Plan Rules

Death, Total and Permanent Disablement and Trauma
Death, Total and Permanent Disablement (Superannuation)

Keep this document it is part of your contract with AMP

Issued by AMP Life Limited ABN 84 079 300 379

Important information about this document

Please read this document. With the **Certificate of Insurance**, it forms your contract with us. We suggest you keep them together in a safe place.

This document sets out terms and conditions that apply to your **Plan**, including definitions and eligibility requirements for claims.

Important note to trustees of self-managed superannuation funds - the product that we issue to self-managed superannuation funds is a non-superannuation policy. Reference to superannuation **Plans** throughout this document is a reference to individuals who are members of the AMP Personal Superannuation Fund and not policies that would be held by external superannuation trustees.

For further information about the claim process, and examples of what we may pay you, you can ask for a copy of *"FLP in action!"* - available online at www.amp.com.au/flpfacts, or from your financial planner or AMP Customer Service.

Definitions

Some words and phrases used in this document are defined. These are defined in the glossary on page 30. Each time one of these definitions is used, it will appear in type **like this.**

Throughout this document:

- AMP means the AMP Group (the AMP Group is made up of several entities, which include AMP Superannuation Limited and AMP Life Limited).
- You, your and yourself in relation to superannuation **Plans** means the **insured person**; and means the **Plan Owner** in relation to other **Plans**.
- AMP Life, We, Us, and Our means AMP Life Limited.
- The Fund means the AMP Personal Superannuation Fund.
- **Insured person(s)** means the person(s) insured under the **Plan**. In relation to Death, Total and Permanent Disablement (Superannuation) **Plans**, the **insured person** is a member of the AMP Personal Superannuation Fund.
- **Plan Owner** in relation to Death, Total and Permanent Disablement (Superannuation) **Plans** means AMP Superannuation Limited, and means the owner of the **Plan** for Death, Total and Permanent Disablement, Trauma **Plans**.
- Non- Superannuation **Plan** means the Death, Total and Permanent Disablement, Trauma **Plan** under Flexible Lifetime - Protection. Your **Certificate of Insurance** will show if you have this **Plan**.
- Superannuation **Plan** means the Death, Total and Permanent Disablement (Superannuation) **Plan** under Flexible Lifetime - Protection (Superannuation). Your **Certificate of Insurance** will show if you have this **Plan**.

Other expressions used in this document have the meanings attributed to them in the **Certificate of Insurance**.

All references to dollar amounts in this **Plan** Rules are references to Australian currency. All payments to and from us must be in Australian Dollars.

Introduction

Purpose of your Plan

DEATH COVER	TOTAL AND PERMANENT DISABLEMENT COVER	TRAUMA COVER
Pays an agreed amount of money when the person who is insured dies. Helps pay off your debts and provides your spouse and kids with an income to continue living.	This insurance provides a one off payment if the person who is insured becomes disabled and is unable to work again. Emotional and financial strain is placed on a family to provide support to someone who may need full-time care.	Pays an amount if the person who is insured suffers an illness or injury covered in the **Plan** you take out. Should they suffer an event like a heart attack or develop cancer, trauma cover can provide you the money to make adjustments to your home, work and family commitments.

Governing law

This **Plan** is governed by the Life Insurance Act 1995, the Corporations Act 2001 and the Insurance Contracts Act 1984.

Our liability is limited

The assets of our No. 1 Statutory Fund - or any other fund of which this **Plan** forms part at the time - are the only assets we will use to pay you under this **Plan**.

This **Plan** does not entitle you to share in any profits of AMP Life.

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When the Plan and cover start and end

When the Plan and cover start

Your **Plan** starts on the **Plan** start date shown in the **Certificate of Insurance.**

To keep your **Plan**, you will need to pay premiums as they become due.

We can end the **Plan** if you don't do this. However, if you don't pay on time, we will write and remind you and you will have 30 days to pay before we take steps to end the **Plan**.

When the Plan and cover end

Your **Plan** ends when cover for the last remaining **insured person** ends.

The **Certificate of Insurance** shows the expiry date for each cover, for each **insured person**.

Guaranteed continuation of cover

Except where otherwise expressly stated in these Plan rules, if the premiums payable under the **Plan** are paid, we guarantee to keep the cover for each person going on the same rules until cover ends.

24 hours a day worldwide cover

The **insured person(s)** is covered worldwide, 24 hours a day, 7 days a week.

Restarting the Plan

You may apply to have your **Plan** reinstated should the **Plan** have been cancelled by us for non-payment of premiums. You must apply within 12 **months** after the due date of the premium you didn't pay. Reinstatement will be on such terms as we determine to impose at the time.

Keeping you informed

Each year, we will send you an Annual Statement setting out the current details of your **Plan**, including the premium and Plan fee for the following year.

Automatic Plan enhancements

We review our insurance **Plans** regularly. If we enhance our definitions or product features without changing the **premium rates** or existing premium discounts, or charging extra premiums, we will automatically provide you enhancements for which you are eligible at no charge.

We will write to you and advise you of the changes should automatic enhancements be made on your **Plan anniversary**.

If we make a change that is not an enhancement these won't automatically apply to your **Plan**.

Cooling off period

We want this product to meet your needs. But if you no longer want it, you can return it. To do this you must tell us within 14 days, starting on the earlier of:

- the date you receive the **Certificate of Insurance** and Plan Rules, or
- five business days after the date of your **Certificate of Insurance** and Plan Rules.

However, you can't return your **Plan** if you have exercised any rights or powers available under it.

The indexation feature - increasing benefits by the CPI

Each year (unless otherwise agreed), on the **Plan anniversary**, we will increase sums insured for all **insured persons** under the **Plan** who are aged less than 75 years at that time. The amount we will increase the sum insured for each benefit will be the greater of:

- the percentage change in the **CPI** since the last **Plan anniversary** (or since the **Plan** commencement date if this is the first **Plan anniversary** under the **Plan**), and
- 5%.

These increases will be clearly identified in the Annual Statement we send you each year.

If you do not want this increase, in full or in part, then you need to tell us.

Indexation does not apply to:

- the $25,000 Death cover sum insured under Children's Trauma cover
- the amount of the trauma cover sum insured issued as a result of exercising the *Trauma reinstatement option,* and
- the amount of Death cover sum insured issued as a result of exercising either or both the *TPD Plus option* or the *Trauma Buy Back option*.

Premiums - what you have to pay

Both the initial premium you are required to pay and when it is due, are stated in the **Certificate of Insurance**.

Your initial premium includes a Plan fee and any government taxes, duties, or charges relating to the **Plan**. Each year, on the **Plan anniversary** date, we may increase the Plan fee by any increase in the **CPI** since the last **Plan anniversary** date and will pass on any new or change to a tax, duty, or charge relating to the **Plan**.

Changes to premiums

Each year premiums are recalculated for each type of cover for each **insured person**.

This is based on the current age of each **insured person**, the sum insured, any change to **Premium rates**, any increase of the annual Plan fee due to indexation, and any government charges (eg **stamp duty**) that apply at that time.

We guarantee not to increase premiums at other times unless the government introduces a new tax, duty or charge, or changes an existing one, or you apply for a change to your **Plan.**

If you are applying for a superannuation **Plan** your contributions will be credited as premium payments to a life insurance policy with AMP Life to secure your benefits. You must satisfy the contribution rules to remain in the AMP Personal Superannuation Fund.

Keeping the premium the same

If you do not want to have your premium increase at any **Plan anniversary**, you need to write to us before the **Plan anniversary** to let us know. As we will do this by reducing the sums insured, you must also at that time let us know the type of cover that you want to reduce or cancel to keep the premium the same.

Premium rates are not guaranteed.

The **Premium rates** (whether Stepped or Level) for this **Plan** are not guaranteed and are regularly reviewed and may be changed. However if we increase **premium rates** for this **Plan**, it will apply to all **Plans** that are considered by us to be similar to this one, and we will write to you to advise the amount of the new premium before this increase applies.

If we reduce our **premium rates**, (or we increase any discounts,) we may keep your premium the same by increasing the sum insured under your **Plan**. If we do that, we will tell you in writing before doing so.

Stepped and Level premiums

If you choose a stepped premium, the **insured person's** current age will determine the premium payable each year.

You can choose a level premium structure so that the **premium rate** doesn't increase each year just because the **insured person** gets older. A level premium will continue to be based on the **insured person's** age when you started the cover.

Where a level premium option has been selected for an **insured person's** cover, premiums will convert automatically to be paid on a stepped basis from the **Plan anniversary** after the **insured person** has turned age 65.

