence required will be in the form and of the nature as we may request.

Where appropriate and reasonably necessary in connection with your claim, we may require you to be medically examined by our medical practitioners or undergo other relevant medical examinations (including blood tests and other tests), or attend a rehabilitation counsellor or similar speciality.

It is a condition of the Policy that any information we reasonably require must be provided, and participation in the assessment activities reasonably required must be undertaken, to enable us to assess your claim and determine your entitlement to benefits.

Nomination of beneficiaries

Ordinary Plans

You may nominate beneficiaries to receive all death claim proceeds payable under an Ordinary Plan. Any such nomination or revocation or amendment of such nomination must be made in writing to us, and in the relevant form, subject to the following:

- Contingent nominations cannot be made.
- You may change a nominated beneficiary or revoke a previous nomination at any time prior to the occurrence of an event giving rise to a claim.
- The nominated beneficiary will receive any money payable under the Policy. If the nominated beneficiary passes away before the occurrence of an event giving rise to a claim under the Policy, and no change in nomination has been made, any money payable will be paid to the nominated beneficiary's legal personal representative.
- If ownership of the Policy is assigned to another person or entity, any previous nomination is automatically revoked.
- A nominated beneficiary has no rights under the Policy, other than to receive the Policy proceeds after a claim has been admitted by us. The nominated beneficiary cannot authorise or initiate any policy transaction.
- The nomination, change or removal of a beneficiary must be advised in writing and sent to us.

If you submit a nomination of beneficiary as part of your non-superannuation insurance application, that nomination of beneficiary will also apply to any Complimentary Interim Accidental Death Cover benefit payment we make. If you do not submit a nomination of beneficiary, the benefit will be paid to your estate.

Your valid written nomination will ensure your death claim proceeds are paid directly to the nominated beneficiaries and in the designed portions in your nomination, and will not be paid to your estate.

Superannuation Plans

Where the Policy is held by the trustee of the relevant fund, you can nominate beneficiaries direct to the trustee, subject to the rules controlling the nomination of beneficiary facility, as set out in the fund's trust deed.

If you submit a nomination of beneficiary as part of your application for membership of the AIA Insurance Superannuation Scheme No2, that nomination of beneficiary will also apply to any Complimentary Interim Accidental Death Cover benefit payment we make. If you do not submit a nomination of beneficiary, the benefit will be paid to your estate.

Please refer to Section 9.4 for further information about nominated beneficiary arrangements as a member of the AIA Insurance Superannuation Scheme No2.

Policy upgrades

From time to time we will review the benefits provided under the Policy. If we improve the benefits under the Policy and such improvements result in no increase in premium rates (and, in the case of Superannuation Plans, the improvements are consistent with superannuation laws), we will (with effect from the first date that a new Priority Protection Policy containing these improvements can be purchased from us) administer your Policy on the basis that such improvements apply to it.

We will not apply these benefit improvements to:

- the assessment of claims which relate to any health conditions that you already had when the improvements took effect, except in the assessment of claims for a Progressive Event under the Crisis Recovery Stand Alone, Crisis Recovery, Double Crisis Recovery, Crisis Extension, Family Protection and Complimentary Family Protection benefits; or
- any Policy previously issued to you which is not in force when the benefit improvement is made.

If a situation arises where you are disadvantaged in any way as a result of benefit improvements being applied in relation to your Policy, the previous policy wording will apply.

Incorrect declarations

Misstatement of age

If your actual age at issue of the Policy is different from that stated in your application, the sum payable under the Policy will be reduced to the amount which the premium paid would have purchased based on the correct age. The Sum Insured or Insured Monthly Benefit will never be increased pursuant to this condition. The Expiry Date for the applicable benefits will also be amended accordingly.

Non-smoker status

Where it is declared that you are a Non-smoker (as defined in Section 12) and we have charged a premium based on that declaration, it is a condition of this insurance that if an incorrect

non-smoker declaration has been made, the sum payable under the Policy will be reduced to the amount which the premium paid would have purchased had a correct declaration been made.

Transfer of ownership (assignment)

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

If your Policy is owned by a superannuation trustee, you may request a transfer of ownership of that Policy from the current trustee to the trustee of an Approved Superannuation Fund, an SMSF or the AIA Insurance Superannuation Scheme No2. The transfer is subject to the agreement of the trustee of the relevant fund.

Please contact us for further information and the Memorandum of Transfer form you will need to complete. The form must be signed by us and will be annexed to the Policy.

You should also be aware that by assigning the Policy, the Policy Owner forfeits all rights to benefits payable under the Policy, and that the transfer may have tax implications. An assignment of the Policy will result in the revocation of any previous nomination of beneficiary.

No assignment of the Policy or the benefits under it shall bind us unless and until the transfer has been registered by us. We take no responsibility as to the validity of any transfer of ownership.

All Plans

The Ordinary and Superannuation Plans are not savings plans, and are without profit. Their primary purpose is to provide a benefit payment in the event of death, Sickness or Injury, as applicable to each type of insurance cover.

Statutory fund

All Policies will be written in the AIA Australia Statutory Fund No 1. The Policies do not participate in bonus distributions.

Currency

All amounts under the Policy, whether payable by you or us, are payable in Australian currency.

Economic sanctions

We are subject to certain laws and economic sanctions (both local and international) which may prohibit us from completing some financial transactions and/or dealings with the Policy Owner, the Life Insured and any beneficiaries. We will not deal with the Policy Owner or the Life Insured or complete a financial transaction under the terms of the Policy if we are prohibited from doing so by law (including a law relating to sanctions).

How to apply

Priority Protection is sold through financial advisers who hold an Australian Financial Services Licence (AFSL), or who are authorised to provide financial advice by a holder of an AFSL. AIA Australia does not employ financial advisers or authorise them to provide financial advice under any licence held by it.

Your financial adviser will provide you with a quotation detailing the benefits you wish to purchase and the initial premiums for those benefits and assist you with the application process. You should ensure that any advice you obtain takes into account your personal situation, objective or needs when deciding whether to acquire insurance including whether to acquire the insurance inside or outside superannuation.

The availability and operation of a number of benefits provided under the Priority Protection plans depends on your Occupation Category. Your financial adviser can provide you with information regarding your Occupation Category. Occupation Categories are defined in Section 12. We may ask you to authorise your financial adviser to progress and finalise your insurance application on your behalf and to arrange for the Policy to be issued without further involvement from you. Please see the application form for further information. In these circumstances we require financial advisers to agree that they will only exercise their authority in accordance with your instructions.

See Section 9.4 for information about applying for insurance through the Scheme.

Financial Adviser Authority

You have the option to appoint your financial adviser to provide us with instructions relating to your insurance Policies (including policies relating to a Superannuation Plan held by the trustee of the Scheme) and any associated AIA Vitality memberships on your behalf. If you provide your financial adviser with this authority and your adviser accepts this appointment, your adviser will be able to instruct us to make changes to your Policy/Policies or AIA Vitality membership and we will be authorised to accept those instructions.

Under the terms of the authority, the Policy Owner (excluding Equity Trustees Superannuation Limited, where it is a Policy Owner in respect of a Superannuation Plan acquired for a member of the Scheme) and the Life Insured will generally be responsible for the financial adviser's conduct, and we will not generally be responsible for such conduct (subject to applicable law).

For more information (including in relation to the type of instructions your financial adviser will be able to provide) and to establish the financial adviser authority, refer to the Financial Adviser Authority section in the application form or the Financial Adviser Authority form available from us. All Policy Owners (other than the Policy Owner of Superannuation Plans acquired through the AIA Insurance Superannuation Scheme No2 and any Approved Superannuation Fund), Lives Insured and your financial adviser will need to complete the relevant sections of the Financial Adviser Authority.

If required, you should obtain your own legal or other professional advice before completing the Financial Adviser Authority.

Health and other information required

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

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

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

Also in some cases we may offer cover to you in modified terms and may modify your initial premium. You will be notified in writing and will need to agree to such modified terms before cover is issued. A financial adviser authorised to progress your application and arrange your cover may agree to such modified terms on your behalf.

Policy Schedule

If you have cover under an Ordinary Plan, we will send a copy of your Policy Schedule directly to you as the Policy Owner.

If your cover is under a Superannuation Plan, we will send a copy of your Policy Schedule to:

- you, if you are a member of the Scheme or if your insurance is through an Approved Superannuation Fund, or
- the trustee if your insurance is held through an SMSF.

10.3 Taxation

Ordinary Plans

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

The tax treatment of premiums and benefits for insurance held outside superannuation is set out below.

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

*Income tax including capital gains tax may apply in some situations.

Superannuation Plans

Information about the tax treatment of superannuation is provided in Section 9.

10.4 Privacy

This section summarises key information about how AIA Australia handles personal information including sensitive information. For further information, please review the most up to date full version of the AIA Australia Group Privacy Policy on AIA Australia's website at https://www.aia.com.au/en/privacy-policy, as updated from time to time (AIA Australia Privacy Policy).

Why AIA Australia collects Personal Information

AIA Australia collects, uses and discloses personal and sensitive information ("**Personal Information**") for purposes set out in the AIA Australia Privacy Policy, including to process applications for AIA Australia's products and services (including products AIA Australia distribute), to assist with enquiries and requests in relation to AIA Australia's products and services (including products AIA Australia distributes), for underwriting and reinsurance purposes, to administer, assess and manage your products and services, including claims, to understand your needs, interests and behaviour and to personalise dealings with you, to provide, manage and improve AIA Australia's products and services, to maintain and update AIA Australia's records, to verify your identity and/or authority to act on behalf of a customer, to detect, detect, manage and deal with improper conduct and commercial risks, for reporting, research and marketing purposes, to otherwise comply with local and foreign laws and regulatory obligations, and for any other purposes outlines in AIA Australia's Privacy Policy. The reasons why AIA Australia collect, use and disclose Personal Information may vary depending on the product, services or other circumstances in which you have engaged with AIA Australia. Where you agree or AIA Australia is otherwise permitted by law, AIA Australia may contact you on an ongoing basis by email, phone and otherwise, with offers and other promotional information about products or services AIA Australia think may interest you. If you do not wish to receive these direct marketing communications you may indicate this where prompted or by contacting AIA Australia as set out in AIA Australia's Privacy Policy.

How AIA Australia collects, uses and discloses Personal Information

AIA Australia may collect your Personal Information from various sources including forms you submit and AIA Australia's records about your use of AIA Australia's products and services and dealings with AIA Australia, including any telephone, email and online interactions. AIA Australia may also collect your information from public sources, social media and from the parties described in AIA Australia's Privacy Policy. AIA Australia is required or authorised to collect Personal Information under various laws including the Life Insurance Act, Insurance Contracts Act, Corporations Act and other laws set out in AIA Australia's Privacy Policy. Where you provide AIA Australia with Personal Information about someone else, you must have their consent to provide their Personal Information to AIA Australia in the manner described in AIA Australia's Privacy Policy.

AIA Australia may collect your Personal Information from, and exchange your Personal Information with, AIA Australia's related bodies corporate including without limitation, joint venture partners and third parties, including the life insured, policy owner or beneficiaries of your insurance policy, AIA Australia service providers or contractors, your intermediaries (including without limitation, your financial adviser and the Australian Financial Service Licensee they represent, the distributor of your insurance policy, the trustee or administrator of your superannuation fund, your employer, unions of current and former staff members of AIA Australia (including contractors) medical professionals or anyone acting on your behalf including any other representative or intermediary) ("**Representatives**"), your employer, bank, medical professional or health providers, partners used in AIA Australia's activities or business initiatives (including if relevant to your policy, the Commonwealth Bank of Australia), AIA Australia's distributors, clients, and reinsurers, private health insurers (including MO Health Pty Ltd) and their contractors and agents, other insurers including worker's compensation insurers, authorities and their agents, other super funds, trustees of those super funds and their agents, regulatory and law enforcement agencies, other bodies that administer applicable industry codes, and other parties as described in AIA Australia's Privacy Policy.

Where AIA Australia provides your Personal Information to a third party, the third party may collect, use and disclose your Personal Information in accordance with their own privacy policy and procedures. These may be different to those of AIA Australia.

Parties to whom AIA Australia discloses Personal Information may be located in Australia, South Africa, the United States, the United Kingdom, Europe, Asia and other countries including those set out in AIA Australia's Privacy Policy. If the Life Insurance Code of Practice ("**Code**") applies to the insurance cover AIA Australia provides to you, AIA Australia will comply with the Code when AIA Australia collects, uses and discloses your Personal Information.

Other important information

By providing information to AIA Australia or your Representatives, the trustee or administrator of a superannuation fund, submitting or continuing with a form or claim, or otherwise interacting or continuing your relationship with AIA Australia directly or via an intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of Personal Information in the manner described in AIA Australia's Privacy Policy on AIA Australia's website as updated from time to time, and that you have been notified of the matters set out in the AIA Australia Privacy Policy before providing Personal Information to AIA Australia. You agree that AIA Australia may not issue a separate notice each time Personal Information is collected.

You must obtain and read the most up to date version of the AIA Australia Privacy Policy from AIA Australia's website at www.aia.com.au or by contacting AIA Australia on 1800 333 613 to obtain a copy. You have the right to access the Personal Information AIA Australia holds about you, and can request the correction of your Personal Information if it is inaccurate, incomplete or out of date. Requests for access or correction can be directed to AIA Australia using the details in the 'Contact AIA Australia' section below. AIA Australia's Privacy Policy provides more detail about AIA Australia's collection, use (including handling and storage), disclosure of Personal Information and how you can access and correct your Personal Information, make a privacy related complaint and how AIA Australia will deal with that complaint, and your opt-out rights. Always ensure you are reviewing the most up-to-date version of AIA Australia's Privacy Policy as published on AIA Australia's website.

For the avoidance of doubt, the AIA Australia Privacy Policy applicable to the management and handling of Personal Information will be the most current version published at www.aia.com.au, which shall supersede and replace all previous AIA Australia Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access, including but not limited to those contained in or referred to in any telephone recordings and calls, websites and applications, underwriting and claim forms, Product Disclosure Statements and other insurance and disclosure statements and documentation.

Contact AIA Australia

If you have any questions or concerns about your Personal Information, please contact AIA Australia as set out below:

The Compliance Manager
AIA Australia Limited
PO Box 6111
Melbourne, VIC 3004
Phone 1800 333 613

10.5 Complaints in relation to your Policy

If you have any questions or concerns about your Policy, you should firstly contact your financial adviser.

You can also contact us directly in writing to AIA Australia Complaints Coordinator, PO Box 6111, Melbourne VIC 3004, by email to au.customerresolutions@aia.com or by phone on 1800 333 613.

We will promptly investigate your matter and, if necessary, refer your matter to our Internal Dispute Resolution Committee. Internal complaints are normally responded to within 30 days. If we are unable to respond within 30 days we will contact you to let you know that this is the case and provide an explanation as to why.

You may also wish to lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers.

You can contact AFCA online at afca.org.au, by email to info@afca.org.au, by mail to Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001, or by phone on 1800 931 678.

For information regarding how you can make a complaint in relation to your membership of the Scheme, see Section 9.4 of this PDS.

11. THE COSTS OF INSURANCE

All the costs of your Policy, including fees, charges and premiums are described in this section. We will not apply any other costs without your specific consent.

However, we retain the right to vary any fees and charges as set out under 'Changes to fees and charges' in this section and in specific circumstances set out in 10.2.

In this section

11.1 Fees and charges
11.2 Premiums

11.1 Fees and charges

Premiums

The total regular premium you pay for your insurance cover is calculated by applying our premium rates (i.e. the base price we charge for the cover we provide) to your individual profile.

Your profile includes the following:

- your age, sex, occupation, state of health, and whether you are a smoker or non-smoker;
- the type and amount of cover that applies under your policy, including any optional benefits you choose;
- any premium discounts that apply to your policy; and
- the government charges and taxes that apply to your policy (such as stamp duty).

Even if we do not or cannot change our premium rates (because, for example, a rate guarantee applies), the total regular premium you pay for your policy will change to reflect a change in your age (but only where Variable age-stepped Premiums or the Variable age-stepped Premium phase of the Optimum premium structure apply), the type and amount of your cover or the premium discounts or government charges and taxes that apply to your policy.

Premium rates allow for the cost of insurance and our expenses, including commission payable to a financial adviser by AIA Australia. A table of our premium rates is available on request.

The minimum premium is $300 per year per Policy, inclusive of any discounts, loadings, policy fees and stamp duty. We will let you know your premiums before we issue your Policy and before you become a member of the Scheme, as applicable.

The premium applicable to your Policy is input taxed for the purposes of GST. You do not have to pay GST on your premiums or on any benefits you receive.

See Section 11.2 for detailed information about premiums, including premium structures and payment methods.

Policy fee

The policy fee you are charged depends on your premium frequency.