Premium frequency fee

If you pay more often than yearly, an extra fee is included in your premium. It is a percentage of the annual premium payable. We can change the percentage at any **Plan anniversary** and we will tell you of any change before it applies.

When you don't have to pay premiums

You do not need to pay the premium for an **insured person** if:

- we have paid because that **insured person** is **terminally ill**, or
- the premiums are being waived under the Waiver of Premium option.

Refund of premiums

If you end the **Plan** during a period that you have already paid the premium, we refund the premium less the Plan fee, **stamp duty** and government charges - for any unused complete **months**. We don't refund premiums if the **Plan** ends for any other reason.

Example:

If you have paid a yearly premium of $1,200, and you end the **Plan** 9 **months** later, we refund $300.

For superannuation **Plans** we will pay this refund into a similar complying superannuation fund that you nominate, or to an account in the AMP Eligible Rollover Fund (ERF) on your behalf.

This right is in addition to any "cooling off" rights you have under this **Plan**.

Enquiries and complaints

Contact us

If you need any additional information about your **Plan**, or if you have a concern or complaint, then please contact your financial planner or contact AMP Customer Service on:

PHONE	FAX	MAIL	EMAIL
131 AMP (131 267)	1300 301 267	AMP Life Limited PO Box 300 PARRAMATTA NSW 2124	polinfo@amp.com.au

Our Customer Service Officers are available to answer your enquiries and complaints. We will try to resolve your enquiry or complaint as quickly as possible. To help us do this, please give us as much information about your complaint as possible.

We have established procedures to deal with any complaints. If you make a complaint, we will:

- acknowledge its receipt and ensure an appropriate person properly considers the complaint, and
- respond to you as soon as we can and keep you informed of the progress, and
- aim to respond to your complaint within 10 working days (if we can't resolve it at first contact).

If your complaint is not resolved within 10 working days, then we will keep you informed of its status at regular intervals.

If we cannot resolve your complaint to your satisfaction within 45 days, then you may have the right to lodge a complaint with the Financial Ombudsman Service (FOS) on:

PHONE	FAX	MAIL	EMAIL
1300 780 808	03 9613 6399	GPO Box 3 MELBOURNE VIC 3001	info@fos.org.au

This industry sponsored external service was established to help clients with complaints they can't resolve directly with their company. It is independent and impartial. Please try to resolve your complaint directly with us before contacting the FOS.

Additionally, for Flexible Lifetime - Protection (Superannuation) members, if we cannot resolve your complaint to your satisfaction within 90 days, then you may have the right to lodge a complaint with the Superannuation Complaints Tribunal (SCT) (contact details listed below).

The SCT reviews the decisions of superannuation trustees as they affect an individual member. It is independent from us. Even so, please try to resolve your complaint directly with us before contacting the SCT.

PHONE	FAX	MAIL	EMAIL
1300 780 808	03 8635 5588	Locked Bag 3060 GPO MELBOURNE VIC 3001	info@sct.gov.au

Managing your Plan

Ownership and transfers

You can transfer the ownership of the **Plan** if it is a non-superannuation **Plan**.

To transfer ownership:

- you must complete the transfer form on the last page of the **Certificate of Insurance** we sent you when the **Plan** started and send it to us, and
- you must send us that **Certificate of Insurance**, and
- we register the transfer.

After the transfer, we will communicate only with the new **Plan Owner**.

Changing the Plan

You may apply to change your **Plan** by writing to us. If we agree to those changes, we will write to you to confirm the changes and, issue you a **Memorandum of Alteration.**

Guaranteed Future Insurability

You may increase an **insured person's** cover without providing any evidence of health if:

- the **insured person** marries, or
- the **insured person** divorces, or
- the **insured person's** child is born or they legally adopt a child, or
- the **insured person's** child starts school, or
- the **insured person** is granted a housing loan by a financial institution to buy their first home, or
- the **insured person** completes their first undergraduate degree at a recognised Australian university, or
- the **insured person** has an annual income increase of $10,000 or more, or
- the **insured person** becomes a **Carer** for the first time.

You must apply for the increase within 12 **months** of the date the event occurs. You must provide appropriate proof of the event that is acceptable to us, such as certification of the event or a statutory declaration. Premiums will be based on the rates applicable at the time of exercising this feature.

You can only increase the insurance cover amount once under this feature in any 12-**month** period. Each time, you may increase the insurance cover amount by 25% of the original sum insured or $250,000, whichever is the lesser.

The maximum total amount by which you can increase the Death cover under this feature over the life of the **Plan** is the lesser of:

- the initial amount of Death cover under the **Plan** (excluding increases under the indexation feature and increases effected under the Guaranteed Future Insurability feature), and
- $1,000,000.

The maximum total amount by which you can increase the TPD cover or Trauma cover under this feature over the life of the **Plan** is the lesser of:

- the initial amount of TPD or Trauma cover under the **Plan** as relevant (excluding increases under the indexation feature and increases effected under the Guaranteed Future Insurability feature), and
- $250,000.

The maximum amount you can increase TPD cover to under this feature is $2.5 million. The maximum amount you can increase Trauma cover to under this feature is $2 million.

This feature is not available for Children's Trauma cover.

You can't exercise this feature if at the time of your request:

- the **insured person** is older than 55 years of age, or
- the **insured person's Plan** has a premium loading or special terms, or
- the **insured person's** premiums are being waived under the waiver of premium option, or
- the **insured person** is eligible to make, or has made a terminal illness, TPD or trauma claim under any **Plan** that the **insured person** holds with AMP.

What you need to know if you need to make a claim

How to make a claim - what to do

To make a claim you must contact us and we will send you a claim form to fill in and return to us. You must give us any documents and information we reasonably require to consider your claim.

You must give us any information which we reasonably require about the **insured person's** health. For you to give us that information, we usually need the **insured person** to attend, and co-operate at, any assessments. Some of those assessments may be by medical advisers we choose.

The **insured person** may also need to have medical tests.

You must pay the costs of getting information from the **insured person's** medical advisers. However, we will pay the costs of getting information from medical advisers we choose. You must also give us information about the circumstances surrounding the **insured person's** health.

Time limits

You must tell us that you are going to make a claim. You must do that within the relevant time period shown in the table below.

You must give us all information that we ask for within 6 **months** after you tell us in writing that you are going to make a claim.

However, we may extend those periods if you ask us.

TYPE OF CLAIM	HOW SOON YOU MUST TELL US THAT YOU ARE GOING TO CLAIM
An **insured person** suffers a **Trauma condition**	Within 12 **months** of the **insured person** suffering the **Trauma condition**
An **insured person** is **Totally and permanently disabled**	Within 12 **months** of the **insured person** suffering the illness or injury which causes you to make a claim because they are **Totally and permanently disabled**
An **insured person** is **Totally disabled** and you want to make a claim under the Waiver of Premium option	Within 12 **months** of the **insured person** being **Totally disabled**
An **insured person** is terminally ill	No time limit - but the sooner you tell us, the sooner we can pay
An **insured person** dies	No time limit - but the sooner you tell us, the sooner we can pay

Late claims and responses

If you don't meet these time limits and we have been prejudiced by the delay, we will reduce the amount we pay to compensate us for the prejudice we have suffered.

When we pay

We will pay as soon as we have processed a claim that satisfies the rules of the **Plan**.

When we won't pay

We won't pay if the following occurs:

- *On Purpose.*

The i**nsured person's trauma condition** or the **insured person** becoming **totally and permanently disabled**, or **totally disabled,** was caused directly or indirectly by an intentional or deliberate act by you, or the **insured person**.

- *Death or Terminal Illness By Own Hand.*

The **insured person** dies (or becomes terminally ill) by their own hand within one year and 30 days of the date the Death cover starts or restarts (respectively). That date is shown on the **Certificate of Insurance** or in the document in which we told you that we have restarted the Death cover or **Plan**.

Also, if we have increased the amount of the Death cover for an **insured person** because you asked us to, and within one year and 30 days after the increase, that **insured person** dies - or becomes terminally ill- by their own hand, we pay the amount that applied before the increase. That one year and 30 day period starts on the date from which the increase applies. That date is shown in the document in which we told you that we have increased the Death cover.

If your **Plan** replaces a previous **Plan** issued by us, or another insurer, the one year and 30 day period won't apply if you would have been entitled to claim under the previous **Plan**, provided:

- the previous **Plan** was in force at the time AMP issued this **Plan**, and
- the previous **Plan** was in place for at least one year and 30 days.

We will require satisfactory evidence of the above points at the time of any claim for this to apply.

Note: it doesn't matter whether the **insured person** was sane or insane when they became terminally ill or died.

This restriction does not apply to regular **CPI** increases.

Plan features

Coverage on your plan

Your **Certificate of Insurance** shows the entire **Plan** cover that applies to each **insured person**.

Non-Superannuation Plan

There are 3 types of cover available in non-superannuation **Plans**:

1. Death Cover.
2. Total and Permanent Disablement (TPD) cover.
3. Trauma Cover.

Superannuation Plan

There are 2 types of cover available in superannuation **Plans**:

1. Death Cover.
2. Total and Permanent Disablement (TPD) cover.

Standalone cover and Linked cover

If an **insured person** is covered for more than one type of cover, all their cover is either **Standalone** or **Linked** cover:

– *Standalone Cover.*

Means that each type of cover is completely independent of all other types of cover that apply to an **insured person** under this **Plan**. If we pay under one type of cover, it doesn't affect the amount of any other cover for that **insured person**. The only time this doesn't apply is if we pay under Terminal Illness benefit, when we reduce the amount of the Death cover that applies to the **insured person** by the amount we pay.

If an **insured person** is covered for only one type of cover, it's treated as **Standalone**.

– *Linked Cover.*

Means that each type of cover for an **insured person** is dependent on each other type of cover. If we pay under one type of cover, the amount of each remaining type of cover that applies to the **insured person** is reduced by the amount we pay.

Death cover

(Applicable to Superannuation and Non-Superannuation Plans)

If any **insured person** has Death cover, your **Certificate of Insurance** will show that Death cover has been selected for that **insured person** and when the cover starts and ends.

We pay a lump sum equal to the sum insured for an **insured person** if that **insured person** dies after commencement of this **Plan**.

On payment of the claim, all cover in respect of the **insured person** under this **Plan** will cease.

In-built benefits

If the Death cover applies to an **insured person**, that person is automatically covered by the following additional benefits:

1. Terminal Illness Benefit.
2. Funeral Benefit (for non-superannuation **Plans**).

Terminal Illness benefit

(Applicable to Non-Superannuation and Superannuation Plans)

We will advance a lump sum equal to the sum insured for an **insured person** if that **insured person** is diagnosed as having less than 12 **months** to live.

The **Doctor** of that **insured person** must tell us in writing that they believe the **insured person** has less than 12 **months** to live and that belief must be based on clinical findings and reports.

We will only pay if we agree with the **Doctor**. We may also require you to give us information from medical advisers we choose.

On payment of this benefit, all cover in respect of the **insured person** under this **Plan** will cease.

Note for Superannuation **Plans**, we will only pay a benefit when the Trustee is permitted to do so by superannuation law.

Funeral benefit

(Applicable to Non-Superannuation Plans)

We will advance $10,000, which could be used for funeral expenses and other immediate costs of the estate, while we are assessing the death claim for an **insured person**.

The advance will be made on production of the **insured person's** death certificate and to a surviving **Plan Owner** or if the **Plan Owner** is deceased to any person considered by us to be dependent on the **insured person** at the time of their death. We may require that this person provide us with an indemnity and discharge in a form acceptable to us.

We will advance $10,000 for each **insured person**. The balance of the sum insured for that **insured person** will be payable upon acceptance of a death claim.

Total and Permanent Disablement cover

(Applicable to Superannuation and Non-Superannuation Plans)

If any **insured person** has TPD cover, your **Certificate of Insurance** will show that TPD cover has been selected for that **insured person** and when the cover starts and ends.

We pay a lump sum equal to the TPD sum insured for an **insured person** if that **insured person** becomes **Totally and permanently disabled** after commencement of this **Plan**.

Note: The definition of **Totally and permanently disabled** is set out in full on page 32.

On payment of the claim, all TPD cover in respect of the **insured person** under this **Plan** will cease. If you have selected **Linked** cover, any other cover held in relation to the **insured person** under this **Plan** will also be reduced by the amount of this payment.

In-built benefit

If TPD cover applies to an **insured person**, that person is automatically covered for the following:

TPD Partial benefit

(Applicable to Non-Superannuation Plans only)

We pay a lump sum equal to the lesser of:

- $500,000, or
- 25% of the TPD sum insured,

where the **insured person** suffers total and irrecoverable loss of:

- one limb (where a limb means the whole hand below the wrist or the whole foot below the ankle), or
- one eye,

and survives for 14 days.

If we pay a TPD Partial benefit, the TPD cover for the **insured person** continues but the TPD sum insured will be reduced by the amount we have paid under this benefit. We only pay for a partial benefit once for each **insured person**. Your premium is also reduced accordingly.

Options

The following are options that you may select for your **Plan** if you have already selected TPD cover. If you have selected an option, your **Certificate of Insurance** will show that the option has been selected with respect to an **insured person** and when the option starts and ends.

TPD Plus option

If you have selected this option, any sum insured for Death cover for an **insured person** will be reinstated to the amount that it was before it was reduced by payment of a TPD claim. No premiums will be payable for the amount reinstated to the Death Cover for the remaining term of the **Plan**.

You cannot exercise this option where a terminal illness or TPD Partial benefit has been paid. The **insured person** must also survive 14 days from the date of payment of the full TPD benefit.

The Guaranteed Future Insurability feature does not apply to the amount reinstated to the Death cover under this option. Increases under the Indexation feature and under the Business Safeguard option also cannot be made to this reinstated amount.

Own occupation option

If you have selected this option, when the **insured person** becomes disabled, we will pay you a lump sum where we consider the **insured person** is unlikely ever to work in their primary full-time occupation (in which they were engaged immediately prior to being disabled).

The definition we pay under for **own occupation** is set out on page 30.

Trauma cover

(Applicable to Non-Superannuation Plans)

If any **insured person** has Trauma cover, your **Certificate of Insurance** will show which cover type of Trauma cover has been selected for that **insured person** and when the cover starts and ends.

We pay a lump sum equal to the Trauma sum insured for an **insured person** if that **insured person** suffers a **Trauma condition** after commencement of this **Plan**.

The **insured person** must survive for 14 days from the diagnosis of the **Trauma condition**, or date of surgery. (You should note that the **Trauma condition** for coma has an additional survival period included within the definition of the condition).

There are three cover types available under Trauma cover. These are Trauma Cover Standard, Trauma Cover Premier, and Children's Trauma Cover, each covering specially defined medical conditions.

Tables 1, 2 and 3 show which **Trauma conditions** are covered under each of the cover types above.

From the **Plan anniversary** following the **insured person's** 69th birthday, the only **Trauma conditions** covered are Loss of independent living and Loss of use of limbs and/or sight.

Cover for some Trauma conditions is delayed

We will not pay for any **Trauma conditions** listed in the right hand column of Trauma tables 1, 2, 3, or 4 that an **insured person** suffers within 3 **months** of either:

- the date this cover starts, or
- an increase to the sum insured (other than regular **CPI** increases) is confirmed by us in writing (in respect of the increased portion only), or
- the most recent reinstatement of the **Plan**.

If an **insured person** suffers one of the **Trauma conditions** listed in the right hand column of Trauma tables 1, 2, 3 or 4 within one of the 3 **month** periods mentioned above, then we will never pay for that condition even if the **insured person** suffers it again.

Replacement of a previous Plan

This 3 **month** period does not apply for these **Trauma conditions** where your **Plan** replaces a previous **Plan** issued by us or another insurer, if you would have been eligible to claim for the same condition under the previous **Plan** and:

- the previous **Plan** was in force at the time we issued your **Plan**, and
- the previous **Plan** was in place for at least 3 **months**.

We will require satisfactory evidence of these points at the time of any claim for this to apply.

Conditions covered

Table 1. Trauma Cover Standard

TRAUMA COVER STANDARD COVERS THE FOLLOWING TRAUMA CONDITIONS FOR ADULTS[1]	
COVER FOR THE CONDITIONS IN THIS COLUMN STARTS IMMEDIATELY	COVER FOR THE CONDITIONS IN THIS COLUMN IS DELAYED FOR 3 MONTHS
Kidney failure	Aortic surgery
Major organ transplant	Cancer
Paralysis that is one of:	Coronary artery surgery
– Diplegia	Heart attack - myocardial infarction
– Hemiplegia	Heart attack - out of hospital cardiac arrest
– Paraplegia	Heart valve surgery
– Quadriplegia	Stroke
– Tetraplegia	
Peripheral blood stem cell or bone marrow transplant	

1. As mentioned above, you will not be covered for any Trauma conditions listed in the right column occurring within **3 months** of when the **Plan** starts or restarts.

Table 2. Trauma Cover Premier

Trauma Cover Premier includes a more extensive list of **Trauma conditions**.