As of the date of this PDS, the policy fee is:

Premium frequency	Policy fee
Monthly	$9.33
Half-yearly	$54.45
Yearly	$103.71

per Life Insured regardless of the number of plans, benefits or Policies purchased under Priority Protection.

If you have cover under a Superannuation Plan and you have also purchased Linked Benefits that are held under a separate Policy, the policy fee will be applied to the Superannuation Plan.

The policy fee is charged in addition to the premiums applicable per benefit and any other fees and charges that apply to your Policy, and will be subject to any premium frequency charge and stamp duty applicable to your Policy.

From time to time and as set out under 'Changes to fees and charges' we may vary the method and rules we use to determine the timing and amount of any change in the policy fee, including indexing of the fee.

The policy fee will automatically increase each year effective from 1 October by the percentage increase in the CPI over the 12 months ending on 30 June prior to the effective date of the increase in the policy fee (1 October).

There will be no more than one policy fee increase in a year.

Each year any increase in the policy fee on your Policy will apply at the Policy Anniversary on or after the date of the policy fee increase (1 October).

Premium rate guarantee

The premium rate tables under all Plans are guaranteed not to increase for a minimum number of years from the commencement of the Policy, as follows:

Policy type	Premium type	Premium rate guarantee period from policy commencement	The date any change in premium rates will apply from
All types – Lump sum benefits and Income Protection CORE	Variable premium	5 years	The fifth anniversary of the Policy Commencement Date or, if later, the Policy Anniversary following the latest increase in the table of premium rates for the benefit.
Income Protection CORE – 5 year and 2 year Benefit Periods	Variable age-stepped premium Optimum		
All other benefits (including Income Protection CORE To Age 65 Benefit Period)	Variable age-stepped premium Optimum	2 years	The second anniversary of the Policy Commencement Date or, if later, the Policy Anniversary following the latest increase in the table of premium rates for the benefit.

PLEASE NOTE: The premium rate guarantee only applies to the premium rates set out in our tables and does not mean the premium you pay won't change during the guarantee period. Your premium may still change during the guarantee period as a result of various factors. This may include, but is not limited to, the following:

- Changes to your age
- The application of a Benefit Indexation factor
- Increases in the Policy Fee
- Changes to the government charges and taxes that apply to your Policy (such as stamp duty)
- Changes in applicable premium discounts
- Changes to your benefits
- A change in premium frequency

PLEASE NOTE: If you alter your Policy or cancel your Policy and replace it with another Priority Protection Policy, the premium rate guarantee period does not restart from the date of the alteration or replacement. The start of the premium rate guarantee period will be considered to be the date the original cover commenced.

If the premium rate guarantee period has not already ended by the date of the alteration or Policy replacement, the premium rate guarantee will continue for any remaining duration from the date of the alteration or Policy replacement.

Changes to fees and charges

Subject to any premium rate guarantee applicable, we may vary any premiums, fees and charges with effect from your next Policy Anniversary Date, provided that any such variations are reasonably necessary to protect our legitimate business interests. This includes (without limitation) in circumstances where there are increases in the costs we incur, or are reasonably likely based on actuarial analysis to incur, in providing the insurance cover set out in this PDS or where we become liable for any tax or other charges levied by any Commonwealth, state or territory government, authority or body in connection with the Policy.

You will be notified in advance of any changes that are, or result in, an increase in premiums, fees or charges impacting your policy. We will advise you in writing at least 30 days prior to any change.

Please see 'Changes to your premium rates' for circumstances when your premium rates can change.

To the extent not prohibited by law, we may also adjust the amount we charge in respect of a premium payment due to rounding.

Where we become liable for any tax or other imposts levied by any Commonwealth, state or territory government, authority or body in connection with the Policy, we may reduce, vary or otherwise adjust any amounts (including but not limited to premiums, charges and benefits) under the Policy in the manner and to the extent we determine to be appropriate to take account of the tax or impost.

Stamp duty

Stamp duty is a government charge that can vary from 0% to 11% depending on the state or territory in which you live and the type of benefit you select.

For some Rider Benefits, the amount of stamp duty payable is included in the premium and is not an additional charge to you. For other benefits, it is not included in the premium and is an additional charge to you. Your financial adviser can provide you with a personalised premium quotation showing the amount of any stamp duty that is payable as an additional charge under the Policy.

If the amount of the stamp duty payable is increased or decreased by a state or territory, the stamp duty charged under the Policy may be changed as set out under 'Changes to fees and charges' in this section for future premium payments.

Commissions

We may pay commission payments to your financial adviser. You will not incur any additional costs for commission over and above the premium payable by you in respect of the Policy.

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

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

Your financial adviser should provide you with information about commissions or other benefits they receive, for example, in the Statement of Advice they provide you.

Amounts due and payable

Where payments are received by us and those payments are not due, or the amount received is greater than or less than the amount due, AIA Australia intends to treat those payments as follows:

- Where payment is received by us and payment is not due, we may hold the amount received in an offset account and apply it to future amounts due.
- Where payment is received by us and the amount received is greater than the amount due, we may apply a portion of the amount received to cover the amount due and hold the remaining amount in an offset account and apply it to future amounts due.
- Where payment is received by us and the amount received is less than the amount due, we may hold the amount received in an offset account until the outstanding amount is received and then may apply the total amount received to the amount due.

You can contact us to request any payment which we hold in an offset account on your behalf to be returned to you, provided that such request is received before the day on which any amount falls due and payable under your Policy.

The offset functionality does not apply to any superannuation contributions received by the trustee of the AIA Insurance Superannuation Scheme No2.

These offset functionality changes are applicable to the extent not otherwise prohibited or restricted by law.

11.2 Premiums

You can choose how to structure your premiums, how often to pay and the payment method. Premiums for a benefit will cease at the Expiry Date of the benefit.

This section provides information about these options, along with other important premium-related information.

Premium structure

All premiums will vary each year in line with the benefit amounts under your policy.

In addition, you can choose whether you want the premium to be structured as Variable age-stepped premiums or Variable premiums. The differences between Variable age-stepped premiums and Variable premiums are explained below. You can also choose an Optimum premium structure, which provides some flexibility across Variable age-stepped premium and Variable premium structures. Different Plans under your Policy can have different premium structures. However, Rider Benefits must have the same premium structure as the Plan they are attached to, unless a benefit is only offered with a Variable age-stepped premium or Variable premium structure.

The premium structures available for each insurance cover are set out in the relevant sections.

Variable age-stepped premium

Your premium amount payable increases each year as you get older. This is because we calculate Variable age-stepped premiums using the Life Insured's age at each Policy Anniversary and the risk of death or illness generally grows each year as you get older. This means the premium amount you need to pay will generally increase each year and the increases will be larger as you get older.

Variable premium

The Variable premium option means your Variable premiums will be based on the current premium rate applicable to your age at the start of your relevant cover. At the Policy Anniversary prior to your 65th or 70th birthday, if cover continues, your premiums will convert to Variable age-stepped premiums and be payable until the Expiry Date of the benefit.

While your Variable premiums don't increase each year due to age, your premiums may still change because of the following reasons:

- if you choose Benefit Indexation, which increases your cover amount to help keep pace with inflation
- if we change our premium rates for a group of policies due to, amongst other reasons, unanticipated claims inflation, or if the economic conditions change
- changes in stamp duty rates or any other legislative/regulatory requirement
- discounts that end or are reduced.

Variable premiums start out more expensive than other premium structures like 'Variable age-stepped premium'. The difference between Variable age-stepped premiums and Variable premiums reduces over time because Variable age-stepped premiums increase due to age. How much this gap closes depends on a number of factors including how long you have held your policy, if we change our premium rates for a group of our Variable premium policies, changes in discounts and any other factor that impacts premiums (see 'Other reasons why premiums can change'). At some stage, Variable premiums may become less than Variable age-stepped premiums. At the end of the policy term the total accumulated Variable premiums may be less or more than the total accumulated Variable age-stepped premiums.

Term Level

Is now only available to eligible existing customers in limited circumstances. (Please see Section 19.3 in the incorporated by reference material.)

Optimum

The Optimum premium option means your premiums are Variable age-stepped premiums from the commencement of the Policy and automatically convert to Variable premiums at the Policy Anniversary when the Variable age-stepped premium amount becomes greater than the Variable premium amount based on the age of the Life Insured at the start of the Policy.

When the premiums convert to Variable premiums, it means premiums will be based on the current premium rate applicable to your age at the start of the Policy until the earlier of the Policy Anniversary prior to your 65th birthday or the Expiry Date of the benefit. There are other reasons your premium can change (see 'Other reasons why premiums can change). After that, if cover continues, Variable age-stepped premiums are payable until the Policy/benefit ends.

A premium loading applies from the commencement of the Policy until the earlier of the Policy Anniversary prior to your 65th birthday or the Expiry Date of the benefit.

The following benefits are not eligible for the Optimum premium option:

- Day 1 Accident
- Family Protection
- Waiver of Premium
- Needlestick
- Accidental Death
- Accidental TPD
- Repayment Relief

These benefits may still be taken out under a policy with the Optimum premium option selected. The premium option for these benefits will be based on the applicable premium option available under the selected benefit and will not be subject to the Optimum premium loading.

Variable premiums may change

The premium rates which apply to you under the Variable premium or Optimum premium structure may remain the same for a period of time, despite increases to your age, but the actual amount of premium payable by you during that period of time may still change where we adjust the applicable premium rates in accordance with 'Changes to fees and charges' section. Your premiums can also change (even if your premium rates do not change) if your Sum Insured or Monthly Benefit changes due to indexation.

Changing your premium structure

You may be able to alter your premium structure without needing to cancel and replace your Policy.

Premiums will be subject to the rates applicable to your age at the time of the alteration in premium structure.

Premium frequency and payment method

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

Initial and subsequent premiums can be paid monthly, half-yearly or yearly by Mastercard, Visa Card, Diners Card and American Express or via Direct Debit from your financial institution.

BPAY and POSTbillpay are only available for subsequent half-yearly and yearly premium payments.

We may have premium frequency payment agreements with an Approved Superannuation Fund or SMSF that limit the premium frequency options. For example, the premiums may only be able to be paid monthly or yearly.

The payment of premiums for insurance cover via the AIA Insurance Superannuation Scheme No2 is subject to superannuation laws, including SuperStream requirements applicable to employer contributions.

Any interest earned by AIA Australia during the period premiums (for insurance cover outside super) are held in trust will be retained by us.

Premium frequency charge

Monthly and half-yearly payments are subject to a premium frequency charge that will be included in the premium amount. The premium frequency charge also applies to the policy fee.

The charge is calculated as a percentage of the yearly premium as follows:

- Yearly – 0%
- Half-yearly – 5%
- Monthly – 8%.

The charge may be reviewed and varied from time to time as set out in 'Changes to fees and charges'. We will notify you in writing of any change in the amount of this charge prior to the change taking effect.

Changes to your premium rates

Premium rates can only be altered for all policies in a group. Premium rates may not be altered individually and your Policy cannot be singled out for an increase.

If we don't receive a premium payment

When applying for cover, your application must be submitted with the first initial premium or payment instructions such as a Direct Debit Request. After we've accepted your application, we'll send you your policy schedule summarising the benefits of your cover. It's important to note, your cover does not commence until the first premium is paid; or from the commencement date shown on the policy schedule, provided the first premium is paid. If the first premium is not received within 28 days from the date of the initial premium due notice, we will cancel the policy.

It is important to maintain payment of your premiums so that your Policy does not lapse. If your Policy does lapse, you will not be covered for any of the benefits you have selected.

After we've received the first premium, we allow 60 days from the premium due date for the payment of each premium made by you, or by the trustee if you have a Superannuation Plan. During this time your Policy (and any Linked Benefits, if applicable) will remain in force.

If premiums are not paid in full within the 60-day period (unless it is the first premium), your Policy will lapse and all cover provided under the Policy will end.

If a benefit is payable under the Policy for a claim event that occurred while the respective cover under the Policy was not paid in full, the overdue premiums up to the claim event will be offset from the benefit amount paid.

If you have a Superannuation Plan and have acquired Maximiser or Super Extras under a separate Policy issued to you, and cover ends due to non-payment of premiums under Maximiser or Super Extras, cover will also end under the other Policy.

Premium adjustments

Variable age-stepped premiums and Optimum (during the Variable age-stepped premium phase) premiums will be adjusted at each Policy Anniversary to allow for the higher Sum Insured/Insured Monthly Benefit due to Benefit Indexation and that you are a year older. This will result in an increase in the actual premium amount payable.

Where Variable premiums and Optimum (during the Variable premium phase) premiums are being paid, your age at the time that your relevant cover was first issued, is used to calculate the premiums payable at each Policy Anniversary when your Sum Insured/Monthly Benefit increases due to Benefit Indexation.

At the end of the initial term, and once the premiums convert to Variable age-stepped premiums, premium adjustments for Benefit Indexation increases will change. They will be based on your older age at each Policy Anniversary.

You can opt out of indexation increases on your application form, at the time of a policy cancellation and replacement, or before a Policy Anniversary by contacting us.

Other reasons why premiums can change

Irrespective of which premium structure you choose, premiums can change because of the following reasons:

- if you choose Benefit Indexation, which increases your cover amount to help keep pace with inflation
- if we change our premium rates for a group of policies due to, amongst other reasons, unanticipated claims inflation, or if the economic conditions change
- changes in stamp duty rates or any other legislative/regulatory requirement
- discounts that end or are reduced.

Premium discounts

This section describes the Premium discounts that may apply to your Policy. The premium discounts described in this PDS are not guaranteed. We will notify you if the premium discounts described in this PDS are withdrawn or varied, and any resulting changes to the premium payable for your Policy will be advised to you at least 30 days prior to such change taking effect.

Initial selection discount

All benefits purchased on a Variable age-stepped premium basis will receive a discount for the first two years of the Policy. The discount will halve on the first Policy Anniversary and will decrease to zero from the second Policy Anniversary onwards.

You can choose to not have this discount applied at the time you take out your Policy. If you opt out of a discount, the discount will not apply to your Policy and cannot be selected at a later date. Please note that the Initial Selection Discount is applicable to new insurance cover only (not cover that is cancelled and replaced), whether under an Ordinary Plan or a Superannuation Plan. The Initial Selection Discount percentage will appear on your quote.

Bundled discount

If your Policy includes:

- one or more Required Income Protection Plans (as listed below) with a total combined premium of $700 or more per year, and
- one or more Eligible Lump Sum Plans (as listed below) with a total combined premium of $700 or more per year then the Eligible Lump Sum Plan premium will receive the Bundled discount of 10% (or 17% where a policy eligible for Bundled discount is also eligible for Healthier Life Reward).

The $700 annual premium threshold excludes stamp duty, policy fees, and the AIA Vitality contribution fee and AIA Vitality discount.

Only one of either the Lump Sum Bundled discount or the Bundled discount will apply at any time.

The discount will end if:
- a Required Income Protection Plan or Eligible Lump Sum Plan is cancelled, expires, or is otherwise terminated, leaving only one Plan, or
- the premiums from the Required Income Protection Plans or Eligible Lump Sum Plans fall below the required $700 annual premium threshold.

Required Income Protection Plans
- Income Protection
- Business Expenses
- Superannuation Income Protection – including Super Extras.

Eligible Lump Sum Plans
- Life Cover
- Crisis Recovery Stand Alone
- Superannuation Life Cover – including Superannuation PLUS and Maximiser.

Lump Sum Bundled discount

If the life insured holds all of the Lump Sum covers (as listed below), each with a premium of $400 or more per year, then the Lump Sum cover premiums will receive the Lump Sum Bundled discount of 4% (or 8% where a policy eligible for Lump Sum Bundled discount is also eligible for Healthier Life Reward).

The $400 annual premium threshold excludes stamp duty, policy fees, the AIA Vitality contribution fee and AIA Vitality discount.

Only one of either the Lump Sum Bundled discount or the Bundled discount will apply at any time.

The discount will end if:
- A Lump Sum cover is cancelled, expires, or is otherwise terminated, or
- The premiums fall below the required $400 annual premium threshold.

Lump Sum covers (inside super, outside super or as linked benefits):
- Life Cover,
- Total and Permanent Disablement (TPD) as Stand Alone or Rider Benefit; and
- Crisis Recovery as Stand Alone or Rider Benefit.

Premiums from the following covers and riders count toward the $400 premium threshold for each Lump Sum cover.

Lump Sum cover	Cover and rider premiums that count toward the $400 threshold
Life Cover	Life Cover Accidental Death Term Cover Rider Benefits attached to any of the above: • Forward Underwriting • Business Safeguard Forward Underwriting • Needlestick Injury • Waiver of Premium • Family Protection*
Crisis Recovery Cover	Crisis Recovery Rider to Life Cover Double Crisis Recovery Crisis Recovery Stand Alone Rider Benefits attached to any of the above: • Crisis Extension • Crisis Reinstatement • Crisis Recovery Buy-back • Life Cover Purchase • Forward Underwriting • Business Safeguard Forward Underwriting • Family Protection* (Crisis Stand Alone only)
TPD Cover	TPD as a Rider Benefit to Life Cover or to Crisis Recovery Stand Alone: • TPD • Accidental TPD • Universal TPD • Double TPD • Double Universal TPD TPD Stand Alone Universal TPD Stand Alone Accidental TPD Stand Alone Rider Benefits attached to any of the above: • TPD Buy-back • Life Cover Purchase • Forward Underwriting • Business Safeguard Forward Underwriting • Family Protection

*The premium for Family Protection attached to Crisis Recovery Rider to Life Cover or Double Crisis Recovery will count towards the Life Cover threshold.

AIA Vitality membership discount

If the Life Insured is a member of the AIA Vitality program (AIA Vitality) provided by AIA Australia, the premium in relation to your Policy may be discounted. Premium discounts are not guaranteed. Fees and charges may apply to AIA Vitality membership.

AIA Vitality discounts are dependent on your continued membership and engagement/participation in the AIA Vitality program. The AIA Vitality discount will reduce or end if certain conditions are not met, such as when the Life Insured hasn't participated in the AIA Vitality program by activating their membership and using the AIA Vitality app to engage in the program. Alternatively, the AIA Vitality discount could increase (which will reduce premiums) based on the Life Insured's AIA Vitality activity.

AIA Vitality discounts are not guaranteed and may change or cease if you decide to cease membership in the AIA Vitality program, the AIA Vitality program is changed or if AIA removes the AIA Vitality program. We will notify you if the premium discounts described in this PDS are withdrawn or varied, and any resulting changes to the premium payable for your Policy will be advised to you at least 30 days prior to such change taking effect. For more information go to aiavitality.com.au

Not all lives insured, types of premiums or Plans may be eligible for membership or premium discounts.

AIA Vitality Starter* members are not eligible for Priority Protection or Priority Protection for Platform Investors AIA Vitality membership discounts.

Whether the premium under your Policy is discounted because of an AIA Vitality membership, and the extent of any discounts, will depend on our rules that govern such discounts, the Life Insured's activity under AIA Vitality and the terms and conditions of AIA Vitality. Consequently, we do not guarantee any premium discounts will outweigh or offset the fees and charges applicable to access and use your AIA Vitality membership. For example, where an AIA Vitality membership is attached to a Priority Protection or Priority Protection for Platform Investors Policy, an AIA Vitality contribution fee is required to be paid. The fee will be shown on your quote. The AIA Vitality contribution fee is payable for as long as your AIA Vitality membership is attached to a Priority Protection or Priority Protection for Platform Investors Policy unless we notify you otherwise, regardless of your level of engagement in the AIA Vitality program.

Please refer to the 'AIA Vitality Premium Adjustment Rules' available at aiavitality.com.au for rules governing premium discounts available because of an AIA Vitality membership.

We may vary or withdraw the rules from time to time. You can also speak to your financial adviser for further information about these discounts or to obtain a copy of the rules governing these discounts.

To attach AIA Vitality membership to a Priority Protection or Priority Protection for Platform Investors Policy issued as an Ordinary Plan, the Policy Owner will be required to pay fees and charges associated with AIA Vitality on behalf of the Life Insured (in respect of the Ordinary Plans where the Policy Owner is a natural person), unless otherwise agreed with us and to the extent permitted by law.

For Superannuation Plans, membership of AIA Vitality will need to be established and paid for by you outside of the superannuation fund.

For further information, please contact AIA Vitality by mail to PO Box 6111, Melbourne VIC 3004, by email to queries@aiavitality.com.au or by phone on 1800 VITALITY.

*AIA Vitality and AIA Vitality Starter are provided by AIA Australia. Access to the AIA Vitality or AIA Vitality Starter program arises under and is subject to the AIA Vitality Terms and Conditions. AIA Vitality and AIA Vitality Starter partners, benefits and rewards are subject to change at any time. For the most up-to-date information and to view the AIA Vitality Terms and Conditions, see aiavitality.com.au. Additional program partner terms and conditions may apply.

Healthier Life Reward

Healthier Life Reward is available as part of a new business application and will be applied to a new issued policy where the Life Insured has met the following criteria at the time of application for the Policy:

- Body Mass Index (BMI) is between 18.00 and 26.00 inclusive
- The Life Insured is accepted as a non-smoker
- The Policy must be issued with no premium loadings resulting from medical underwriting and must not include Accidental Death, Accidental TPD, Crisis Recovery restricted to a Crisis Recovery module (Cancer and Coronary, Cancer Plus or Coronary Plus), as set out in Section 4.4
- The Life Insured is, or has applied and is eligible to become an AIA Vitality member.

For Linked Benefits, Healthier Life Reward only applies when both policies meet the above Healthier Life Reward criteria.

If the Life Insured meets the above Healthier Life Reward criteria, the following will be applied:

- A 2% discount will be applied to the premium rates of Life Cover Plan, Crisis Recovery Stand Alone Plan, and Superannuation Life Cover Plan, excluding the Waiver of Premium benefit
- Half of the AIA Vitality initial discounts will be fixed while the Life Insured is receiving Healthier Life Reward. Please refer to the 'AIA Vitality Premium Adjustment Rules' available at aiavitality.com.au for rules governing discounts.

If the Policy also qualifies for Bundled discount or Lump Sum Bundled discount, and the Life Insured meets the Healthier Life Reward criteria, the Policy will have an enhanced Bundled discount or Lump Sum Bundled discount. Please refer to the PDS sections on those discounts for more details.

Healthier Life Reward will end if:

- The Life Insured ceases their AIA Vitality membership
- The Policy lapses and is not reinstated within 60 days
- The eligible Policy is no longer in force.

Subject to the continuance of AIA Vitality membership of the Insured, any alterations or additions to an existing qualifying policy will also be eligible for Healthier Life Reward.

A replacement of a Priority Protection policy will only be eligible for Healthier Life Reward if the original policy had Healthier Life Reward applied.

Large Sum Insured discount

You may be eligible for a premium discount at the time you take out your Policy, depending on your Sum Insured, as set out in the table below.

If you add a new benefit or increase the Sum Insured for an existing benefit at a later stage and are eligible for a large Sum Insured discount in respect of the new benefit or the increased portion on the Sum Insured (as applicable), the discount will only apply to the new benefit or increased portion.

The Large Sum Insured discount on your original Sum Insured will not be changed following an increase in the Sum Insured or the addition of a new benefit.

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

Benefit	Sum Insured Monthly Benefits	Large Sum Insured discount for all ages
Life Cover and Term Cover These discounts are not available for Accidental Death.	Up to $249,999	0%
	$250,000 to $499,999	10%
	$500,000 to $749,999	20%
	$750,000 to $999,999	26%
	$1 million or greater	30%
Crisis Recovery Stand Alone These discounts are based on the combined Crisis Recovery Stand Alone and any attached Crisis Extension Sum Insured and are applied to the premiums for both benefits.	Up to $299,999	0%
	$300,000 to $499,999	3%
	$500,000 or greater	5%
Income Protection, Superannuation Income Protection and Business Expenses Plans The same large sum insured discounts will apply to the Claim Escalation, Advantage Optional, PLUS Optional, Income Protection Lump Sum, Day 1 Accident and to all benefits provided under Super Extras when selected and Complimentary Income Protection CORE Extras.	Up to $3,999 per month	0%
	$4,000 to $9,999 per month	7.5%
	$10,000 per month or greater	10%

Health and Life discount

If the Life Insured is also insured under an eligible AIA Health Insurance policy, the premium in relation to your Policy (exclusive of stamp duty, premium frequency charge, health loadings and policy fee) may be discounted by 5% as long as AIA Vitality remains attached to the AIA Health Insurance policy. An AIA Health Insurance policy is a private health insurance policy issued by AIA Health Insurance Pty Ltd (ABN 32 611 323 034), which is packaged with a separate entitlement to the AIA Vitality program.

This discount will be applied to premiums under your Policy that fall due on a date on which you are insured under, and have paid your first premium for, an AIA Health Insurance policy.

Policies issued by AIA Health Insurance Pty Ltd under a brand other than AIA Health Insurance may not be eligible for the Health and Life membership discount.

The Health and Life membership discount does not constitute terms of your policy is not guaranteed for the life of your Policy and may be withdrawn or varied by us from time to time at our discretion.

Other discounts

We may from time to time provide other discounts on the Premium payable under your Policy. Please speak to your financial adviser for details of any other discounts that you may be entitled to receive.

How discounts are applied

Where more than one type of discount applies to your premium, the discount percentages are applied one at a time. This means that each discount after the first will be applied to the premium already reduced by the previous discount.

12. DEFINITIONS

This section and Section 18.1 of the incorporated by reference material, set out the meanings of the capitalised terms used in this PDS.

General Definitions are included in Section 12.1 of this PDS and 18.1 of the incorporated by reference material and Medical Definitions are shown in Section 12.2. References to 'you', 'we', 'us', 'our', 'insurer', 'AIA Australia' and 'trustee' (and each of their derivatives) have the meaning set out in the 'Defined Terms' section on the inside front cover of this PDS.

If you need to make a claim on your Policy, we will rely on the relevant definitions when assessing your claim.

12.1 General Definitions

Accidental Death means death as a result of a physical injury which:

- is caused solely and directly by violent, external and unexpected means; and
- would have occurred in the absence of any mental or physical health condition which you were subject to at or prior to the relevant accident event.

Death resulting from a Sickness does not constitute 'Accidental Death'.

Accidental Injury means a physical injury which:

- is caused solely and directly by violent, external and unexpected means; and
- would have occurred in the absence of any mental or physical health condition which you were subject to at or prior to the relevant accident event.

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

Activities of Daily Living means the following activities:

Bathing

Means the ability for you to wash yourself either in the bath or shower or by sponge bath without the assistance of another person. You will be considered able to bathe yourself even if the above tasks can only be performed by using equipment or adaptive devices.

Dressing

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

Eating

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

Toileting

Means the ability to get to and from and on and off the toilet and to maintain a reasonable level of personal hygiene, and to care for clothing without the assistance of another person. You will be considered able to toilet yourself even if you have an ostomy and are able to empty it yourself, or if you are able to use a commode, bedpan or urinal and are able to empty and clean it without the standby assistance of another person.

Transferring

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

Actively Employed means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment. It does not include a period of unemployment or maternity, paternity or Sabbatical leave.

Approved Superannuation Fund means a superannuation fund that is a complying fund, and which has an arrangement with us to purchase one or more of the life insurance benefits under the Superannuation Plans for one or more of its fund members as the insured persons. Note that the AIA Insurance Superannuation Scheme No2 is not an Approved Superannuation Fund for this purpose. A list of Approved Superannuation Funds can be obtained by calling us on 1800 333 613.

Benefit Indexation means an annual increase in the Sum Insured and/or the Insured Monthly Benefit pursuant to the Benefit Indexation benefit described in Section 7.2 of this PDS.

Benefit Period is stated on the Policy Schedule and is the maximum period during which an Insured Monthly Benefit is payable.

Child/ren means your natural child/ren, stepchild/ren or legally adopted child/ren.

Commencement Date means the date on which insurance cover begins, as shown on your Policy Schedule.

Complimentary Family Protection Crisis Event means a condition that is listed under the relevant insurance benefit. Crisis Events are defined in Section 12.2 under our medical definitions section.

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

Crisis Event means a condition that is listed under the relevant insurance benefit. Crisis Events are defined in Section 12.2 under our medical definitions section.

Crisis Extension Event means a condition that is listed under the relevant insurance benefit. Crisis Extension Events are defined in Section 12.2 under our medical definitions section.

Date of Disablement

In respect of Total and Permanent Disability benefits:

1. If on the date you, solely because of Injury or Sickness, first became incapable of working, you were engaged in a trade, profession or type of work for the purpose of generating an Income, the Date of Disablement is the date that you first cease work due to the Injury or Sickness that gave rise to your claim.
2. If on the date you, solely because of Injury or Sickness, first became incapable of working, you were not engaged in a trade, profession or type of work for the purpose of generating an Income, or you are on employer approved maternity, paternity or Sabbatical Leave, the Date of Disablement is the date that you were first unable to work due to the Injury or Sickness that gave rise to your claim.

In respect of Income Protection CORE:

1. If on the date you, solely because of Injury or Sickness, first became incapable of working, you were engaged in a trade, profession or type of work for the purpose of generating an Income, the Date of Disablement is the earlier of:
   - the date that you first cease work due to the Injury or Sickness that gave rise to your claim; and,
   - the first date on which you are only capable of working in your Own Occupation (Income Protection CORE) in a reduced capacity due to the Injury or Sickness that gave rise to your claim.
2. If on the date you, solely because of Injury or Sickness, first became incapable of working, you were not engaged in a trade, profession or type of work for the purpose of generating an Income, or you are on employer approved maternity, paternity or Sabbatical Leave, the Date of Disablement is the date that you were first unable to work due to the Injury or Sickness that gave rise to your claim.

The above determination of the Date of Disablement for both Total and Permanent Disability benefits and Income Protection CORE is subject to you consulting a Medical Practitioner about the Injury or Sickness within seven days after that date, and the Medical Practitioner provides reasonable medical evidence about when the disablement began. If, however, the consultation with the Medical Practitioner does not occur within the required seven days, then the Date of Disablement is the date that the consultation subsequently occurs.

Where applicable, AIA will take into account the operation of s54 of the Insurance Contracts Act 1984 (Cth) in determining the Date of Disablement.

We may not pay claims where:

1. you have not consulted a Medical Practitioner about the claimed condition within 7 days of ceasing work; or
2. you have not reasonably undergone medical treatment or rehabilitation recommended by a Medical Practitioner for the Injury or Sickness; and
3. reasonable evidence suggests that not undergoing such medical treatment or rehabilitation could reasonably be regarded as capable of causing or contributing to the disablement.

However, we will not decline a claim for any period where it was not reasonably possible for you to consult a Medical Practitioner and will only reduce payment by the amount to which we are disadvantaged.

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

Dependant means:

Outside Super

- your Spouse, or
- your Children (including Children of your spouse), or
- a person who is financially dependent on you.

Inside Super

For Superannuation Plans, 'dependant' is defined in Section 9 of this PDS.

Employee means you are paid for time worked and are required to perform the prescribed duties and work hours of your position set by an employer for at least 20 weeks per year. You cannot be Self-employed, an employee of your own company, partner in a partnership or a trustee of a trust, or an Employee of any immediate family member. As an employee you have no ownership interest in the business or practice by whom you are employed, directly or indirectly (except as a shareholder in a publicly listed company).

Expiry Date for a benefit means the Policy Anniversary prior to the expiry age for that benefit, as disclosed in the applicable section of this PDS based on your occupation category and/or ownership structure.

Family Protection Crisis Event means a condition that is listed under the relevant insurance benefit. Crisis Events are defined in Section 12.2 under our medical definitions section.

Full-time Employment

Full-time Employment has two different meanings depending on the type of cover:

- Means working a minimum of 20 hours per week, 48 weeks per year, excluding public holidays, for the following benefits:
  - TPD and TPD Stand Alone
  - Double Total and Permanent Disablement
  - Accidental TPD and Accidental TPD Stand Alone
  - Waiver of Premium under Life Cover, and
  - Repayment Relief.
- Means working a minimum of 25 hours per week, 48 weeks per year, excluding public holidays, for the following benefits:
  - Income Protection and Income Protection Accident Only, and
  - Business Expenses.

Guaranteed Future Insurability

- Marriage:
  - a marriage or customary union as recognised in terms of the laws of Australia
  - a union recognised as a marriage in accordance with the tenets of any religion
  - two adults who are in a relationship as a couple (whether or not legally married to each other), regardless of their sex, where the two adults live with each other on a permanent and genuine domestic basis and have done so for a continuous period of at least two years
  - an option under the Marriage event can only be exercised once. The event must not have occurred within six months of a Permanent Separation, and
  - you must be a party to the marriage/union.
- Permanent Separation:
  - a permanent separation of two parties to a Marriage as defined above
  - an option under the Permanent Separation event can only be exercised once. The event must not have occurred within six months of the Marriage event, as defined above
  - you must be a party to the Permanent Separation, and
  - the permanent separation to be evidenced by an order of divorce or a statutory declaration signed by both parties.
- First anniversary of Marriage.
- First anniversary of Permanent Separation.
- Death of a Spouse.
- Becoming a Carer (for the first time):
  - you must become a full-time carer for the first time, who continuously provides constant in-home care for at least 20 hours per week, 48 weeks per year, to a Dependant. The Dependant requires assistance due to their disability or medical condition or due to being frail aged.
- Birth or adoption of a Child:
  - the birth or legal adoption of a Child
  - you must be a parent of the Child, and
  - adoption of a Child can be by same sex or heterosexual couples.
- Dependant Child commences Tertiary Education.
- Effecting a first mortgage on the purchase of a home, or increasing an existing first mortgage for the purpose of building or renovation works on the home:
  - the mortgage must be on your principal place of residence with a mortgage provider.