It also includes three partial benefit **Trauma conditions** (Cancer (Partial), Coronary artery angioplasty (Partial) and Parkinson's disease (Partial)) each of which is specifically defined in this **Plan**.

Should the **insured person** suffer one of these **Trauma conditions**, we do not pay the sum insured but pay the higher of $10,000 or 25% of the sum insured (to a maximum of $50,000) for Cancer (Partial) and Coronary artery angioplasty (Partial), and $10,000 or 10% of the sum insured (to a maximum of $25,000) for Parkinson's disease (Partial).

We do not pay again where the **insured person** suffers one of these **Trauma conditions** more than once.

On payment of a partial benefit, the sum insured for Trauma cover for the **insured person** is reduced by this amount. Your premium is also reduced accordingly.

TRAUMA COVER PREMIER COVERS THE FOLLOWING TRAUMA CONDITIONS FOR ADULTS[2]	
COVER FOR THE CONDITIONS IN THIS COLUMN STARTS IMMEDIATELY	COVER FOR THE CONDITIONS IN THIS COLUMN IS DELAYED FOR 3 MONTHS
Alzheimer's disease and other dementias	Aortic surgery
Aplastic anaemia	Benign tumour of the brain or spinal cord
Blindness	Cancer
Cardiomyopathy	Coronary artery angioplasty - triple vessel
Coma	Coronary artery surgery
Encephalitis	Heart attack - myocardial infarction
HIV/AIDS - medically acquired	Heart attack - out of hospital cardiac arrest
HIV/AIDS - occupationally acquired	Heart valve surgery
Intensive care	Open heart surgery
Kidney failure	Pneumonectomy
Liver failure	Severe rheumatoid arthritis
Loss of hearing	Stroke
Loss of independent living	Systemic lupus erythematosus
Loss of speech	
Loss of use of limbs and/or sight	**Partial benefit only:**
Lung failure	Cancer (Partial)
Major head trauma	Coronary artery angioplasty (Partial)
Major organ transplant	Parkinson's disease (Partial)
Motor neurone disease	
Multiple sclerosis	
Muscular dystrophy	
Myelodysplasia	
Myelofibrosis	
Paralysis that is one of:	
– Diplegia	
– Hemiplegia	
– Paraplegia	
– Quadriplegia	
– Tetraplegia	
Parkinson's disease	
Peripheral blood stem cell or bone marrow transplant	
Peripheral neuropathy	
Primary pulmonary hypertension	
Severe burns	
Systemic lupus erythematosus	

2. You will not be covered for any **Trauma conditions** listed in the right column occurring within 3 **months** of when the **Plan** starts or restarts.

Table 3. Children's Trauma Cover

CHILDREN'S TRAUMA COVER COVERS THE FOLLOWING TRAUMA CONDITIONS FOR CHILDREN OVER THE AGE OF 10 YEARS[3]	
COVER FOR THE CONDITIONS IN THIS COLUMN STARTS IMMEDIATELY	COVER FOR THE CONDITIONS IN THIS COLUMN IS DELAYED FOR 3 MONTHS
Blindness	Aplastic anaemia
Kidney failure	Bacterial meningitis
Loss of hearing	Cancer
Major head trauma	Leukaemia
Major organ transplant	Subacute sclerosing panencephalitis
Paralysis that is one of: – Diplegia – Hemiplegia – Paraplegia – Quadriplegia – Tetraplegia	Viral encephalitis
Peripheral blood stem cell or bone marrow transplant	
Severe burns	

3. If the child is under age 10, the cover is delayed until they turn age 10.

We pay a lump sum of $100,000 (plus **CPI** indexation increases) if, before the **Plan anniversary** after the **insured person's** 16th birthday, they suffer one of the **Trauma conditions** for which they are covered and survive 14 days.

We also pay $25,000 if an **insured person** dies.

At the **Plan anniversary** on or before the **insured person's** 17th birthday, the Children's Trauma cover will be converted to Death cover (which includes the Terminal Illness benefit, the Guaranteed future insurability feature and the Funeral benefit).

Cover for the **insured person** ceases on payment of a benefit for a **Trauma condition** or if the **insured person** dies.

We will not pay if:

- the **insured person's Trauma condition** is caused directly or indirectly by any congenital condition, or
- the **insured person's Trauma condition** or death is caused directly or indirectly by:
  - alcohol or drugs, or
  - anybody who is connected to the **insured person**, or to either of their parents, or to a de facto spouse of either parent, or
- the **insured person** suffers a **Trauma condition** listed in the left hand column of Table 3, before the **insured person** turns age 10. We will never pay for that condition, even if the **insured person** suffers it again later.

Options

The following are options that you may select for your **Plan** if you have already selected Trauma cover. If you have selected these options, your **Certificate of Insurance** will show that the option has been selected with respect to an **insured person** and when the options start and ends.

Premier Partials Plus option

If you have selected this option, the **insured person** will be covered for an additional 5 partial benefit **Trauma conditions**. The additional **Trauma conditions** covered are set out in Table 4. Should the **insured person** suffer one of these **Trauma conditions**, we do not pay the sum insured but pay the lower of $10,000 or 10% of the sum insured (to a maximum of $25,000).

We do not pay again where the **insured person** suffers one of these **Trauma conditions** more than once.

On payment of a partial benefit, the trauma sum insured for the **insured person** is reduced by this amount. Your premium is also reduced accordingly.

Table 4. Premier Partials Plus option

THE PARTIALS PLUS OPTION COVERS THE FOLLOWING TRAUMA CONDITIONS FOR ADULTS[4]	
COVER FOR THE CONDITION IN THIS COLUMN STARTS IMMEDIATELY	COVER FOR THE CONDITIONS IN THIS COLUMN IS DELAYED FOR 3 MONTHS
Partial blindness	Melanoma Prostate Cancer Severe inflammatory bowel disease Severe osteoporosis

4. You will not be covered for any **Trauma conditions** listed in the right column occurring within 3 **months** of when the **Plan** starts or restarts.

Premier Buy Back option

If you have selected this option, you will be able to restore the Death cover on the **Plan** by the amount it was reduced upon payment of a claim for Trauma cover. This option is not available on payment of a Partial TPD benefit.

The option to restore the sum insured for Death cover becomes available one year after we pay the full Trauma cover claim, and is exercisable for 30 days.

We will base the premium for the new cover on our normal Death cover **premium rates** and the **insured person's** age at the time, taking into account the cover amount, and any special conditions or premium loadings applying to your original cover. The indexation feature and the Guaranteed future insurability feature are not available on the amount of Death cover sum insured issued as a result of exercising this option.

The Buy Back Option will cease on the date shown in the **Certificate of Insurance.**

Premier Trauma Reinstatement option

If you have selected this you can choose to restore the Trauma cover on the **Plan** by the amount it was reduced on payment of a claim for Trauma cover, without having to provide additional evidence of health, details of the **insured person's** occupation or pastimes.

This option does not apply to any Partial Trauma benefits we pay.

This option becomes available one year after we pay the full Trauma cover claim, and is exercisable for 30 days, by completing the relevant application form. We will base the premium for the restored Trauma cover on our Trauma cover rates applicable at the time and the **insured person's** age at the time, taking into account the sum insured and any special conditions or premium loadings applying to the original Trauma cover.

This option to reinstate the cover will cease on the earlier of the following:

- the date shown in the **Certificate of Insurance** and,
- 13 **months** after the date of the original claim for Trauma benefits.

If the Premier Buyback option applies to your **Plan**, you must restore the Death cover on your **Plan** at the same time you restore your Trauma cover otherwise you lose the option to restore your Death cover at a future date.

The indexation feature and the Guaranteed future insurability feature are not available on the amount of Trauma cover sum insured issued as a result of exercising this option.

We will not pay a claim for the Reinstated Trauma cover option if:

- the **insured person** was diagnosed or suffered symptoms leading to diagnosis of the new **Trauma condition** that became apparent or occurred in the intervening 13 **month** period prior to the date of reinstatement of the Trauma cover (and we receive your completed application form and first premium), or
- the new condition is the same as the original **Trauma condition** or is directly or indirectly caused by or related to the **Trauma condition** for which the original trauma cover was paid, or
- the new condition is directly or indirectly related to the treatment used for the original **Trauma condition**, or
- the condition is for kidney failure or a Heart Condition* and the original trauma cover payment was for systemic lupus erythematosus, or
- the condition is a Heart Condition* and the original trauma cover payment was also for a Heart Condition*, or
- the condition is a stroke or paralysis** (directly or indirectly resulting from a stroke) and the original trauma cover payment was for a Heart Condition*.