Limits apply to benefit amount increases available under Guaranteed Future Insurability (see Section 7.3).

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

Immediate Family Member means the Life Insured's spouse or de facto partner, child, parent, siblings, grandparent, grandchild, including those members mentioned who are step or adopted relatives.

Income means;

In respect of Income for Income Protection CORE:

- **Self-employed Person**

  Income from your business or practice related to your personal exertion or activities, less your share of necessarily incurred business expenses. Any voluntary superannuation contributions will also be included.

  This does not include income which is not related to your personal exertion or activities such as dividends, interest, rental income or proceeds from the sale of assets, or royalties.

- **Employed Person**

  The total pre-tax remuneration paid to an Employed person including salary or wages, voluntary superannuation contributions, commission, regular bonuses, overtime and fringe benefits.

  This does not include income which is not derived from your personal exertion or activities, such as dividends, interest, rental income or proceeds from the sale of assets, or royalties.

  No Employer Super Guarantee Contributions may be included within the definition of Income.

In respect of Total and Permanent Disability Benefits:

- Self-employed person, a working director or partner in a partnership: Income or turnover generated by the business or practice related to their personal exertion or activities.
- Employed person: Salary or wages, fees, fringe benefits, commissions and bonuses paid due to their personal exertion or activities.

Injury means a physical injury which occurs entirely independently of a health condition or any other cause whilst the Policy is in force. The injury must result in disablement within

one year of the date of your physical injury. Sickness resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Injury'.

Insured Child/ren means your natural child/ren, stepchild/ren or the legally adopted child/ren whose life is insured under the Policy.

Insured Monthly Benefit means;

For Income Protection CORE policies:

If you have selected the Income Protection CORE – 70% to 60% Option, your Insured Monthly Benefit (subject to claim offsets) is the lesser of

- the Sum Insured^, and
  - in the first 24 months of the Benefit Period, 70%^^ of your monthly Pre-disablement Income at the time of you becoming Totally or Partially Disabled, or
  - after the expiry of the first 24 months of the Benefit Period, and for the balance of the Benefit Period, 60%^^^ of your monthly Pre-disablement Income at the time of you becoming Totally or Partially Disabled.

In relation to Income Protection CORE policies with a reduction to 60% of Pre-disablement Income after 24 months, if your Sum Insured is less than 70% of your Pre-disablement Income at the time of you becoming Totally or Partially Disabled then, after the end of the first 24 months of the Benefit Period, your Sum Insured will be adjusted by the ratio of 60%/70% to reflect the reduction in the percentage of Pre-disablement Income insured. (Please refer to the example in Section 5.1.2 for further detail.)

^Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner such as any applicable Benefit Indexation.

^^in the first 24 months of the Benefit Period, 70% of your monthly Pre disablement Income is calculated as follows:

- 70% of the first $20,000 of your monthly pre-disablement income at the time of your becoming Totally or Partially Disabled, plus
- 50% of the next $20,000 of your monthly pre-disablement income, plus
- 20% of the next $30,000 of your monthly pre-disablement income.

^^^after the expiry of the first 24 months of the Benefit Period and for the balance of the Benefit Period, 60% of your monthly Pre-disablement Income is calculated as follows:

- 60% of the first $20,000 of your monthly pre-disablement income at the time of your becoming Totally or Partially Disabled, plus
- 43% of the next $20,000 of your monthly pre-disablement income, plus
- 17% of the next $30,000 of your monthly pre-disablement income.

If you have selected the Income Protection CORE – Flat 70% Option or the Income Protection CORE – 5 year Benefit Period Option, your Insured Monthly Benefit (subject to claim offsets as described in Section 5.1.4) is the lesser of:

- the Sum Insured^, and
- 70%^^ of your monthly Pre-disablement Income at the time of you becoming Totally or Partially Disabled.

^^ For Income Protection CORE, 70% of your monthly Pre-disablement Income is calculated as follows:

- 70% of the first $20,000 of your monthly pre-disablement income at the time of your becoming Totally or Partially Disabled, plus
- 50% of the next $20,000 of your monthly pre-disablement income, plus
- 20% of the next $30,000 of your monthly pre-disablement income.

For Business Expenses Insurance policies:

The Insured Monthly Benefit is the lesser of:

- your monthly benefit stated on your Policy schedule as the Sum Insured^, and
- the Business Expenses (as per Section 6.2.2) actually incurred that relate to the period of your Total Disablement, less amounts reimbursed from elsewhere.

The monthly benefit we pay may be subject to claim offsets (see Section 6.4).

You must provide reasonable financial evidence before we can assess any claim.

^Unless otherwise disclosed to you or agreed with you. Your Insured Monthly Benefit may be adjusted by any benefit alterations the Policy Owner has effected, or as adjusted by us in accordance with the policy terms and conditions and notified to the Policy Owner such as any applicable Benefit Indexation.

Involuntary Unemployment/Involuntarily Unemployed has two different meanings depending on the type of cover:

- means, for Income Protection and Income Protection Accident Only, you:
  - (a) are no longer employed or working in an occupation that generates Income through no choice or fault of your own and due to factors outside your control
  - (b) have registered with a recognised employment agency
  - (c) are actively seeking employment, and
    - had Full-time Employment and your employer terminated your employment
    - you were made redundant (this does not include an unsuccessful probation period, dismissal due to unsatisfactory performance or unacceptable behaviour, resignation or a voluntary redundancy).
    - you were Self-employed and you stopped work because your business permanently ceased trading for reasons outside of your control, or
    - your fixed term contract stopped before the end of the contract (except in the circumstance where a project was completed early).
- means, for Repayment Relief, you:
  - (a) are no longer employed or working in an occupation that generates Income through no choice or fault of your own and due to factors outside your control
  - (b) have registered with a recognised employment agency
  - (c) are actively seeking employment, and
    - had permanent Full-time Employment or you were a Permanent Part-time Employee and your employer terminated your employment, or
    - you were made redundant (this does not include an unsuccessful probation period, dismissal due to unsatisfactory performance or unacceptable behaviour, resignation or a voluntary redundancy).

  Requirements (b) and (c) above are waived where you suffer disablement (either total or partial disablement) or Terminal Illness and involuntary unemployment at the same time.

Interim Cover means one or more of Complimentary Interim Accidental Death Cover, Complimentary Interim Total and Permanent Disablement Cover, Complimentary Interim Crisis Recovery Cover or Complimentary Interim Income Protection Cover.

Life Insured means the individual whose life is insured under an insurance policy.

Linked Benefits means Superannuation PLUS, Maximiser, Super Extras or Repayment Relief.

Loss of Independence means:

a) Solely because of Injury or Sickness
- you are totally and permanently unable to perform at least two of the Activities of Daily Living* and this has required you to be under continuous care and supervision by another adult person for a period of at least three consecutive months, and
- at the end of the three-month period, in the reasonable opinion of an appropriate specialist Medical Practitioner, you are totally and permanently unable to perform the relevant activities and require permanent ongoing continuous care and supervision by another adult person,

or

b) Cognitive impairment, meaning all the following:
- you have suffered a total and permanent deterioration of intellectual capacity that has required you to be under continuous care and supervision by another adult person for at least six consecutive months, and
- this has been clinically observed and evidenced by accepted standardised testing relevant to your condition, and
- at the end of the six-month period, in the reasonable opinion of an appropriate specialist Medical Practitioner, you require permanent ongoing continuous care and supervision by another adult person,

or

c) Loss of Use of Limbs and/or Sight.

*The definition of Activities of Daily Living explains, in relation to each Activity of Daily Living, circumstances in which you will be considered able to perform the relevant activity (such as where you can perform the relevant activity through use of an adaptive device).

Inside Super

Under the Superannuation Life Cover Plan, you will also need to meet a condition of release, as required under superannuation law, in order to have the benefit paid to you. This means that the trustee must be reasonably satisfied that your ill health makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience.

Depending on your circumstances, you may also need to meet the tax definition of 'disability superannuation benefit' in order to receive your benefit payment with concessional tax treatment.

You will be requested to provide medical reports from two legally qualified medical practitioners who have both certified that, because of the ill health, it is unlikely that you can ever be gainfully employed in a capacity for which you are reasonably qualified because of education, experience or training. If these are not provided, it may take the Trustee longer to determine whether you have met a condition of release, and it may affect how the benefit you receive is taxed.

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

Material and Substantial Duties means the duty or duties which:
- are normally required for the purposes of an occupation; and
- do not include exceptional duties which are not normally required to perform the duties of that occupation, trade or profession; and
- cannot be reasonably omitted, modified or substituted by you or, where applicable, your employer; and
- are essential to producing an Income.

Medical Practitioner means a person, who is legally qualified and registered as a Medical Practitioner by The Australian Health Practitioner Regulation Agency (Ahpra), or equivalent successor body, but not where that Medical Practitioner is:
- the Policy owner or Life Insured;
- a business partner, employee, work colleague or employer of the Policy owner or Life Insured; or
- an Immediate Family Member of the Policy owner or Life Insured.

The Medical Practitioner must be an appropriate Medical Practitioner for the treatment of the condition resulting from your Injury or Sickness.

Where reasonable and appropriate, we may require evidence from a Medical Practitioner who is registered on the Ahpra Specialists Register.

If practising other than in Australia, the Medical Practitioner must be approved by us, acting reasonably, have qualifications equivalent to Australian standards and be willing to communicate in English or via a translator.

Minimum Monthly Home Loan Repayment means the minimum required repayment amount, converted to a monthly amount, for a personal home loan in your name as evidenced by a statement of account by the loan provider dated within 6 months prior to the date you apply for Repayment Relief cover.

The Minimum Monthly Home Loan Repayment amount is agreed with you at the time of your application.

Needlestick Injury Benefit Calculation (Income Protection CORE Extras)

The Needlestick Injury Benefit Amount (Income Protection CORE Extras) will be:

Total Disablement Benefit (before any claim offsets) less,
70%* x any monthly earned Income less,
100% of any applicable claim offsets.

*Unless you have selected the Income Protection CORE – Flat 70% Option or the Income Protection CORE – 5 year Benefit Period Option, this percentage will reduce to 60% for any claim periods exceeding 24 months of benefit payments.

If the resulting benefit is negative it will be treated as zero.

Monthly Income is the income earned or capable of being earned by you in your usual or alternative occupation. If your monthly Income while is negative, we will treat it as zero. Should you commence a secondary occupation whilst on claim and the income from that occupation is negative, we will treat it as zero.

If there is a delay between the time you generate the monthly Income and when you actually received it, we will deem the Income to have been received in the month in which it was actually generated and this Income will form the basis of our calculation of your monthly Income.

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

If you are not working to the extent of your capability, or working in a reduced capacity which is less than your capability (having regard to your Injury or Sickness), and this situation continues for at least two months, then your benefit will be calculated based on what you could reasonably be expected to earn if you were working to the extent of your capability.

Your capability (having regard to your Injury or Sickness) and what you could reasonably be expected to earn if you were working to the extent of your capability will be determined by taking into account available medical evidence (including the opinion of your Medical Practitioner) and any other relevant considerations directly related to your medical condition (including information provided by you).

If we are making monthly benefit payments and these are adjusted in accordance with the terms of the Policy, we will notify you 30 days prior to this taking place.

If you are earning an income (or capable of earning an income) that is greater or equal to 80% of your Pre-disablement Income, then you will no longer be considered eligible for a Needlestick Injury Benefit.

The aggregate of the Needlestick Injury Benefit Amount, your earnings in that month from personal exertion and any other payments received by you where applicable, cannot exceed the lower of the Insured Monthly Benefit under the Needlestick Injury Benefit Amount and 100% of your Pre-needlestick Injury Income.

Non-smoker means that, at a point in time, not having smoked tobacco or any other substance for a continuous period of 12 months prior to that point in time.

Normal Domestic Duties means the following household duties:

- cooking and preparing meals – meaning the ability to prepare meals using kitchen appliances
- cleaning the home – meaning the ability to carry out the basic internal household chores using domestic equipment such as a vacuum and mop
- washing clothes – meaning the ability to do the household's laundry to a basic standard
- shopping for groceries – meaning the ability to leave the home to purchase general household grocery items, and
- caring for Children – meaning the ability to care for and supervise Children (where applicable).

You will be considered able to carry out all Normal Domestic Duties if you are able to perform any one of these duties to the standard that they would ordinarily be performed by a person completing unpaid domestic duties.

Occupation Category means the classification of your occupation as follows: A1, A2, M, A3, A4, B1, B2, C1, C2, D, E and Home Duties. Your occupation class is shown in your Policy Schedule.

Occupation Category	Description
A1	• For professionals, executives and senior management earning more than $120,000 per annum over the last two years and in an office-based management role. • Or, for professionals, executives and senior management whose income is less than $120,000 per annum over the last two years, then they must have a tertiary qualification* related to their current occupation and they must work in an office-based environment. *Tertiary qualification means a Bachelor's degree, Master's degree or PhD granted by a recognised third level institution.
A2	• Primarily for Science and IT Professionals that are office and/or laboratory based. This category also includes select Engineering professionals that may not be **solely** office bound. Includes Civil Engineers, Research Chemists, and Computer Programmers.

Occupation Category	Description
M	• Select highly qualified medical professionals requiring membership of a professional or government body in order to practise that occupation. • Includes Doctor (medical), Anaesthetist, and Cardiologist. This category excludes allied health professionals such as chiropractors, osteopaths and physiotherapists.
A3	• White collar occupations that involve clerical and administrative work only, who are not working in a warehouse, manufacturing or industrial environment. Includes data entry operators, clerks, and copywriters.
A4	• Select white collar occupations that are not strictly office or deskbound and whose roles may include a degree of driving or travel. This category is also for select allied health professionals whose roles may require some clinical hands-on duties. Includes Interior Designers, Osteopaths and Agricultural Consultants.
B1	• Occupations not classified as white collar and may involve some very light manual work. Includes supervisors and persons working in environments with a low accident or sickness risk.
B2	• Occupations that involve light manual work or limited driving or working in environments with an increased accident or sickness risk.
C1	• People who perform predominantly light to moderate manual duties in various industries and environments with a moderately increased accident or sickness risk, including selected tradespeople.* *Trade certification and licencing and currently working in that trade.
C2	• People who perform moderate to heavy manual duties in various industries and environments with a moderately high risk of accident or sickness, including selected tradespeople.* *Trade certification and licencing and currently working in that trade.
D	• Semi-skilled workers and unqualified tradespersons, who perform heavy manual work – e.g. fencing contractor, plasterers, cleaners.
E	• Unskilled workers who perform extra heavy manual work – e.g. concreters, earth-moving workers, carpet layers. • The working environment may present a significant injury or sickness risk.
Home Duties	• Where you are wholly engaged in full-time unpaid domestic duties in your own residence.

Ordinary Plan means Life Cover Plan, Crisis Recovery Stand Alone Plan, Income Protection Plan or Business Expenses Plan not owned by a superannuation fund. Where the context requires, Ordinary Plan also refers to any Linked Benefits not owned by a superannuation fund.

Own Occupation means the trades, professions or types of work you were last engaged in, that generated an Income, immediately prior to the Date of Disablement.

If you have been working in more than one occupation that meets these criteria, 'Own Occupation' will include all those occupations that you were engaged in before the event giving rise to the claim. You will not be disabled if you can work in any one or more of those occupations.

If you were not working in an occupation, business or employment immediately prior to the Date of Disablement, Own Occupation means the trades, professions, or types of work you were last engaged in, that generated an Income.

Own Occupation (Income Protection CORE) means the trade, profession or type of work the Life Insured was last engaged in, for profit or pay, prior to the event giving rise to the claim.

Partial and Permanent Disablement means you have suffered a permanent loss of:
- use of one arm
- use of one leg, or
- sight in one eye.

Partially Disabled/Partial Disablement means the relevant Partial Disablement definition that applies to you.

Partial Disablement (Business Expenses) means that **solely** due to Injury or Sickness, you are:
- unable to work in your own occupation at full capacity but are working in a reduced capacity in any occupation
- earning a monthly Income which is less than your Pre-disablement Income, and
- under the regular care of, and following the advice of, a Medical Practitioner.

Where you are capable of working in a reduced capacity in any occupation but are not working, we may deem you to be entitled to a Partial Disablement benefit.

Partial Disablement (Income Protection CORE) means:

For benefit periods other than the 5 year option:

In the first 24 months of your Benefit Period that you are working (paid or unpaid), or capable of working, and solely because of Injury or Sickness, you are:
- only capable of working in your Own Occupation (Income Protection CORE) in a reduced capacity; and
- earning an Income which is less than 80% of your Pre-disablement Income (Income Protection CORE); and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by, a Medical Practitioner, in relation to that Injury or Sickness.