* Heart Condition means any of the following serious medical conditions or types of major surgery: angioplasty, coronary artery bypass surgery, heart valve replacement, surgery of the aorta, cardiomyopathy, heart attack, cardiac arrest or primary pulmonary hypertension.

** Paralysis means any one of diplegia, hemiplegia, paraplegia, quadriplegia or tetraplegia.

We won't pay a benefit under the reinstated trauma cover for a **Trauma condition** for which we have already paid a trauma benefit.

We won't pay a benefit under the reinstated trauma cover for a **Trauma condition** unless acceptable evidence is provided that the new **Trauma condition** is:

- independent of, and totally unrelated to the previously paid **Trauma condition**, and
- totally unrelated to the treatment used for the original **Trauma condition** for which we paid.

We won't pay a benefit under the reinstated trauma cover for any conditions or symptoms that become apparent or are diagnosed before the date of reinstatement of the Trauma cover.

Financial planning benefit

(Applicable to Non-Superannuation Plans)

This benefit is included automatically in this **Plan**.

We will reimburse you for the cost of financial planning advice up to $2,000 (additional to the amount of the benefit paid) after a claim benefit has been paid on this **Plan**, and you produce the evidence of this expense in a form acceptable to us.

This benefit is payable only once for each **insured person** on this **Plan** and must be claimed within 12 **months** of the claim benefit being paid.

The financial advice must come from a suitable qualified person acceptable to us.

Plan options

The following are options that you may select for your **Plan** depending on the type of cover you have selected for an **insured person**. If you have selected these options, your **Certificate of Insurance** will show that the option has been selected with respect to an **insured person** and when the option starts and ends.

Business Safeguard Option

(Applicable to Non-Superannuation Plans)

This benefit is to cover a key person to the business as an option with Death and/or TPD cover.

You can apply to increase the level of Death and/or TPD cover under this option:

- if this **Plan** forms part of a written buy/sell, share purchase or business continuation agreement: by the actual increase in the value of the **insured person's** interest in the business since the latter of the last time the option was exercised and the commencement of the option, or
- if the **insured person** is a key person to the business, the actual increase in the value of the **insured person** to the business since the latter of the last time the option was exercised and the commencement of the option.

The option will cease when any of the following occurs:

- you don't exercise the option for 5 years
- after 10 years from the commencement of the option
- the **insured person** turns 65
- the Death or TPD cover is 5 times the original amount
- the Death cover reaches $15,000,000 or the TPD cover reaches $2,500,000
- the **insured person** has received, or is eligible to receive, a benefit under this or another life insurance **Plan**.

You can't take up this option if at the time of your request the **insured person** has made or is eligible to make a terminal illness, trauma or TPD claim under any **Plan** with us.

You may apply to increase the level of Death or TPD cover, or both Death and TPD covers without further medical evidence. However, we will require financial evidence of the increase in the value of the business from an independent qualified accountant, business valuer, or other appropriate person all of whom must be approved by us.

Waiver of Premium option

Under this option, we will waive premiums that fall due under your **Plan** if the **insured person** is **totally disabled** for a period of more than 6 **months**. We may waive some or all of the premiums falling due under this option, depending on whether you have selected "Nominated life" or "Individual life".

There are 2 types of Waiver of Premium available under this Plan. However, you can add only one type to your **Plan**.

The 2 types of Waiver of Premium available are:

- **Individual Life** - you don't have to pay the premium for one or more **insured persons** while they are **totally disabled**.
- **Nominated Life** - you don't have to pay any premium under the **Plan** while a particular **insured person** is **totally disabled**.

Waiver of Premium option - Individual Life

(Applicable to Non-Superannuation and Superannuation Plans)

If an **insured person** has been **totally disabled** for at least 6 **months** before they turn age 60, you don't have to pay any more premiums for that **insured person** and their cover continues. In addition, the premium you paid during the 6 **months** while we determined if the **insured person** was **totally disabled** will be refunded to you.

For superannuation **Plans** we will pay this refund into a complying superannuation fund that you nominate, or an account in the AMP Eligible Rollover Fund (ERF) on your behalf.

You have to start paying the premium for that **insured person** again on the first of the following dates:

- as soon as that **insured person** stops being **totally disabled**, or
- the date Death cover ceases for the **insured person**, or
- the **Plan anniversary** on or after the **insured person's** 70th birthday, or
- the termination of the **Plan**.

This type of option is available for one or more **insured persons** covered under this **Plan**. If there is more than one insured person, we waive the plan fee that is charged for that particular insured person.

The **Certificate of Insurance** shows when this cover ends.

Waiver of Premium option - Nominated Life

(Not available in Superannuation Plans)

If you have selected this option only one "nominated" **insured person** is covered by the Waiver of Premium option.

If that person has been **totally disabled** for at least 6 **months** before they turn age 60, you don't have to pay any more premiums under this **Plan** even if there are other **insured persons** on the **Plan** and they are not **totally disabled**. In addition, the premium you paid during the 6 **months** while we determined if the **insured person** was **totally disabled** will be refunded to you.

You have to start paying the premium on the **Plan** again on the first of the following dates:

- as soon as the nominated **insured person** stops being **totally disabled**, or
- the date Death cover ceases for the nominated **insured person**, or
- the **Plan anniversary** on or after the nominated **insured person's** 70th birthday, or
- the termination of the **Plan**, or
- if that **insured person** dies.

Trauma definitions and descriptions

Medical diagnoses and investigation methods used in many of the **Trauma conditions** that we cover are advancing at a rapid rate. Some of these new diagnostic method(s) may prove to better define a particular **Trauma condition**.

Should the **insured person** be diagnosed with one of the **Trauma conditions**, and the method(s) used to diagnose it isn't specified within our trauma definition, we may take that method(s) into consideration. This may assist in the assessment of your claim.

Please note that to satisfy the following descriptions the insured person must survive 14 days.

Alzheimer's disease and other dementias

The **insured person's** brain function fails significantly and permanently. The failure must cause the **insured person** to:

- be unable to perform any one of the Activities of Daily Living without assistance from someone else, or
- require daily care on an ongoing basis.

We won't pay if the dementia is directly caused by alcohol or drug abuse.

Glossary of terms

Activities of Daily Living - See page 30 for the definition

Dementia - Progressive mental deterioration due to organic disease of the brain.

Aortic surgery

The **insured person** has surgery performed to correct a structural abnormality of the thoracic or abdominal aorta. In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment. We won't pay for surgery performed using intraluminal or laparoscopic techniques.

Glossary of terms

Aorta - The main artery arising from the heart with branches to every part of the body.

Intraluminal techniques - The treatment of internal abnormalities by means of a catheter inserted through a superficial blood vessel to apply certain techniques, and not involving an open surgical operation.

Catheter - A hollow tube.

Aplastic anaemia

The **insured person** has severe aplasia of bone marrow as defined by an appropriate consultant medical specialist.

Glossary of terms

Aplasia - Failure of the bone marrow to produce blood cells.

Aplastic anaemia - A severe form of anaemia caused by aplasia of the bone marrow.

Bacterial meningitis

The **insured person** suffers bacterial meningitis caused by a proven organism. The meningitis must produce neurological deficit causing permanent and significant functional impairment.

Glossary of terms

Meningitis - Inflammation of the covering of the brain and spinal cord.

Neurological deficit - Abnormalities of the nervous system producing certain symptoms and resulting in disorders of function.

Benign tumour of the brain or spinal cord

The **insured person** has a non-cancerous tumour in the brain or spinal cord which is histologically described and which produces neurological deficit causing permanent and significant functional impairment or requires radical surgery for its removal.

We don't cover any of the following:

- cysts, granulomas and cerebral abscesses, or
- malformations in, or of, the arteries or veins of the brain, or
- haematomas, or
- tumours in the pituitary gland.

Glossary of terms

Benign tumour - An enlargement or swelling due to overgrowth of tissue which pushes aside normal tissue but doesn't invade it.

Cerebral abscess - A localised collection of pus occurring in the brain.

Cyst - A sac or capsule containing liquid or semi-solid substance.

Granuloma - Mass of tissue occurring in reaction to the presence of, for example, a foreign body or bacterial infection.

Haematoma - A mass produced by a coagulation of blood in a tissue or cavity.

Histologically described - A conclusion reached after a microscopic examination of cells.

Neurological deficit - Abnormalities of the nervous system producing certain symptoms and resulting in disorders of function.

Pituitary gland - The master gland of the endocrine system which controls hormone production of other endocrine glands.