If you are Partially Disabled in the first 24 months of your Benefit Period and you are either not working in, or not working to the extent of your capability in, your Own Occupation (Income Protection CORE) (having regard to your Injury or Sickness) and this situation continues for at least two months, then your benefit will be calculated based on what you could reasonably be expected to earn in your Own Occupation (Income Protection CORE) if you were working in that occupation to the extent of your capability.

Following the first 24 months of your Benefit Period, Partial Disablement (Income Protection CORE) means that you are

working (paid or unpaid), or capable of working, and solely because of Injury or Sickness:

- only capable of working in a Suited Occupation in a reduced capacity for no more than the lower of:
  - 40 hours a week or
  - 80% of the average weekly hours worked by you in the 12 months prior to disability; and
- earning an Income which is less than 80% of your Pre-disablement Income (Income Protection CORE); and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by, a Medical Practitioner, in relation to that Injury or Sickness.

If you are Partially Disabled following the first 24 months of your Benefit Period and you are either not working in, or not working to the extent of your capability in, a Suited Occupation (having regard to your Injury or Sickness) and this situation continues for at least two months, then your benefit will be calculated based on what you could reasonably be expected to earn in a Suited Occupation if you were working in that Suited Occupation to the extent of your capability.

For the 5 year Benefit Period option:

Partial Disablement (Income Protection CORE) means you are, solely because of Injury or Sickness;

- only capable of working in your Own Occupation (Income Protection CORE) in a reduced capacity; and
- earning an Income which is less than 80% of your Pre-disablement Income (Income Protection CORE); and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by, a Medical Practitioner, in relation to that Injury or Sickness.

If you are Partially Disabled and you are either not working in, or not working to the extent of your capability in, your Own Occupation (Income Protection CORE) (having regard to your Injury or Sickness) and this situation continues for at least two months, then your benefit will be calculated based on what you could reasonably be expected to earn in your Own Occupation (Income Protection CORE) if you were working in that occupation to the extent of your capability.

If you have been unemployed or on maternity, paternity or Sabbatical Leave for more than 12 consecutive months, immediately preceding the occurrence of an event giving rise to a claim, then Partial Disablement (Income Protection CORE) means that you are working, or capable of working (whether paid or unpaid) and solely because of Injury or Sickness:

- only capable of working in a Suited Occupation in a reduced capacity for no more than the lower of:
  - 40 hours a week or
  - 80% of the average weekly hours worked by you in the 12 month period prior to disability ending on the first day of the most recent period of unemployment or leave commencement; and
- earning an Income which is less than 80% of your Pre-disablement Income (Income Protection CORE); and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by, a Medical Practitioner, in relation to that Injury or Sickness.

If you have been unemployed or on maternity, paternity or Sabbatical Leave for more than 12 consecutive months immediately preceding the occurrence of an event giving rise to a claim for Partial Disablement (Income Protection) and you are either not working in, or not working to the extent of your capability in, a Suited Occupation (having regard to your Injury or Sickness) and this situation continues for at least two months, then your benefit will be calculated based on what you could reasonably be expected to earn in a Suited Occupation if you were working in that Suited Occupation to the extent of your capability.

If at the time of the making of the claim, you are not disabled in a manner consistent with the Temporary Incapacity condition of release under the *Superannuation Industry (Supervision) Regulations 1994*, your benefit may be paid under your Complimentary Income Protection CORE Extras policy.

Your state of ill health at the time of making a claim must be such as to have caused you to cease to be employed or self-employed for gain or reward in a business, trade, profession, vocation, calling, occupation or any other employment.

Your capability (having regard to your Injury or Sickness) and what you could reasonably be expected to earn if you were working to the extent of your capability will be determined by taking into account available medical evidence (including the opinion of your Medical Practitioner) and any other relevant considerations directly related to your medical condition (including information provided by you).

If we are making monthly benefit payments and these are adjusted in accordance with the terms of the Policy, we will notify you 30 days prior to this taking place.

The amount of benefit payable will be adjusted for any claim offsets (see condition 5.1.4).

Partial Disablement calculation – Income Protection CORE

The Partial Disablement benefit amount will be;

Total Disablement Benefit (before any claim offsets) less, 70%* x current earned Income while Partially Disabled less, 100% of any applicable claim offsets

Example:

Pre-disablement Income	$10,000
Sum Insured	$7,000
Total Disablement Benefit	Lower of Sum Insured or 70%* of Pre-disablement Income = $7,000
Value of ongoing earned income	$2,000
Value other applicable claim offsets	$1,000

Partial Disablement Benefit Paid	Total Disablement Benefit ($7,000) less 70% of earned Income ($2000 x 70%) = $1400 less 100% of other applicable claim offsets (100% x $1000) Partial Disablement Benefit Paid = $4,600

*If you have selected the Income Protection CORE – 70% to 60% Option, then this reduces to 60% for any claim periods exceeding 24 months of benefit payments.

If the resulting partial benefit is negative, it will be treated as zero.

Monthly Income is the Income earned or capable of being earned by you in your Own Occupation or an alternative occupation. If your monthly Income while Partially Disabled is negative, we will treat it as zero. Should you commence a secondary occupation whilst on claim and the income from that occupation is negative, we will treat it as zero.

If there is a delay between the time you generate the monthly Income and when you actually received it, we will deem the Income to have been received in the month in which it was actually generated and this Income will form the basis of our calculation of your monthly Income.

If you are earning an Income (or capable of earning an income) that is greater or equal to 80% of your Pre-disablement Income, then you will no longer be considered Partially Disabled and will not be eligible for a Partial Disablement Benefit.

Permanent Part-time Employee has two different meanings depending on the type of cover:

- Means, for the following insurance covers, a person who is employed to undertake identifiable duties for at least three days a week and for a minimum of 15 hours per week, for 48 weeks per year (excluding public holidays), and with paid sick and holiday leave entitlements:
  - TPD Stand Alone
  - Accidental TPD Stand Alone
  - Universal TPD Stand Alone, and
  - the following when selected as Rider Benefits to Life Cover under a Life Cover Plan or Superannuation Life Cover Plan
    - TPD and Double TPD
    - Accidental TPD
    - Universal TPD and Double Universal TPD, and
    - Repayment Relief.
- Means, for the following insurance covers, a person who is employed to undertake identifiable duties for at least three days a week and for a minimum of 20 hours per week, for 48 weeks per year (excluding public holidays), and with paid sick and holiday leave entitlements:
  - Income Protection CORE
  - Income Protection and Income Protection Accident Only, and
  - Business Expenses.

People who are Self-employed are not eligible to be considered as a Permanent Part-time Employee.

Permitted Condition of Release

The proceeds of any claim on the Policy under which your Superannuation Plan benefits are provided cannot be paid to you by the trustee if, in the trustee's opinion, a condition of release has not been satisfied under the *Superannuation Industry (Supervision) Regulations 1994*.

Schedule 1 of the *Superannuation Industry (Supervision) Regulations 1994* sets out the conditions of release under which a superannuation benefit can be paid. All trustees must be satisfied that any insurance proceeds they receive can be paid from the relevant fund under a prescribed condition of release, and trustees are prohibited from acquiring benefits which may provide a payment in circumstances where a prescribed condition of release has not been met.

The prescribed conditions of release relevant to life insurance are:
- death
- a terminal medical condition
- permanent incapacity, and
- temporary incapacity (income protection only).

Policy means an insurance policy providing Ordinary Plan or Superannuation Plan benefits, the terms of which are set out under:
- this PDS
- the Policy Schedule, including any endorsements and conditions specified in or attached to that schedule, and
- the application for the Policy, including any declaration and statements relating to the Policy in that application.

These documents constitute the entire agreement between AIA Australia and the Policy Owner in respect of the Policy. To the extent that this PDS describes your rights and obligations as a member of a superannuation fund (including as a member of the Scheme), these rights and obligations are not terms of a Policy that is acquired on your behalf by the trustee of the relevant fund.

Any variation of the Policy must be evidenced in writing bearing the signature of one of our authorised officials.

Policy Anniversary means an anniversary of the due date of the first premium shown on the Policy Schedule.

Policy Owner means the person or entity who legally owns an insurance policy, including the trustee of a superannuation fund when a Superannuation Plan is issued.

Policy Schedule means the schedule provided to the Policy Owner when we accepted your application for insurance cover or on the cancellation and replacement of an existing policy. The schedule sets out the cover specific to your Policy. The Policy Schedule (including any endorsements or conditions specified in it), the PDS and the application for the Policy, together make up the Policy.

Pre-disablement Income (Income Protection CORE) means;

Where you are Actively Employed on the Date of Disablement your Pre-disablement Income will be the average monthly Income for the 12 consecutive months preceding the Date of Disablement.

If, at the Date of Disablement, your Employment status[1] has not changed in the last 12 months and you can demonstrate that your Pre-disablement Income has reduced by 25% or more compared to the 12 months preceding that period, you can request your Pre-disablement Income be based on your average monthly Income for a period of up to 24 consecutive months, immediately prior to the Date of Disablement.

If you have been unemployed, or on employer approved maternity leave, paternity leave or Sabbatical Leave for a consecutive period of less than 12 months on the Date of Disablement, your Pre-disablement Income will be the average monthly Income in the 12 month period ending on the first day of the most recent period of Unemployment or Leave commencement.

If you have been unemployed, or on employer approved maternity leave, paternity leave or Sabbatical Leave for a consecutive period of 12 months or more on the Date of Disablement, your Pre-disablement Income will be the average monthly Income in the 12 month period ending 12 months prior to Date of Disablement.

In determining your Income, we may reference several sources of information including, amongst others, payslips and other employer information, bank statements and your lodged tax return (consistent with ATO normal specified time frames).

As part of determining your Pre-disablement Income, we may request and require that you complete your annual tax assessment.

1. *Employment status is either Employed or Self-employed*
2. *Please note, no benefit payments will be payable under Income Protection CORE if you are unemployed or on maternity leave, paternity leave, Sabbatical Leave for 24 months or more. Following a period of unemployment, maternity leave, paternity leave, Sabbatical Leave or study leave that exceeds 12 months your Pre-disablement income and corresponding monthly benefit will decrease each month until, after 24 months, your monthly benefit will be zero. You should therefore ensure you review the appropriateness of your policy regularly during a period or extended leave from employment.*

Pre-existing Condition means a health condition:

- that first occurred before the commencement, reinstatement or increase of the relevant cover; and
- which you had at the relevant time been aware of, or which a reasonable person in your position could have been expected to have been aware of.

If, in relation to a health condition, you had suffered symptoms which, to a reasonable person, would have indicated the presence of that health condition or the need to seek medical treatment or investigation that would have revealed the presence of that health condition prior to the commencement, reinstatement or increase of the relevant benefit, that health condition will be a Pre-existing Condition notwithstanding that you were not in fact aware that you had the health condition.

Premium Expiry Date for a benefit means the date from which you are no longer required to pay premiums for that benefit, as disclosed in the applicable section of this PDS. For some benefits, the premium expiry date may not be the same as the Expiry Date of the benefit.

In some cases, your cover may continue after the Premium Expiry Date of the benefit. Please refer to the applicable 'When cover begins and ends' section for when the benefit will end.

Priority Protection means the Priority Protection and Priority Protection for Platform Investors insurance products the subject of this PDS.

Progressive Event means one of the following Events, as applicable, to Crisis Recovery Stand Alone, Crisis Recovery, Double Crisis Recovery, Crisis Extension, Family Protection or Complimentary Family Protection benefits.

- Alzheimer's Disease or Dementia with significant cognitive impairment
- Bacterial Meningitis with serious functional impairment
- Bacterial Meningitis with severe functional impairment
- Blindness
- Cardiomyopathy with permanent and serious impairment
- Cardiomyopathy with permanent and severe impairment
- End Stage Kidney Failure
- End Stage Liver Failure
- End Stage Lung Failure
- Loss of Hearing
- Loss of Independence
- Loss of Speech (complete and irrecoverable)
- Loss of Use of Limbs and/or Sight
- Major Organ Transplant
- Motor Neurone Disease
- Multiple Sclerosis
- Multiple Sclerosis with significant functional impairment
- Muscular Dystrophy
- Muscular Dystrophy with significant functional impairment
- Paralysis (total and permanent)
- Parkinson's Disease
- Parkinson's Disease with significant functional impairment
- Pulmonary Arterial Hypertension (Primary) with serious functional impairment
- Pulmonary Arterial Hypertension (Primary) with severe functional impairment
- Severe Diabetes
- Severe Rheumatoid Arthritis (failed conventional DMARDs)
- Severe Rheumatoid Arthritis (failed conventional DMARDs and one bDMARD)
- Severe Rheumatoid Arthritis with significant functional impairment

Reinstatement Date refers to the date on which the Life Cover Sum Insured or the Crisis Recovery Sum Insured is automatically reinstated under a Crisis Recovery Buy-back, TPD Buy-back or Crisis Reinstatement Rider Benefit.

The Reinstatement Date must occur before the Expiry Date of the Crisis Recovery Buy-back, TPD Buy-back or Crisis Reinstatement Rider Benefit.

Rider Benefit refers to any optional benefit that can be added to another benefit.

Sabbatical Leave means leave taken for study or travel as a normal part of your occupation. The insured must be at work and not disabled at the commencement of the leave.

Leave must be agreed with your employer with a guaranteed right to return to employment.

Self-employed means working for payment or reward (other than as an employee) in a business or an enterprise over which you have power or control either because you own it or you are a partner in the partnership that owns it.

Sickness means an illness or disease which manifests itself after the Policy is in force with respect to symptoms that would cause a reasonable person to seek diagnosis, care or treatment, or receive medical advice, care or treatment from a Medical Practitioner.

Spouse means:
- a person to whom you are legally married, or
- a person (whether of the same or a different sex) who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple (de facto), or
- a person (whether of the same or different sex) with whom you are in a relationship that is registered under a relevant law of an Australian state or territory.

Suited Occupation means an occupation you are reasonably suited to by education, training or experience, including that which has been acquired through occupational rehabilitation programs, re-skilling or employment acquired during the claim period.

Sum Insured means the Sum Insured applicable to that benefit as shown on the Policy Schedule, as adjusted in accordance with the Policy terms and conditions and notified to the Policy Owner, such as any applicable Benefit Indexation.

Superannuation Plan means Superannuation Life Cover Plan or Superannuation Income Protection Plan.

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

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

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

Inside Super

In addition to the above requirements, under a Superannuation Plan a condition will only constitute a Terminal Illness where two Medical Practitioners, one of whom must be a specialist practising in an area related to the condition, must certify in their reasonable opinion that the condition is likely to result in you passing away within 24 months of the date of the certificate (certification period) and for each of the certificates, the certification period must not have ended.

Tertiary Education means a person's education through an accredited *university or a technical and further education institution*, except where such education is in connection with that person's enlistment, training or service in the armed forces of any country.

Totally Disabled/Total Disablement means the relevant Total Disablement definition that applies to you.

Totally and Permanently Disabled/Total and Permanent Disablement means the total and permanent disability according to relevant TPD or Loss of Independence definition that applies to you.

Total and Permanent Disablement (Any Occupation) means:

a) you have suffered the total and irrecoverable loss of the:
   - sight of both eyes
   - use of two limbs, or
   - sight of one eye and use of one limb,

or

b) solely because of Injury or Sickness,
   - you have been absent from work for an uninterrupted period of at least three consecutive months from the Date of Disablement, and
   - you attend a specialist Medical Practitioner and have undergone all reasonable and usual treatment and rehabilitation, recommended by a specialist Medical Practitioner for the Injury or Sickness, and
   - at the end of the period of three months, reasonable consideration of all relevant medical and other evidence confirms that you have become incapacitated to such an extent as to render you unlikely ever to engage in any business, profession or occupation for which you are reasonably suited by education, training or experience,

or

c) you have suffered Loss of Independence.

You will be deemed to be on 'Home Duties' if wholly engaged in full-time domestic duties in your own residence at the time of disablement.

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

Outside Super

We will pay the TPD benefit if you meet the first two bullet points in definition b) and at the end of the three-month period and in reasonable consideration of all relevant medical and other evidence, your earning capacity is permanently restricted due to your disablement to the extent that the Income you would generate in a 12-month period in your own occupation or in any business, profession or occupation for which you are reasonably suited by education, training or experience is less than 25% of the Income you generated in the previous 12 months of performing your own occupation.

Inside Super

Under the Superannuation Life Cover Plan, you will also need to meet a condition of release, as required under superannuation law, in order to have the benefit paid to you. This means that the trustee must be reasonably satisfied that your ill health makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience.

Depending on your circumstances, you may also need to meet the tax definition of 'disability superannuation benefit' in order to receive your benefit payment with concessional tax treatment.

You will be requested to provide medical reports from two legally qualified medical practitioners who have both certified that, because of the ill health, it is unlikely that you can ever be gainfully employed in a capacity for which you are reasonably qualified because of education, experience or training. If these are not provided, it may take the Trustee longer to determine whether you have met a condition of release, and it may affect how the benefit you receive is taxed.

Total and Permanent Disablement (Home Duties) means:

a) you have suffered the total and irrecoverable loss of the:
   - sight of both eyes,
   - use of two limbs, or
   - sight of one eye and use of one limb,

or

b) you were wholly engaged in full-time unpaid domestic duties in your own residence and:
   - have been unable to perform all Normal Domestic Duties and engage in any employment for an uninterrupted period of at least three consecutive months **solely** because of Injury or Sickness
   - at the end of the period of three months, reasonable consideration of all relevant medical and other evidence confirm that you have become incapacitated to such an extent as to render you likely to require indefinite ongoing medical care and unable ever to perform all Normal Domestic Duties,

or

c) you have suffered Mental Illness (severe and permanent),

or

d) you have suffered Loss of Independence.

In addition to satisfying b) or c) above you must also satisfy each of the following requirements:
- you are not working (whether paid or unpaid),
- you attend a specialist Medical Practitioner and have undergone all reasonable and usual treatment and rehabilitation, recommended by a specialist Medical Practitioner for the Injury or Sickness, and
- at the end of the period of three months, reasonable consideration of all relevant medical and other evidence confirms that you have become incapacitated to such an extent as to render you unlikely ever to engage in any business, profession or occupation for which you are reasonably suited by education, training or experience.

Inside Super

Under the Superannuation Life Cover Plan, you will also need to meet a condition of release, as required under superannuation law, in order to have the benefit paid to you. This means that the trustee must be reasonably satisfied that your ill health makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience.

Depending on your circumstances, you may also need to meet the tax definition of 'disability superannuation benefit' in order to receive your benefit payment with concessional tax treatment.

You will be requested to provide medical reports from two legally qualified medical practitioners who have both certified that, because of the ill health, it is unlikely that you can ever be gainfully employed in a capacity for which you are reasonably qualified because of education, experience or training. If these are not provided, it may take the Trustee longer to determine whether you have met a condition of release, and it may affect how the benefit you receive is taxed.

Total and Permanent Disablement (Own Occupation) means:

a) you have suffered the total and irrecoverable loss of the:
   - sight of both eyes,
   - use of two limbs, or
   - sight of one eye and use of one limb,

or

b) solely because of Injury or Sickness
   - you have been absent from work in your Own Occupation and have not worked for an uninterrupted period of at least three consecutive months from the Date of Disablement, and

- you attend a specialist Medical Practitioner and have undergone all reasonable and usual treatment and rehabilitation, recommended by a specialist Medical Practitioner for the Injury or Sickness, and
- at the end of the period of three months, reasonable consideration of all relevant medical and other evidence confirm that you have become incapacitated to such an extent as to render you unlikely ever to engage in your Own Occupation,

or

c) you have suffered Loss of Independence.

Total and Permanent Disablement (Universal) means:

a) you suffer Loss of Independence, or

b) you suffer Mental Illness (severe and permanent), or

c) you suffer one of the following, and a Medical Practitioner confirms the diagnosis:
   - Motor Neurone Disease, or
   - Paralysis (total and permanent).

In addition to satisfying either b) or c) above, you must also satisfy each of the following requirements:
- you are not working (whether paid or unpaid),
- you attend a specialist Medical Practitioner and have undergone all reasonable and usual treatment and rehabilitation, recommended by a specialist Medical Practitioner for the Injury or Sickness, and
- at the end of the period of three months, reasonable consideration of all relevant medical and other evidence confirms that you have become incapacitated to such an extent as to render you unlikely ever to engage in any business, profession or occupation for which you are reasonably suited by education, training or experience.

Inside Super

Under the Superannuation Life Cover Plan, you will also need to meet a condition of release, as required under superannuation law, in order to have the benefit paid to you. This means that the trustee must be reasonably satisfied that your ill health makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience.

Depending on your circumstances, you may also need to meet the tax definition of 'disability superannuation benefit' in order to receive your benefit payment with concessional tax treatment.

You will be requested to provide medical reports from two legally qualified medical practitioners who have both certified that, because of the ill health, it is unlikely that you can ever be gainfully employed in a capacity for which you are reasonably qualified because of education, experience or training. If these are not provided, it may take the Trustee longer to determine whether you have met a condition of release, and it may affect how the benefit you receive is taxed.

Total Disablement (Business Expenses) means that, **solely** as a result of Injury or Sickness, you are:
- unable to perform one or more duties of your occupation that is important or essential in producing Income
- under the regular care of, and following the advice of, a Medical Practitioner, and
- not working (whether paid or unpaid).

Total Disablement (Income Protection CORE) means:

For benefit periods other than the 5 year option:

In the first 24 months of the Benefit Period that you are, solely because of Injury or Sickness:
- not capable of performing the Material and Substantial Duties of your Own Occupation (Income Protection CORE) in any capacity, and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by, a Medical Practitioner, in relation to that Injury or Sickness;
- not working (whether paid or unpaid).

If you are capable of performing the Material and Substantial Duties of your Own Occupation (Income Protection CORE) in a reduced capacity, you won't be Totally Disabled but you may be Partially Disabled.

Following the expiry of the first 24 months and for the balance of the Benefit Period, Total Disablement (Income Protection CORE) means that you are solely because of that Injury or Sickness:
- not capable of performing the Material and Substantial Duties of a Suited Occupation in any capacity, and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by, a Medical Practitioner, in relation to that Injury or Sickness; and
- not working (whether paid or unpaid).

If you are capable of performing the Material and Substantial Duties of a Suited Occupation in a reduced capacity, you won't be Totally Disabled but you may be Partially Disabled.

For the 5 year Benefit Period option:

Total Disablement (Income Protection CORE) means you are, solely because of Injury or Sickness:
- not capable of performing the Material and Substantial Duties of your Own Occupation (Income Protection CORE) in any capacity, and
- under the regular care of, and following all reasonable advice, treatment and rehabilitation recommended by, a Medical Practitioner, in relation to that Injury or Sickness; and
- not working (whether paid or unpaid).

If you are capable of performing the Material and Substantial Duties of your Own Occupation (Income Protection CORE) in a reduced capacity, you won't be Totally Disabled but you may be Partially Disabled.

In determining whether you are capable of working in your Own Occupation or a Suited Occupation (as applicable), we will take into account available medical evidence (including the opinion of

your Medical Practitioner) and any other relevant considerations directly related to your medical condition (including information provided by you).

If you have been unemployed or on maternity, paternity or Sabbatical Leave for more than 12 consecutive months, immediately preceding the occurrence of an event giving rise to a claim, you will only be considered to be totally disabled where you are unable to perform the Material and Substantial Duties of a Suited Occupation. Please refer to Section 5.2.2 for the applicable full definition of disability.

If at the time of the making of the claim, you are not disabled in a manner consistent with the Temporary Incapacity condition of release under the *Superannuation Industry (Supervision) Regulations 1994*, your benefit may be paid under your Complimentary Income Protection CORE Extras policy.

Your state of ill health at the time of making a claim must be such as to have caused you to cease to be employed or self-employed for gain or reward in a business, trade, profession, vocation, calling, occupation or any other employment.

No Total Disablement benefits will be payable at any time you qualify for Partial Disablement Benefits.

The amount of benefit payable will be adjusted for any claim offsets (see condition 5.1.4).

Waiting Period (Income Protection CORE) is stated on the Policy Schedule and means, in respect of the Injury or Sickness that is causing your disablement, the number of days at the beginning of a period of disablement in respect of which no Total or Partial Disablement benefits are payable.

The Waiting Period (Income Protection CORE) begins on the Date of Disablement.

Premiums must continue to be paid during the Waiting Period and will be reimbursed if your claim is accepted.

You can return to work at any time during the Waiting Period, without the Waiting Period recommencing, subject to the following criteria being satisfied:

Occupation Category	Waiting Period 30 days, 60 days, 90 days or 2 years
A1, A2, M, A3, A4	• You are Totally Disabled for at least one day*, and • You are Totally Disabled or Partially Disabled due to the same sickness or injury which was causing your disablement at the commencement of the Waiting Period for the duration of the Waiting Period.
B1, B2, C1, C2 and D	• You are Totally Disabled for at least seven out of 12 consecutive days during the Waiting Period, and • You are Totally Disabled or Partially Disabled due to the same sickness or injury which was causing your disablement at the commencement of the Waiting Period for the balance of the Waiting Period.

You must also at the time of making the claim, be disabled in a manner consistent with the Temporary Incapacity condition of release under the *Superannuation Industry (Supervision) Regulations 1994*.

Your state of ill health at the time of making a claim must be such as to have caused you to cease to be employed or self-employed for gain or reward in a business, trade, profession, vocation, calling, occupation or any other employment.

*In the event of a claim, Total Disablement or Partial Disablement benefits may be paid either under this policy or the Complimentary Income Protection CORE Extras policy which is also provided to everyone insured under Income Protection CORE. If your disability does not meet the above definition your claim will be assessed under your Complimentary Income Protection CORE Extras policy and benefits paid if eligible.

For full details on Complimentary Income Protection CORE Extras please refer to Section 5.2.

The benefit will continue to be paid throughout your selected Benefit Period as long as you continue to meet the relevant Total or Partial Disablement definition. Claim offsets and limitations may apply (see Section 5.1.4).

Note: group salary continuance

Where:

- the Waiting Period under your Policy is two years, as stated on the Policy Schedule
- you are insured by us under a current group salary continuance with a two-year benefit period, and
- you return to work on a full-time basis following payment of a disablement benefit under a group salary continuance policy and the same or related disablement recurs within 12 months of returning to work,

then the Waiting Period under your Policy in respect of the recurring disablement will not recommence.

If you return to work for more than 12 months, then the Waiting Period applicable to you in respect of recurring disablement will restart from the day after the last day worked.

Waiting Period (Needlestick) is stated on the Policy Schedule and means the number of days at the beginning of a Needlestick Injury benefit claim (applicable to Occupational Category M only) in respect of which no Needlestick Injury benefit is payable.

The Waiting Period begins at the Date of Loss (Needlestick).

Waive/Waives/Waived, where it specifically relates to the Waiver of Premium or Involuntary Unemployment Waiver of Premium benefits, means to waive or refund premiums in respect of the relevant period.

12.2 Medical Definitions

The medical terms listed below are used in this PDS and will also be relied on by us if you make a claim on your Policy.

- Accidental HIV Infection
- Advanced Invasive Cancer
- Alzheimer's Disease or Dementia with significant cognitive impairment
- Aplastic Anaemia
- Bacterial Meningitis with serious functional impairment
- Bacterial Meningitis with severe functional impairment
- Benign Brain or Spinal Cord Tumour with serious functional impairment
- Benign Brain or Spinal Cord Tumour with severe functional impairment
- Blindness
- Cancer (including Skin Cancer, Prostate Cancer and Carcinoma in situ (limited to certain bodily sites)
- Cardiac Arrest
- Cardiomyopathy with permanent and serious impairment
- Cardiomyopathy with permanent and severe impairment
- Coma
- Coronary Artery Angioplasty
- Coronary Artery Bypass Surgery
- Coronary Artery Bypass Surgery (open heart)
- End Stage Kidney Failure
- End Stage Liver Failure
- End Stage Lung Failure
- Heart Attack (myocardial infarction) of specified severity
- Heart Attack (severe) with impaired cardiac function
- Heart Valve Surgery
- Heart Valve Surgery (open heart)
- Intensive Care
- Loss of Hearing
- Loss of Speech (complete and irrecoverable)
- Loss of Use of Limbs and/or Sight
- Major Burns of specified severity
- Major Head Trauma with serious functional impairment
- Major Head Trauma with severe functional impairment
- Major Organ Transplant
- Mental Illness (severe and permanent)
- Motor Neurone Disease
- Multiple Sclerosis
- Multiple Sclerosis with significant functional impairment
- Muscular Dystrophy
- Muscular Dystrophy with significant functional impairment
- Occupationally Acquired Hepatitis B or Hepatitis C Infection
- Open Abdominal Surgery*
- Open Heart Surgery*
- Other Serious Coronary Artery Diseases
- Paralysis (total and permanent)
- Parkinson's Disease
- Parkinson's Disease with significant functional impairment
- Pneumonectomy
- Pulmonary Arterial Hypertension (Primary) with serious functional impairment
- Pulmonary Arterial Hypertension (Primary) with severe functional impairment
- Severe Diabetes
- Severe Rheumatoid Arthritis (failed conventional DMARDs
- Severe Rheumatoid Arthritis (failed conventional DMARDs and one bDMARD)
- Severe Rheumatoid Arthritis with significant functional impairment
- Stroke (acute) with serious functional impairment
- Stroke (acute) with severe functional impairment
- Surgery to the Aorta
- Surgery to the Aorta (open heart or open abdominal)
- Viral Encephalitis with serious functional impairment
- Viral Encephalitis with significant functional impairment

*Open Heart Surgery and Open Abdominal Surgery are not covered events in themselves. These are defined terms used for reference in the definitions of Coronary Artery Bypass Surgery (open heart), Heart Valve Surgery (open heart) and Surgery to the Aorta (open heart or open abdominal).

Accidental HIV Infection means infection with the Human Immunodeficiency Virus (HIV) acquired by accident or violence during the course of your normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within six months of the accident and must be verified by an appropriate Medical Practitioner.

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

Any accident giving rise to a potential claim must be supported by a negative HIV antibody test taken within seven days after the accident. We must be given access to test independently all blood samples used, if we require.

We retain the right to take further independent blood tests or other medically accepted HIV tests.

Advanced Invasive Cancer means:

- Cancer at a stage III or greater using the TNM classification
- Acute Myeloid Leukaemia or Acute Lymphocytic Leukaemia
- Chronic Lymphocytic Leukaemia or Small Lymphocytic Lymphoma at stage III or stage IV using the Rai staging system or stage C using the Binet staging system.
- Hodgkin's/Non-Hodgkin's lymphoma stage III or IV using the Lugano (Ann Arbor with Cotswold Modification) staging system.
- Multiple Myeloma Stage III using the Revised International Staging System.
- Any blood cancer requiring bone marrow or stem cell transplant for treatment
- Squamous Cell Carcinoma or Basal Cell Carcinoma of the Skin
  - with extensive cortical or medullary bone involvement,
  - with invasion of the base of the cranium,
  - with any distant spread to another organ, or
  - measuring greater than 4cm or with erosion of the muscle, cartilage, bone, lymphatics or peri neural invasion.

- Brain tumours classified as grade III or grade IV (CNS WHO grade 3 or 4) using the World Health Organization grading for tumours of the central nervous system.

Alzheimer's Disease or Dementia with significant cognitive impairment means the diagnosis of Alzheimer's disease or Dementia as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment. Significant cognitive impairment means deterioration in your mini-mental state examination, or equivalent thereof, scores to 20 or less out of 30.

Aplastic Anaemia means a definite diagnosis of a chronic persistent bone marrow failure, confirmed by bone marrow biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
- blood product transfusion
- marrow stimulating agents
- immunosuppressive agents, or
- bone marrow transplantation.

Bacterial Meningitis with serious functional impairment means you are diagnosed with bacterial meningitis. The meningitis must give rise to symptoms of permanent neurological deficit and results in either;
- the total and permanent inability to perform at least one of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

All other forms of meningitis, including viral, are excluded.

Bacterial Meningitis with severe functional impairment means diagnosis of with bacterial meningitis. The meningitis must give rise to symptoms of permanent neurological deficit and results in either;
- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

All other forms of meningitis, including viral, are excluded.

Benign Brain or Spinal Cord Tumour with serious functional impairment means a non-cancerous tumour of the brain or spinal cord. 100% of the Sum Insured will be paid if the Benign Brain or Spinal Cord Tumour gives rise to symptoms of permanent neurological deficit and results in either;
- the total and permanent inability to perform any one of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

The requirements above will be waived if the Benign Brain or Spinal Cord Tumour with serious functional impairment is surgically removed on the advice of a consultant neurologist/neurosurgeon.

Where the above is not met, 25% of the Sum Insured (up to a maximum of $50,000) will be paid for a diagnosis of a noncancerous tumour of the brain or spinal cord giving rise to symptoms of neurological deficit.

The presence of the underlying tumour must be confirmed by a consultant neurologist/neurosurgeon based on imaging studies such as CT scan or MRI (Magnetic Resonance Imaging).

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

Benign Brain or Spinal Cord Tumour with severe functional impairment means a non-cancerous tumour of the brain or spinal cord giving rise to symptoms of permanent neurological deficit and results in either;
- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

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

Blindness means that as a result of disease or accident and certified by an ophthalmologist:

a) the visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes, or

b) the field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object).

Cancer means the presence of one or more malignant tumours including sarcoma, lymphoma, leukaemia and other malignant bone marrow disorders, and characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:
- all hyperkeratoses
- all non-melanoma skin cancers unless having spread to the bone, lymph node, or another distant organ
- Polycythemia Rubra Vera requiring treatment by venesection alone, and
- all cancers which are histologically classified as having borderline malignancy or low malignant potential.