Blindness

The **insured person** loses the sight of both eyes to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 10 degrees or less of arc. That loss must be irreversible and unable to be corrected by glasses or any other means.

Cancer

The **insured person** suffers a malignant tumour, malignant sarcoma, Hodgkin's lymphoma, non-Hodgkin's lymphoma, malignant bone marrow disorder or leukaemia with the exception of chronic lymphocytic leukaemia, Binet stages A and B or Rai stages 0, I and II. We only pay for chronic lymphocytic leukaemia Rai stages 1 or 2 if the insured is diagnosed under the age of 45.

The cancer must be confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion of normal tissue.

We won't pay for any of the following:

- skin cancers other than melanoma, or
- melanoma where the thickness is less than 1.5mm and the Clark level of invasion is Level 1 or 2, or
- prostatic tumours which are equivalent to or less than TNM Classification T1 and a Gleason score of less than 8 (note, we won't consider the Gleason score for prostatic tumours which are equivalent to or more than TNM Classification T2), or
- HIV/AIDS related cancers, or
- tumours which are histologically described as pre-malignant or showing malignant changes of "carcinoma in situ" other than those requiring treatment similar in extent to that which would be undertaken for invasive carcinoma. Treatment in this instance is defined as surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy).

Glossary of terms

Binet/Rai stages - Classification of chronic lymphocytic leukaemia which describes disease progression.

Bone marrow disorders - Life shortening disorder of bone marrow elements.

Carcinoma in situ - Cancer confined to its site of origin and readily curable.

Chronic lymphocytic leukaemia - A form of leukaemia that is usually only life threatening in its advanced stages.

Clark Level - A classification system describing the depth of invasion of a melanoma past the top layers of the skin. The classifications are from 1 to 5.

Gleason score - A grading method assigned to indicate how aggressive the tumour is.

Histologically described - A conclusion reached after a microscopic examination of cells.

Hodgkin's lymphoma and non-Hodgkin's lymphoma - Sometimes treatable malignant diseases causing enlargement of the lymph nodes and spleen.

Leukaemia - A malignant disease of the bone marrow, where there is impairment of formation of infection and symptoms of anaemia such as tiredness and fatigue.

Malignant bone marrow disorders - Malignant disease in the bone marrow due to tumour spread from other organs or due to tumours arising from the blood-forming cells resulting in life threatening effects on the mature blood cells.

Melanoma - A malignant tumour of the skin, usually developing from a mole.

Sarcoma - A malignant tumour of tissues such as bone, muscle or ligament.

TNM classification - A classification system describing the extent of local infiltration and spread to glands or other parts of the body.

Cancer (Partial)

The **insured person** suffers carcinoma in situ of the vulva, vagina or fallopian tubes, where the tumour is classified as tumour in situ (Tis) according to the TNM classification system.

We will pay:

- $10,000, or
- 25% of the sum insured (subject to a maximum of $50,000),

whichever is higher.

If we pay under this particular **trauma condition**, the cover for other **trauma conditions** the **insured person** has on this **Plan** continues, but the continuing amount of cover is reduced by what we paid under this condition. Your premium is also reduced accordingly.

We pay under this definition only once.

Glossary of terms

Carcinoma in situ - Cancer confined to its site of origin and readily curable.

TNM classification - A classification system describing the extent of local infiltration and spread to glands or other parts of the body.

Cardiomyopathy

The **insured person's** heart muscle fails to function properly resulting in permanent physical impairment to at least Class 3 of the New York Heart Association Classification of Cardiac Impairment.

We won't pay for cardiomyopathy that is directly caused by alcohol, or related to drug use that is not prescribed by a **Doctor**.

Glossary of terms

New York Heart Association Classification of Cardiac Impairment - A functional classification to assess cardiovascular disability.

Class 3 - Physical impairment constituted by a marked limitation of physical activity. The insured person will be comfortable at rest, but less while engaging in ordinary activity.

Coma

The **insured person** is in a state of unconsciousness and doesn't react to external stimuli. The state of unconsciousness must score 6 or less on the Glasgow Coma Scale.

The state of unconsciousness must either:

- be continuous for at least 4 days, followed by new functional impairment producing neurological signs which last at least a further 14 days. The signs must be demonstrated clinically and by a cerebral CT scan, angiogram, MRI, PET, or any other reliable imaging technique approved by AMP, or
- be continuous for at least 90 days.

In all circumstances, we won't pay for any coma that is:

- caused by the **insured person's** alcohol or drug abuse, or
- is the result of the **insured person** suffering another **Trauma condition** for which we pay.

Glossary of terms

Glasgow Coma Scale - bedside assessment of levels of consciousness.

Coronary artery angioplasty (Partial)

The insured person undergoes angioplasty involving less than 3 coronary arteries during the same procedure (with or without the insertion of a stent, laser therapy or atherectomy).

In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

We will pay:

- $10,000, or
- 25% of the sum insured (subject to a maximum of $50,000),

whichever is higher.

if we pay under this particular **trauma condition**, the cover for other **trauma conditions** the **insured person** has on this **Plan** continues, but the continuing amount of cover is reduced by what we paid under this condition. Your premium is also reduced accordingly.

We pay under this definition only once.

Glossary of terms

Angioplasty - The treatment of an internal abnormality by the inflation of a balloon catheter inserted through a superficial artery and not involving an open surgical operation.

Coronary artery - Vessel conveying blood to the heart muscle.

Coronary artery angioplasty - triple vessel

The **insured person** undergoes angioplasty of the coronary arteries (with or without the insertion of a stent, laser therapy or atherectomy) to 3 or more coronary arteries within the same surgical procedure.

Angiographic evidence, indicating obstruction of 3 or more coronary arteries, is required to confirm the need for this procedure.

In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

Glossary of terms

Angioplasty - The treatment of an internal abnormality by the inflation of a balloon catheter inserted through a superficial artery and not involving an open surgical operation.

Coronary artery - Vessel conveying blood to the heart muscle.

Coronary artery surgery

The **insured person** has coronary artery disease and as a result has surgery involving bypass grafts to one or more coronary arteries. In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

We don't pay under this particular **trauma condition** for procedures such as angioplasty, laser and intra-arterial techniques or other non-surgical procedures.

Glossary of terms

Angioplasty - The treatment of an internal abnormality by the inflation of a balloon catheter inserted through a superficial blood vessel and not involving an open surgical operation.

Coronary artery - Vessel conveying blood to the heart muscle.

Coronary artery disease - Significant narrowing or blockage of the coronary arteries.

Encephalitis

The **insured person** is diagnosed as having encephalitis by an appropriate consultant medical specialist.

The **insured person** must have impaired brain function which causes permanent inability to perform any one of the Activities of Daily Living without assistance from someone else.

We won't pay for encephalitis caused directly or indirectly by HIV/AIDS.

Glossary of terms

Activities of Daily Living - Refer to page 30 for the definition.

Encephalitis - Infection of the brain causing inflammation.

Heart attack - myocardial infarction

Part of the **insured person's** heart muscle dies as a result of inadequate blood supply to the relevant area.

An appropriate consultant medical specialist must certify that a heart attack has occurred and provide confirmatory evidence of this by the following test results:

- new electrocardiographic changes consistent with myocardial infarction, and
  - abnormal biomarkers such as a cardiac enzyme rise above the upper limit of normal, or
  - a rise of Troponin I above 2.0 ng/ml or Troponin T above 0.6 ng/ml.

If on the above criteria, a heart attack is confirmed, but the results are below the limits indicated, then the following will be considered as diagnostic evidence:

- abnormal wall motion as assessed by echocardiography, or
- reduction of left ventricular ejection fraction to 50% or less,

where either of the above is confirmed at least 6 weeks after the cardiac event.

We won't pay for other causes of severe non-cardiac chest pain, heart failure or angina.

Glossary of terms

Abnormal wall motion - An area of dead heart muscle.

Cardiac enzymes - Damage to heart muscle can raise the level of these enzymes. this is shown in a blood test.

Echocardiography - the use of ultrasound to investigate the heart.

Electrocardiographic changes - A graph of electrical activity of the heart showing variation from the normal which is consistent with a heart attack.

Myocardial infarction - Heart attack.

Heart attack - Out of hospital cardiac arrest

The **insured person** suffers a cardiac arrest which:

- isn't associated with any medical procedure, and
- is documented by an electrocardiogram, and
- occurs outside a hospital, and
- is due to either cardiac asystole or ventricular fibrillation.

Glossary of terms

Cardiac arrest - Sudden, and often unexpected, stoppage of effective heart action.

Cardiac asystole - complete failure of contraction of the heart causing cardiac arrest.

Electrocardiogram - A graph of electrical activity of the heart.

Ventricular fibrillation - Heart abnormality with ineffective twitching of the heart chambers.

Heart valve surgery

The **insured person** has surgery to correct, or replace, a cardiac valve. In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

We won't pay for surgery performed using intraluminal or laparoscopic procedures.

Glossary of terms

Intraluminal techniques - The treatment of internal abnormalities by means of a catheter inserted through a superficial blood vessel to apply certain techniques, and not involving an open surgical operation.

HIV/AIDS - medically acquired

The **insured person** acquires HIV through Accidental infection as a result of a medical procedure. We will only pay if we believe on the balance of probabilities that the infection arose because of one of the medical events listed below.

The event must have been medically necessary and it was performed by or under the supervision of a medical **Doctor** or a dentist, and:

- it occurred to the **insured person** in either Australia or New Zealand, and
- it occurred as a result of any one of the following procedures:
  - a blood transfusion
  - the transfusion with blood products
  - an organ transplant to the **insured person**
  - assisted reproductive techniques.

Before we will pay, we will require proof of the incident via a statement from a Statutory Health Authority that the infection was medically acquired.

We won't pay if the HIV infection is acquired through any other cause including but not limited to sexual activity, intravenous drug use except as a legitimate medical procedure, or deliberate self-infection.

Glossary of terms

HIV - the Human Immunodeficiency Virus. As the name implies over time infection with HIV causes the immune system to become deficient, which can lead to the development of illnesses such as cancers.

HIV/AIDS - occupationally acquired

The **insured person** becomes infected with HIV if:

- the virus is acquired as a result of an **accident** occurring during the course of the **insured person's** normal occupation, and
- the virus is acquired while the **insured person** was carrying out their normal occupational duties, and
- sero conversion to the HIV infection occurs within 6 **months** of that **accident**.

Any **accident** giving rise to a potential claim must be reported:

- to the relevant authority or employer, and
- to us within 14 days of its occurrence, and
- be supported by a negative HIV antibody test taken after the **accident**.

We will only pay if we are able to:

- independently test all blood samples used
- take further samples
- obtain a copy of the report made to the relevant institution or employer, and
- obtain all evidence relating to the alleged source of infection.

We won't pay if:

- the HIV infection is acquired through any other cause including but not limited to sexual activity, recreational intravenous drug use or deliberate self-infection, or
- recommended precautionary measures aren't taken before or after the presumed causal event.

Glossary of terms

HIV - the Human Immunodeficiency Virus. As the name implies, over time infection with HIV causes the immune system to become deficient, which can lead to the development of illnesses such as cancers.

Sero conversion - The documented change from the absence to the presence in the blood of antibodies to the HIV. These antibodies usually appear in the blood for the first time within 8 to 12 weeks of infection occurring but can appear later.

Intensive care

The **insured person** has an **accident** or illness which requires them to have continuous mechanical ventilation by means of tracheal intubation. The tracheal intubation must need to continue for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital.

We won't pay where the **accident** or illness is a result of alcohol or drug use that isn't prescribed by a **Doctor**.

Glossary of terms

Mechanical ventilation - Mechanically assisted movement of air into the lungs.

Tracheal intubation - Insertion of a tube into the trachea.

Kidney failure

The **insured person** suffers irreversible failure of both kidneys which requires either:

- continuing renal dialysis, or
- transplantation of a human kidney.

In the opinion of an appropriate consultant medical specialist, the dialysis or transplant must be required on medical grounds and must be the most appropriate treatment.

We won't pay in the event of temporary renal dialysis for acute and reversible kidney failure.

Glossary of terms

Kidney transplant - Transplantation of a donor kidney into another person's body.

Renal dialysis - The use of defined filtering techniques to remove waste products normally excreted by the kidney.

Leukaemia

The **insured person** is diagnosed with leukaemia.

Glossary of terms

Leukaemia - A malignant disease of the bone marrow, causing abnormalities in the blood, spleen and lymph nodes.

Liver failure

The **insured person** suffers irreversible failure of the liver and as a result the only effective treatment option is to receive a liver transplant. In the opinion of an appropriate consultant medical specialist, the transplant must be required on medical grounds and must be the most appropriate treatment.

We won't pay if the liver failure is directly caused by alcohol or related to use of other drugs not prescribed by a **Doctor**.

Loss of hearing

The **insured person** suffers a total and permanent loss of hearing, both natural and assisted from both ears. A cochlear implant must be deemed necessary by an appropriate consultant medical specialist. This must be certified at least 3 **months** after the ability to hear was first lost.

Loss of independent living

The **insured person** suffers total and permanent inability to perform at least 2 of the Activities of Daily Living without assistance from someone else.

We won't pay for loss of independent living caused directly by alcohol or drug abuse.

Glossary of terms

Activities of Daily Living - Refer to page 30 for the definition.

Loss of speech

The **insured person** totally loses the ability to speak due to organic brain disease or accidental injury. The loss must be irreversible. We won't pay for loss of speech which is due to any psychological cause.

Loss of use of limbs and/or sight

The **insured person**, because of physical severance or permanent nerve damage, totally and permanently loses the:

- use of both feet, or
- use of both hands, or
- use of one foot and one hand, or
- sight in both eyes (to the extent of 6/60 or less), or
- any combination of 2 of: a hand, a foot or sight in an eye (to the extent of 6/60 or less).

Lung failure

The **insured person** suffers irreversible failure of both lungs and as a result requires continuous oxygen supply and with FEV1 test results of consistently less than one litre.

Glossary of terms

FEV1 - Forced expiratory volume in one second.

Major head trauma

The **insured person** suffers an accidental head injury which produces neurological deficit causing significant functional impairment which, in the opinion of an appropriate consultant medical specialist, is likely to be permanent.

Glossary of terms

Neurological deficit - Abnormalities of the nervous system producing certain symptoms and resulting in disorders of function.

Functional impairment - Abnormalities of the nervous system producing certain symptoms and resulting in some disorder of function.

Major organ transplant

The **insured person** requires a transplant from a donor of one of the following whole organs and is placed on a waiting list at an Australian hospital:

- kidney
- heart
- liver
- lung
- pancreas.

In the opinion of an appropriate consultant medical specialist, the transplant must be required on medical grounds and must be the most appropriate treatment.

We won't pay in the event of a donation by the **insured person** of an organ for transplant.

Melanoma (Partial)

The **insured person** has a malignant melanoma where the thickness is less than 1.5mm and the Clark level of invasion is Level 2. The melanoma must be confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion of normal tissue. We won't pay for a melanoma where the thickness is less than 1.5mm and the Clark level of invasion is Level 1.

We will pay:

- $10,000, or
- 10% of the sum insured (subject to a maximum of $25,000), whichever is higher.

If we pay under this particular **trauma condition**, the cover for other **trauma conditions** the insured person has on this **Plan** continues, but the continuing amount of cover is reduced by what we paid under this condition. Your premium is also reduced accordingly.

We pay under this definition only once.

Glossary of terms

Clark Level - A classification system describing the depth of invasion of a melanoma past the top layers of the skin. The classifications are from 1 to 5.

Melanoma - A malignant tumour of the skin, usually developing from a mole.

Motor neurone disease

The **insured person** receives an unequivocal diagnosis of motor neurone disease by an appropriate consultant medical specialist.

Glossary of terms

Motor neurone disease - Disorders with progressive muscle weakness and wasting due to destruction of nerves.

Multiple sclerosis

The **insured person** receives an unequivocal diagnosis of advanced multiple sclerosis by an appropriate consultant medical specialist. There must be significant neurological deficit which causes permanent inability to perform any one of the Activities of Daily Living without the assistance of someone else.

Glossary of terms

Activities of Daily Living - Refer to page 30 for the definition.

Multiple sclerosis - A disease with abnormal nervous tissue in the brain and spinal cord which interferes with the normal function of the nerves.

Neurological deficit - Abnormalities of the nervous system producing certain symptoms and resulting in disorders of function.

Muscular dystrophy

The **insured person** receives an unequivocal diagnosis of muscular dystrophy by an appropriate consultant medical specialist.

Glossary of terms

Muscular dystrophy - An inherited disease which results in the muscles failing to function.

Myelodysplasia

The **insured person** is diagnosed to have myelodysplasia by an appropriate consultant medical specialist. The condition must have progressed to the point that it is permanent and the severity is such that the **insured person** requires a blood transfusion at least monthly and/or admission to hospital due to complications of the disorder at least 4 times per year.

Glossary of terms

Myelodysplasia - A bone marrow disorder leading to significant impairment of normal blood formation which results in anaemia, reduced white blood cells and platelets.