The following limitations apply on the payment of a Crisis Recovery, Double Crisis Recovery or Crisis Recovery Stand Alone benefit in respect of a Cancer event that relates to skin cancer, Prostate Cancer or Carcinoma in situ (limited to certain bodily sites).

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

- 100% of the Sum Insured for any melanoma where the tumour is with ulceration or is diagnosed as 1mm or greater in Breslow's depth of invasion or Clark Level 3 or greater in depth of invasion
- the greater of 15% of the Sum Insured and $10,000 for any melanoma without ulceration and measuring less than 1mm in Breslow's depth of invasion and less than Clark Level 3 in depth of invasion. The amount of the payment cannot exceed the Sum Insured, or
- 100% of the Sum Insured for any non-melanoma skin cancer that has spread to the bone, lymph node, or another distant organ.

Prostate Cancer

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

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

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

Any remaining benefit amount in excess of the $500,000 amount paid will be retained as a Crisis Recovery or Crisis Recovery Stand Alone Sum Insured.

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

Refer to Section 8.8.2 for the terms and conditions pertaining to Crisis Reinstatement after a T1a claim.

Carcinoma in situ (limited to certain bodily sites)

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

Staging of carcinoma in situ is based on TNM classification.

The disease of Carcinoma in situ (limited to certain bodily sites) covered by this Policy must be confirmed by a biopsy and is limited to the following sites for which we will pay the greater of $10,000 and 10% of the relevant Sum Insured:

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

Cardiac Arrest means sudden loss of heart function due to:

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

Which:

- is not associated with any medical procedure, and
- is documented by an electrocardiogram (ECG).

If an ECG is not available, we will reasonably consider other evidence which unequivocally confirms a cardiac arrest has occurred. Such evidence may include Automated External Defibrillator (AED) data, ambulance or hospital medical records, documented administration of cardiopulmonary resuscitation (CPR) by an attending ambulance officer or hospital clinical staff.

Cardiac arrest secondary to alcohol or drug abuse is excluded.

Cardiomyopathy with permanent and serious impairment means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in a permanent physical impairment to the degree of at least Class III on the New York Heart Association classification of cardiac impairment.

The New York Heart Association classifications are:
Class I – no limitation of physical activity, no symptoms with ordinary physical activity.
Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.
Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.
Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Cardiomyopathy with permanent and severe impairment means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in a permanent physical impairment to the degree of at least Class IV on the New York Heart Association classification of cardiac impairment.

Coma means a definite diagnosis of a state of unconsciousness with failure to respond normally to external stimuli or respond to internal needs and requiring life support for a continuous period of at least 96 hours, for which period the Glasgow coma score must be 7 or less. Excluded from this definition is coma resulting from alcohol or drug abuse. The diagnosis of coma must be made by an appropriate specialist Medical Practitioner.

Coronary Artery Angioplasty means the actual undergoing of either:

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

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

The following limitations apply to the payment of the Crisis Recovery, Double Crisis Recovery or Crisis Recovery Stand Alone benefit in respect of a Coronary Artery Angioplasty. If you are diagnosed with a Coronary Artery Angioplasty, we will pay:

- 25% of the Sum Insured, with a maximum of $25,000, where one coronary artery is obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or the insertion of up to two stents.
- 50% of the Sum Insured, with a maximum of $50,000, where two coronary arteries are obstructed and corrected with the use of either angioplasty, atherectomy or laser therapy, or the insertion of more than two stents (regardless of the number of coronary arteries involved).
- For Partial payments under Coronary Artery Angioplasty, multiple claims may be made under the Crisis Recovery benefit.
- 100% of the Sum Insured where three or more coronary arteries are obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or stents. This procedure can be completed in one procedure or via multiple procedures within a three-month period.

After any payment for Coronary Artery Angioplasty the relevant Sum Insured will be reduced by the payment made.

Coronary Artery Bypass Surgery means the actual undergoing of bypass surgery (including saphenous vein or internal mammary graft(s)) for the treatment of coronary artery disease. The operation must be for the treatment of one or more coronary arteries and angioplasty contra-indicated and must be considered necessary by a consultant cardiologist.

Coronary Artery Bypass Surgery (open heart) means **Coronary Artery Bypass Surgery** done via **Open Heart Surgery**. The operation must be considered necessary by a consultant cardiologist.

End Stage 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.

End Stage Liver Failure means the final stage of liver disease, together with two of the following conditions:

- permanent jaundice
- ascites, and
- hepatic encephalopathy.

End Stage Lung Failure means end stage respiratory failure requiring permanent, long term oxygen therapy as certified by the relevant medical specialist.

Heart Attack (myocardial infarction) of specified severity means the death of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by typical rise and/or fall of cardiac biomarker blood test (Troponin T, Troponin I or CK-MB) with at least one level above the 99th percentile of the upper reference limit PLUS:

- acute cardiac symptoms and signs consistent with myocardial infarction (e.g. chest pain),

OR

- new serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB),

OR

- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

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

Heart Attack (Severe) with impaired cardiac function means a **Heart Attack** resulting in one of the following:

- permanent left ventricular ejection fraction (LVEF) of less than 30%; or
- permanent physical impairment to the degree of at least Class IV on the New York Heart Association classification of cardiac impairment.

The following are not covered:

- A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease.
- Other acute coronary syndromes including but not limited to angina pectoris.

Heart Valve Surgery means the actual undergoing of a procedure to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities occurring after the Commencement Date or last reinstatement date of the Policy.

Heart Valve Surgery (open heart) means **Heart Valve Surgery** done via **Open Heart Surgery**.

The operation must be considered necessary by a consultant cardiologist.

Intensive Care means an Injury or Sickness has resulted in you requiring continuous mechanical ventilation by means of tracheal intubation for seven consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Excluded from this definition is Intensive Care as a result of alcohol or drug abuse.

Loss of Hearing means irreversible loss of hearing in the better ear, that:

- has an auditory threshold of greater than 90 decibels at all frequencies from 500 hertz to 3,000 hertz, even with amplification, and
- is diagnosed and certified by an appropriate specialist Medical Practitioner, using standardised equipment.

Loss of Speech (complete and irrecoverable) means the complete and irrecoverable loss of the ability to speak as a result of Injury or Sickness which must be established and the diagnosis reaffirmed after a continuous period of three months

of such loss by an appropriate specialist Medical Practitioner acting reasonably.

Loss of Use of Limbs and/or Sight means the total and irrecoverable loss by you of any of the following:
- use of both hands
- use of both feet
- sight of both eyes (to the extent of 6/60 or less)
- use of one hand and one foot
- use of one hand and the sight of one eye
- use of one foot and the sight of one eye.

We will pay a one-time partial benefit (not payable under Loss of Independence or Complimentary Family Protection benefit) in the event of the total and permanent loss of use of:
- one hand,
- one foot, or
- sight in one eye (to the extent of 6/60 or less).

Major Burns of specified severity 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, or
- 50% of both hands, requiring surgical debridement and/or grafting, or
- 50% of the face, requiring surgical debridement and/or grafting.

Major Head Trauma with serious functional impairment means an accidental head injury resulting in permanent neurological deficit, resulting in either:
- the total and permanent inability to perform any one of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

Major Head Trauma with severe functional impairment means an accidental head injury resulting in permanent neurological deficit, resulting in either:
- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

Major Organ Transplant means having received, from a human donor, a medically necessary transplant involving one or more of the following organs: kidney, heart, liver, lung, bone marrow, pancreas and small bowel.

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

Mental Illness (severe and permanent) means you meet all the following:
- you have been diagnosed with a mental illness by a psychiatrist under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association or a similar diagnostic tool determined by the Royal Australian and New Zealand College of Psychiatrists Board,
- in the reasonable professional opinion of your treating psychiatrist or, if not being treated by a psychiatrist, in the reasonable professional opinion of your treating psychologist or Medical Practitioner your condition will not improve, and
- you have been assessed by a psychiatrist as having a permanent impairment of 19% or more on the Psychiatric Impairment Rating Scale and in their reasonable professional opinion it will remain at 19% or more.

Motor Neurone Disease means the unequivocal diagnosis of motor neurone disease confirmed by a consultant neurologist.

Multiple Sclerosis means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist.

Multiple Sclerosis with significant functional impairment means the unequivocal diagnosis of Multiple Sclerosis, giving rise to symptoms of permanent neurological deficit and results in either;
- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

Muscular Dystrophy means the unequivocal diagnosis of muscular dystrophy, confirmed by a consultant neurologist.

Muscular Dystrophy with significant functional impairment means the unequivocal diagnosis of Muscular Dystrophy giving rise to symptoms of permanent neurological deficit and results in either;
- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

Occupationally Acquired Hepatitis B or Hepatitis C Infection is a Crisis Event only covered by the Crisis Recovery benefit under the PLUS Optional benefit under the Income Protection Plan.

The Crisis Recovery benefit will be payable if you become infected with Hepatitis B or Hepatitis C as a result of an occupational accident. An occupational accident means an accident that happens whilst you are performing the usual duties of your normal occupation and involves contact with a body substance which puts you at risk of transmission of the infections.

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

- you are tested for infections after the accident and the results are negative
- all relevant tests are be carried out according to the reasonably necessary procedures we specify
- any accident that potentially may give rise to a claim must be treated in accordance with the relevant infection control guidelines
- a Medical Practitioner diagnoses you to be:
  - positive to Hepatitis C within 180 days after the accident, or
  - positive to Hepatitis B within 180 days after the accident and still be positive within 180 days after the first diagnosis
- you comply with all infection control precautions that apply
- you are vaccinated or immunised for the infections where required as per the AMA Guidelines for medical health workers, and
- all tests be carried out according to the procedures we specify.

We won't pay where the Life Insured has elected not to take available mandatory medical treatment which, if taken, would have prevented the infection with Hepatitis B and/or hepatitis C.

Open Abdominal Surgery means a surgery that involves cutting your abdominal wall to expose the abdominal cavity. Angioplasty, valvuloplasty, endovascular procedures, minimally invasive procedures and other non-surgical techniques are excluded.

Open Heart Surgery means a surgery that involves cutting your chest through your breastbone to expose the heart. Angioplasty, valvuloplasty, endovascular procedures, minimally invasive procedures and other non-surgical techniques are excluded.

Other Serious Coronary Artery Disease means the narrowing of the lumen of at least three coronary arteries by a minimum of 60%, as proven for the first time by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

Paralysis (total and permanent) means:

Diplegia
The total and permanent loss of use of both arms or both legs, resulting from injury or sickness of the brain or spinal cord; or

Hemiplegia
The total and permanent loss of use of one arm and one leg on the same side of the body, resulting from injury or sickness of the brain or spinal cord; or

Paraplegia
The total and permanent loss of use of both legs, resulting from injury or sickness of the brain or spinal cord; or

Quadriplegia
The total and permanent loss of use of both arms and both legs, resulting from injury or sickness of the brain or spinal cord.

Parkinson's disease means the unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist.

All other types of Parkinsonism are excluded (e.g. secondary to medication).

Parkinson's disease with significant functional impairment means the unequivocal diagnosis of Parkinson's disease, giving rise to symptoms of permanent neurological deficit and results in you either;

- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

All other types of Parkinsonism are excluded (e.g. secondary to medication).

Diagnosis must be confirmed by a consultant neurologist.

Pneumonectomy means undergoing a surgical procedure in which an entire lung is removed due to underlying lung disease or disorder.

Pulmonary Arterial Hypertension (Primary) with serious functional impairment 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 end stage lung failure is specifically excluded.

Other forms of hypertension (involving increased blood pressure) are specifically excluded.

The New York Heart Association classifications are:
Class I – no limitation of physical activity, no symptoms with ordinary physical activity.
Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.
Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.
Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Pulmonary Arterial Hypertension (Primary) with severe functional impairment means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant irreversible physical impairment of at least:

- Class IV on the World Health Organisation (WHO) Functional Classification of Pulmonary Hypertension; or
- Class IV on the New York Heart Association classification of cardiac impairment.

In addition, mean pulmonary artery pressure (PAP) must be >30mmHg at rest.

Pulmonary Hypertension in association with end stage lung failure is specifically excluded. Other forms of hypertension (involving increased blood pressure) are specifically excluded.

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 (failed conventional DMARDs) means the unequivocal diagnosis of rheumatoid arthritis by a rheumatologist that meets qualification for treatment by biological agents under PBS^ requirements after treatment with conventional disease-modifying anti rheumatic drugs (DMARDs) having failed.

^Pharmaceutical Benefits Scheme – Rheumatoid Arthritis Initial PBS authority application.

Severe Rheumatoid Arthritis (failed conventional DMARDs and one bDMARD) means the unequivocal diagnosis of rheumatoid arthritis by a rheumatologist that meets qualification for treatment by biological agents under PBS^ requirements after treatment with conventional disease-modifying anti-rheumatic drugs (DMARDs) having failed and has failed to respond to treatment with a biological DMARD.

Diagnosis must be confirmed by a consultant rheumatologist.

^Pharmaceutical Benefits Scheme – Rheumatoid Arthritis Initial PBS authority application

Severe Rheumatoid Arthritis with significant functional impairment means **Severe Rheumatoid Arthritis (failed conventional DMARDs and one bDMARD)** that has resulted in either:

- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis of must be confirmed by a consultant rheumatologist.

Stroke (acute) with serious functional impairment means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis, where the following conditions are met:

- there is an acute onset of objective and ongoing neurological signs that last more than 24 hours, and
- findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis.

Excluded:

- acute, subacute and chronic subdural haematoma
- brain damage due to an accident, infection or hypoxia
- transient ischaemic attack
- non-vasculitic inflammatory disease, and
- vascular disease affecting the eye, optic nerve or vestibular functions only.

Stroke (acute) with severe functional impairment means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis resulting in the acute onset of objective and ongoing neurological signs that last for longer than six months and results in either;

- the total and permanent inability to perform at least two of the Activities of Daily Living; or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

A lesion consistent with the acute haemorrhage, embolism or thrombosis must be present on appropriate medical imaging (MRI, CT or other appropriate and medically recognised imaging technique).

Excluded:

- acute, subacute and chronic subdural haematoma
- brain damage due to an accident, infection or hypoxia
- transient ischaemic attack
- non-vasculitic inflammatory disease, and
- vascular disease affecting the eye, optic nerve or vestibular functions only.

Subdural Haematoma (acute and subacute) requiring surgical intervention means the formation of a blood clot in the subdural space resulting in:

- the acute onset of objective and ongoing neurological signs that last more than 24 hours,
- findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate the collection of blood in the subdural space consistent with the acute or subacute haemorrhage, and
- the actual undergoing of surgical intervention specifically intended to remove the blood clot on the surface of the brain as recommended by a specialist Medical Practitioner.

Excluded:

- chronic subdural haematoma
- brain damage due to an accident, infection or hypoxia
- transient ischaemic attack
- non-vasculitic inflammatory disease, and
- vascular disease affecting the eye, optic nerve or vestibular functions.

Surgery to the Aorta means the actual undergoing of a surgical procedure to the aorta to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include angioplasty or non-surgical techniques.

Surgery to the Aorta (open heart or open abdominal) means **Surgery of the Aorta** done via **Open Heart Surgery or Open Abdominal Surgery**. The operation must be considered necessary by a consultant cardiologist.

Viral Encephalitis with serious functional impairment means severe inflammation of the brain (cerebral hemisphere, brainstem or cerebellum) caused by viral infection resulting in either:

- the total and permanent inability to perform any one of the Activities of Daily Living, or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

Viral Encephalitis with significant functional impairment means severe inflammation of the brain (cerebral hemisphere, brainstem or cerebellum) caused by viral infection resulting in either:

- the total and permanent inability to perform at least two of the Activities of Daily Living, or
- an impairment of at least 25% in whole person function, attributable to the above condition, as defined in the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

Diagnosis must be confirmed by a consultant neurologist.

13. INTERIM COVER

When you submit your application for insurance cover with us, we automatically provide you with the applicable interim cover at no additional cost. Interim cover is provided outside of superannuation, regardless of whether or not your application for insurance cover includes an application for a Superannuation Plan.

Interim cover only applies to an application for a new cover type where eligible. It does not apply to increases in existing cover, addition of riders or the cancellation and replacement of an existing policy.

In this section

13.1 Complimentary Interim Accidental Death Cover
13.2 Complimentary Interim Accidental Total and Permanent Disablement Cover
13.3 Complimentary Interim Accidental Crisis Recovery Cover
13.4 Complimentary Interim Accidental Income Protection Cover

13.1 Complimentary Interim Accidental Death Cover

We provide Complimentary Interim Accidental Death Cover at no additional cost to you, if you have applied for one or more of the insurance Plans listed in the table below.

Complimentary Interim Accidental Death Cover pays a lump sum in the event of your Accidental Death and only applies while we are assessing your application. The physical injury that results in your Accidental Death must occur after the date your completed application is received by us and also while this cover is in place.

This cover is automatically provided from the date we receive your duly completed application until the earliest of:
- 90 days after the date your application form was signed
- the date we accept your application and issue the Policy, and
- the date your application is withdrawn by you or declined by us.

In order for Complimentary Interim Accidental Death Cover to commence, your completed application needs to include either the first premium payment for the payment frequency selected or a Direct Debit request, Credit Card Authority or a partial rollover request from your superannuation fund for such amount (the option to fund the first premium payment through a partial rollover is only available for an application for a Superannuation Plan).

The owner of this Complimentary Interim Accidental Death Cover is the Life Insured listed in the Policy application.

If you applied for:	You will receive a lump sum in the event of Accidental Death equal to:
Life Cover Plan and Superannuation Life Cover Plan	The lesser of: • the total of the Sums Insured proposed under: – Life Cover – Term Cover – Accidental Death, and • $1 million.
Crisis Recovery Stand Alone Plan	The lesser of: • the Crisis Recovery Stand Alone Sums Insured proposed, and • $5,000.
Income Protection Plan and Superannuation Income Protection Plan	Three times the Insured Monthly Benefit proposed under • Income Protection CORE up to a maximum of $30,000.

Maximum payment under this cover

The maximum payment under the Complimentary Interim Accidental Death Cover is $1 million.

Nomination of beneficiaries

If you submit a nomination of beneficiary as part of your Ordinary Plan insurance application or insurance application for a Superannuation Plan to be held through the Scheme (including as part of your application for membership of the Scheme), that nomination of beneficiary will also apply to any Complimentary Interim Accidental Death Cover benefit payment we make directly to you outside the Scheme. If you do not submit a nomination of beneficiary or hold your insurance through an Approved Superannuation Fund or SMSF, this benefit will be paid to your estate.

Exclusions

This complimentary interim cover does not cover death caused directly or indirectly by any of the following:
- war (whether declared or not), invasion or civil war
- intentional self-inflicted injury or suicide
- the direct or indirect effects of alcohol and/or drug abuse
- any form of aviation activity other than as a fare-paying passenger on a scheduled airline
- participation in or training for professional sports or speed contests, or
- engaging in any unlawful acts.

13.2 Complimentary Interim Accidental Total and Permanent Disablement Cover

We provide Complimentary Interim Accidental Total and Permanent Disablement Cover at no additional cost to you, if you have applied for TPD either as Stand Alone cover or as a Rider Benefit, and if you hold either TPD, Double TPD or Double Universal TPD cover.

Complimentary Interim Accidental Total and Permanent Disablement Cover pays a lump sum in the event of your Accidental Injury and only applies while we are assessing your application. The physical injury that results in your Accidental Injury must occur after the date your completed application is received by us and also while this cover is in place.

This cover is automatically provided from the date we receive your duly completed application until the earliest of:

- 90 days after the date your application form was signed
- the date we accept your application and issue the Policy, and
- the date your application is withdrawn by you or declined by us.

In order for Complimentary Interim Accidental Total and Permanent Disablement Cover to commence, your completed application needs to include either the first premium payment for the payment frequency selected or a Direct Debit request, Credit Card Authority or a partial rollover request from your superannuation fund for such amount (the option to fund the first premium payment through a partial rollover is only available for an application for a Superannuation Plan).

The owner of this Complimentary Interim Accidental Total and Permanent Disablement Cover is the Life Insured listed in the Policy application.

If you applied for:	You will receive a lump sum in the event of Accidental Injury equal to:
TPD Stand Alone **TPD Rider Benefit** **Universal TPD Rider Benefit** **Accidental TPD Rider Benefit**	The lesser of: • the total of the sums insured proposed under: – TPD Rider Benefit – TPD Stand Alone – Universal TPD – Accidental TPD, and • $500,000.

The TPD definition that applies if you are disabled **solely** as a result of Accidental Injury is:

- Total and Permanent Disablement (Home Duties) if this definition was selected in your application, and
- Total and Permanent Disablement (Any Occupation) if any other TPD definition was selected in your application except for Total and Permanent Disablement (Home Duties).

This cover does not apply:

- to a claim resulting directly or indirectly from a health condition that existed prior to the date we received your completed application
- to an Accidental Injury that occurs after this cover ends, or
- if you pass away within 14 days of the Accidental Injury.

Exclusions

This complimentary interim cover does not cover Accidental Injury caused directly or indirectly by any of the following:

- war (whether declared or not), invasion or civil war
- intentional self-inflicted injury or any such attempt by you or the proposer
- suicide
- your participation in any occupation, sport or pastime that we would not normally cover in our occupation and pastime guidelines*
- an injury or sickness that was not disclosed to us with the application
- any injuries due to your participation in any organised football (all codes), or
- the direct or indirect consequences of your consumption of alcohol and/or drug abuse.

*Speak with your financial adviser for more information.

13.3 Complimentary Interim Accidental Crisis Recovery Cover

We provide Complimentary Interim Accidental Crisis Recovery Cover at no additional cost to you, if you have applied for Crisis Recovery either as Stand Alone cover or as a Rider Benefit, and if you hold either Crisis Recovery, Crisis Extension or Double Crisis Recovery cover.

Complimentary Interim Accidental Crisis Recovery Cover pays a lump sum in the event of your Accidental Injury and only applies while we are assessing your application. The physical injury that results in your Accidental Injury must occur after the date your completed application is received by us and also while this cover is in place.

This cover is automatically provided from the date we receive your duly completed application until the earliest of:
- 90 days after the date your application form was signed
- the date we accept your application and issue the Policy, and
- the date your application is withdrawn by you or declined by us.

In order for Complimentary Interim Accidental Crisis Recovery Cover to commence, your completed application needs to include either the first premium payment for the payment frequency selected or a Direct Debit request or Credit Card Authority for such amount.

The owner of this Complimentary Interim Accidental Crisis Recovery Cover is the Life Insured listed in the Policy application.

If you applied for:	You will receive a lump sum in the event of Accidental Injury equal to:
Crisis Recovery Stand Alone **Crisis Recovery Rider Benefit**	The lesser of: • the total of the sums insured proposed under: – Crisis Recovery Rider Benefit* – Crisis Recovery Stand Alone*, and • $1 million.

*Including the Crisis Extension Sum Insured (if applicable).

Interim Cover Crisis Events

This interim cover only applies where the Accidental Injury results in one of the following Interim Cover Crisis Events[1]:
- Blindness
- Coma
- Loss of Hearing
- Loss of Speech (complete and irrecoverable)
- Loss of Use of Limbs and/or Sight
- Major Burns of specified severity
- Major Head Trauma with serious functional impairment, or
- Paralysis (total and permanent).

1. Refer to the Crisis Event definitions in Section 12.2.

This cover does not apply:

- to a claim resulting directly or indirectly from a health condition that existed prior to the date we received your completed application
- to an Accidental Injury that occurs after this cover ends, or
- if you pass away within 14 days of the Accidental Injury.

Exclusions

This complimentary interim cover does not cover Accidental Injury caused directly or indirectly by any of the following:
- war (whether declared or not), invasion or civil war
- intentional self-inflicted injury or any such attempt by you or the proposer
- suicide
- your participation in any occupation, sport or pastime that we would not normally cover in our occupation and pastime guidelines*
- an injury or sickness that was not disclosed to us with the application
- any injuries due to your participation in any organised football (all codes), or
- the direct or indirect effects of alcohol and/or drug abuse.

*Speak with your financial adviser for more information.

13.4 Complimentary Interim Accidental Income Protection Cover

We provide Complimentary Interim Accidental Income Protection Cover at no additional cost to you, where applicable.

Complimentary Interim Accidental Income Protection Cover pays a monthly benefit in the event of your Accidental Injury and only applies while we are assessing your application. The Total Disablement that results in your Accidental Injury must occur after the date your completed application is received by us and also while this cover is in place.

This cover is automatically provided from the date we receive your duly completed application until the earliest of:
- 90 days after the date your application form was signed,
- the date we accept your application and issue the Policy, and
- the date your application is withdrawn by you or declined by us.

In order for Complimentary Interim Accidental Income Protection Cover to commence, your completed application needs to include either a first premium payment for the payment frequency selected or a Direct Debit request, Credit Card Authority or a partial rollover request from your superannuation fund for such amount (the option to fund the first premium payment through a partial rollover is only available for an application for a Superannuation Plan).

The owner of this Complimentary Interim Accidental Income Protection Cover is the Life Insured listed in the Policy application.

If you applied for:	You will receive a monthly benefit in the event of your Total Disablement due to Accidental Injury equal to:
Income Protection CORE under an Income Protection Plan or Superannuation Income Protection Plan	The lesser of: • the Income Protection CORE Insured Monthly Benefit • $10,000, and • the benefit that can be financially supported and meets eligibility criteria stated in 'Income Protection eligibility requirements' on 42. The Complimentary Interim Accidental Income Protection cover will be paid up to a maximum of six months. Payments will commence from the end of the proposed Waiting Period and continue until the end of the six-month benefit period as long as you remain Totally Disabled.

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

Conditions

Payment of the monthly benefit is subject to the following conditions:
- the proposed Waiting Period must be 14, 30 or 60 days
- you must be Totally Disabled for longer than the proposed Waiting Period, and
- the Accidental Injury must occur after the Policy application date but prior to the acceptance or rejection of the application by us.

If during the application process we decide to offer a modified Policy, the Interim Accidental Income Protection Cover will be adjusted to incorporate the modified terms.

If we require an additional premium due to your medical history or pastimes, the level of your Interim Accidental Income Protection Cover will be recalculated based on your proposed premium.

If you make a claim under the Interim Accidental Income Protection Cover, we will take into account any change in your state of health as part of our assessment of your application.

This cover does not apply:

- to any benefit other than Total Disablement
- to a claim resulting directly or indirectly from a health condition that existed prior to the date we received your completed application
- to Total Disablement which has been caused by an Accidental Injury that occurs after this cover ends
- to any illness or disease
- where the Waiting Period proposed in your application is 90 days or longer
- if an application for a similar type of policy, with any insurer, has been declined, cancelled or withdrawn
- if the application is one that we would not normally accept under our standard assessment guidelines and practices, or
- in respect of any optional benefit added to an existing Income Protection, Income Protection Accident Only or Income Protection CORE benefit.

Exclusions

This complimentary interim cover does not cover Total Disablement caused directly or indirectly by any of the following:
- war (whether declared or not), invasion or civil war
- intentional self-inflicted injury or any such attempt by you or the proposer
- your participation in any occupation, sport or pastime that we would not normally cover in our occupation and pastime guidelines*
- an injury or sickness that was not disclosed to us with the application
- any injuries due to your participation in any organised football (all codes)
- normal pregnancy, uncomplicated childbirth or miscarriage
- disease or illness
- AIDS, AIDS-related conditions or HIV, or
- the direct or indirect effects of alcohol and/or drug abuse.

*Speak with your financial adviser for more information.

14. DIRECT DEBIT REQUEST SERVICE AGREEMENT

This is your Direct Debit Request Service Agreement with AIA Australia Limited (ABN 79 004 837 861, AFSL 230043). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Definitions

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement between you and us.

Business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct debit request or DDR means the Direct Debit Request between us and you.

Us or **we** means AIA Australia – Direct Debit User ID 000142, the Debit User you have authorised by requesting a DDR.

You means the customer who has signed or authorised by other means the DDR.

Your financial institution means the financial institution nominated by you on the DDR at which the account is maintained.

1. Debiting your account

1.1 By signing a DDR or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the DDR and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account as authorised in the DDR, or we will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the DDR, a billing advice which specifies the amount payable by you to us and when it is due. We will do this except where we have agreed to a temporary variation in accordance with your instructions under Clause 3 of this agreement, or where a credit tribunal or other legal tribunal has instructed us to vary the arrangement.

1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Amendments by us

2.1 We may vary any details of this agreement or a DDR at any time by giving you at least 14 days' written notice.

2.2 We reserve the right to cancel this agreement if the first debit from your account is returned unpaid or two or more debit attempts are returned unpaid by your financial institution.

3. Amendments by you

You may change*, stop or defer a debit payment, or terminate this agreement by providing us with at least 14 days' notification by contacting us in writing to Policy Services Department, AIA Australia, PO Box 6111, Melbourne VIC 3004 or by phone on 1800 333 613 during business hours. You can also arrange any change through your financial institution, which is required to act promptly on your instructions.

*In relation to the reference to 'change', your financial institution may change your debit payment only to the extent of advising us of your new account details.

4. Your obligations

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the DDR and this agreement.

4.2 If there are insufficient clear funds in your account to meet a debit payment:

a) you may be charged a fee and/or interest by your financial institution
b) you may also incur fees or charges imposed or incurred by us, and
c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

4.3 You should check your account statement to verify that the amounts debited from your account are correct.

5. Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on 1800 333 613 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively, you can take it up directly with your financial institution.

5.2 If as a result of our investigations, we conclude that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

5.3 If as a result of our investigations, we conclude that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance and, if we are unable to resolve the matter, you can refer such queries to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

6.1 Before completing the DDR you should check with your financial institution to confirm that direct debiting is available from your account.

6.2 You should confirm that the account details you provide to us are correct by checking them against a recent account statement.

6.3 If you have any questions about how to complete the DDR, you should contact your financial institution.

7. Confidentiality

7.1 Subject to Clause 7.2, we will keep any information (including your account details) collected as part of your DDR confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 We will only disclose information about you that we have collected as part of your DDR:

a) to the extent specifically required or permitted by law or under our Privacy Policy or procedures, or

b) for the purposes of this agreement, including disclosing information in connection with any query or claim.

8. Notice

8.1 If you wish to notify us about anything relating to this agreement, you can write to us at Policy Services Department, AIA Australia, PO Box 6111, Melbourne VIC 3004.

8.2 We will notify you by sending a notice in the ordinary post or via email to the address you have given us in the DDR.

8.3 Any notice will be deemed to have been received on the third business day after posting.

CONTACT INFORMATION

If you have any questions or concerns about your Policy, please contact your financial adviser. You can also contact us directly on 1800 333 613.

General enquiries

AIA Australia
PO Box 6111
Melbourne VIC 3004
Phone: 1800 333 613
aia.com.au

Policy Services

AIA Australia
PO Box 6111
Melbourne VIC 3004
Email: au.customer@aia.com
Phone: 1800 333 613
Fax: 1800 832 266 or 03 9009 4824

Claims

AIA Australia
PO Box 6111
Melbourne VIC 3004
Phone: 1800 333 613

Privacy

AIA Australia Privacy Policy
Compliance Manager
AIA Australia
PO Box 6111
Melbourne VIC 3004

EQT Privacy Policy
EQT Group's Privacy Officer
Phone: (03) 8623 5000
Email: privacy@eqt.com.au

Privacy Commissioner
Office of the Australian Information Commissioner
GPO Box 5218
Sydney NSW 2001
Email: enquiries@aic.gov.au
Phone: 1300 363 992
oaic.gov.au

Scheme enquiries

Insurance and Super Administration Services
PO Box 1305
South Melbourne VIC 3205
Phone: 1800 844 992

Complaints

AIA Australia
Complaints Coordinator
AIA Australia
PO Box 6111
Melbourne VIC 3004
Email: au.customerresolutions@aia.com
(or au.groupcomplaints@aia.com if your insurance is provided through a superannuation fund other than the Scheme)
Phone: 1800 333 613
aia.com.au

Scheme
Complaints Officer
ISAS
PO Box 1305
South Melbourne VIC 3205
Phone: 1800 844 992

Australian Financial Complaints Authority (AFCA)
GPO Box 3
Melbourne VIC 3001
Email: info@afca.org.au
Phone: 1800 931 678
afca.org.au

This is the end of the PDS.

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INTRODUCING THE AIA VITALITY PROGRAM

With AIA Vitality you'll get up to 17.5% initial discount on eligible AIA Australia policies. As an AIA Vitality member, you'll get even more out of life with ongoing discounts and rewards that make your everyday healthy choices pay off.

AIA Vitality is the science-backed health and wellbeing program brought to you by AIA Australia. Over time, it could decrease the cost of your premiums and make it easier to stay in shape.

Here's how it works:

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

1

Know your health

Understand your health with specialised and comprehensive feedback.

2

Improve your health

Get access to discounted memberships, quit smoking programs and dietary advice.

3

Enjoy the rewards

Your active lifestyle leads to amazing rewards, thanks to the top brands we've teamed up with.

To find out more about the AIA Vitality program talk to your adviser or visit aiavitality.com.au

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04/25

AIA Vitality

AIA Australia
509 St Kilda Road
Melbourne VIC 3004
aia.com.au

AIA Australia Limited (ABN 79 004 837 861 AFSL 230043)