Myelofibrosis

The **insured person** is diagnosed to have myelofibrosis by an appropriate consultant medical specialist. The condition must have progressed to the point that it is permanent and the severity is such that the insured person requires a blood transfusion at least monthly.

Glossary of terms

Myelofibrosis - A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen.

Open heart surgery

The **insured person** has open heart surgery requiring diversion of the blood through a heart-lung machine, in order to have surgery to correct any heart defect including heart valve surgery. In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment. We won't pay under this particular **trauma condition** for procedures such as valvotomy or coronary artery angioplasty which don't require open heart surgery.

Glossary of terms

Coronary artery angioplasty - The treatment of an internal abnormality by the inflation of a balloon catheter inserted through a superficial blood vessel and not including an open surgical operation.

Valvotomy - surgical widening of a narrowed heart valve.

Paralysis - diplegia

The **insured person** suffers total and permanent paralysis of both arms or both legs due to organic disease or accidental injury. We won't pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.

Glossary of terms

Paralysis - Complete loss of the ability to move parts of the body. It is a symptom of a wide variety of disorders.

Paralysis - hemiplegia

The **insured person** suffers total and permanent paralysis of both the arm and the leg on the same side of the body due to organic disease or accidental injury. We won't pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.

Glossary of terms

Paralysis - Complete loss of the ability to move parts of the body. It is a symptom of a wide variety of disorders.

Paralysis - paraplegia

The **insured person** suffers total and permanent paralysis of both legs due to organic disease or accidental injury. We won't pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.

Glossary of terms

Paralysis - Complete loss of the ability to move parts of the body. It is a symptom of a wide variety of disorders.

Paralysis - quadriplegia

The **insured person** suffers total and permanent paralysis of both arms and both legs due to organic disease or accidental injury. We won't pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.

Glossary of terms

Paralysis - Complete loss of the ability to move parts of the body. It is a symptom of a wide variety of disorders.

Paralysis - tetraplegia

The **insured person** suffers total and permanent paralysis of both arms and both legs, together with loss of head movement, due to organic disease or accidental injury. We won't pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.

Glossary of terms

Paralysis - Complete loss of the ability to move parts of the body. It is a symptom of a wide variety of disorders.

Parkinson's disease

The **insured person** receives an unequivocal diagnosis of advanced Parkinson's disease. There must be significant neurological deficit which causes permanent inability to perform any one of the Activities of Daily Living without assistance from someone else.

Glossary of terms

Activities of Daily Living - Refer to page 30 for the definition.

Neurological deficit - Abnormalities of the nervous system producing certain symptoms and resulting in disorders of function.

Parkinson's disease - A progressive disease of the brain with muscle stiffness and tremors.

Parkinson's disease (Partial)

The **insured person** receives an unequivocal diagnosis of Parkinson's disease as confirmed by an appropriate consultant medical specialist.

Parkinson's Disease means the unequivocal diagnosis of idiopathic Parkinson's Disease due to degeneration in the nigrostriatal area of the midbrain and characterised clinically, by one or more of the following symptoms:

- rigidity
- tremor
- akinesia.

Other forms of Parkinsonism, whether related to medication, toxins or other neurodegenerative conditions are specifically excluded.

We will pay:

- $10,000, or
- 10% of the sum insured (subject to a maximum of $25,000),

whichever is higher.

if we pay under this particular **trauma condition**, the cover for other **trauma conditions** the insured person has on this **Plan** continues, but the continuing amount of cover is reduced by what we paid under this condition. Your premium is also reduced accordingly.

We pay under this definition only once.

Glossary of terms

Akinesia - Absence, loss, or impairment of the power of voluntary movement.

Nigrostriatal system - An area deep within the brain.

Parkinson's disease - A progressive disease of the brain with muscle stiffness and tremors.

Partial blindness

The **insured person**:

- loses the sight in both eyes with irreversible eye damage to the extent of 6/24, or
- loses the sight in one eye where visual acuity has reduced to 6/60 or less in that one eye, and the loss is unable to be corrected by glasses or any other means.

We will pay:

- $10,000, or
- 10% of the sum insured (subject to a maximum of $25,000),

whichever is higher.

If we pay under this particular **trauma condition**, the cover for other **trauma conditions** the insured person has on this **Plan** continues, but the continuing amount of cover is reduced by what we paid under this condition. Your premium is also reduced accordingly.

We pay under this definition only once.

Peripheral blood stem cell or bone marrow transplant

The insured person receives a bone marrow transplant, or peripheral blood stem cell transplant for the treatment of lymphoma or leukaemia. In the opinion of an appropriate consultant medical specialist, the transplant must be required on medical grounds and must be the most appropriate treatment.

We won't pay in the event of a donation by the **insured person** of an organ for transplant.

Peripheral neuropathy

The **insured person** is diagnosed to have peripheral neuropathy by an appropriate consultant medical specialist. The condition must have progressed to the point that it is permanent and result in the **insured person** not being able to do any one or more of the below activities without assistance from someone else:

- get in and out of a bed
- get on or off a chair/toilet
- move from place to place without using a wheelchair.

We won't pay if the peripheral neuropathy is directly caused by alcohol or related to use of other drugs not prescribed by a **Doctor.**

We won't pay if this condition is contributed to or caused by HIV/AIDS related conditions.

Glossary of terms

Peripheral neuropathy - A disease of the nerves which affects people's ability to use their arms, or hands or legs or feet.

Pneumonectomy

The **insured person** undergoes surgical removal of an entire lung. In the opinion of an appropriate consultant medical specialist, the **insured person** must require the treatment on medical grounds and it must be the most appropriate treatment.

Primary pulmonary hypertension

The **insured person** suffers primary pulmonary hypertension associated with the right ventricle being enlarged and this:

- is established by cardiac catheterisation and/or echocardiography, and
- results in permanent physical impairment to at least Class 3 of the New York Heart Association Classification of Cardiac Impairment.

We don't pay for any other causes of pulmonary hypertension.

Glossary of terms

Cardiac catheterisation - A tube inserted into the heart or coronary arteries.

Echocardiography - The use of ultrasound to investigate the heart.

New York Heart Association Classification of Cardiac Impairment - Is a functional classification to assess cardiovascular disability.

Class 3 - Physical impairment constituted by a marked limitation of physical activity. The **insured person** will be comfortable at rest, but less while engaging in ordinary activity.

Primary pulmonary hypertension - A condition, cause unknown, associated with increased pressure in the heart-lung circulation, and manifested by an enlarged right ventricle of the heart, as confirmed by chest x-ray, ECG, echocardiogram and cardiac catheter studies.

Right ventricle - One of the major lower chambers of the heart.

Prostate cancer (Partial)

The **insured person** is diagnosed as having a prostate tumour equivalent to TNM Classification T1 and a Gleason score of less than 8. The tumour must be confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion of normal tissue.

We will pay:

- $10,000, or
- 10% of the sum insured (subject to a maximum of $25,000),

whichever is higher.

If we pay under this particular **trauma condition**, the cover for other **trauma conditions** the **insured person** has on this **Plan** continues, but the continuing amount of cover is reduced by what we paid under this condition. Your premium is also reduced accordingly.

We pay under this definition only once.

Glossary of terms

Gleason score - A grading method assigned to indicate how aggressive the tumour is.

TNM classification - A classification system describing the extent of local infiltration and spread to glands or other parts of the body.

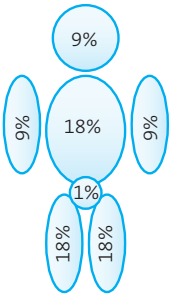
Severe burns

The **insured person** suffers third degree burns to 20% or more of their body surface area as measured by the Lund Browder Body Surface Chart shown below.

The burns can be caused by thermal, electrical or chemical agents.

The head (including the neck) and each arm (including the hand) are separately considered to be 9% of the total body surface. The front, back and legs (including feet) are each separately considered to be 18% of the total body surface, with the remaining 1% being the perineal area.

We will also pay if the **insured person** suffers third degree burns to the whole of both hands or the whole of the face where grafting is required.



Lund Browder Body Surface Chart

Severe inflammatory bowel disease (Partial)

The **insured person** suffers severe inflammatory bowel disease. Severe inflammatory bowel disease means a diagnosis of Crohn's disease and/or ulcerative colitis that has failed surgical and conventional medical intervention and requires indefinite second-line therapy.

We will pay:

- $10,000, or
- 10% of the sum insured (subject to a maximum of $25,000),

whichever is higher.

If we pay under this particular **trauma condition**, the cover for other **trauma conditions** the insured person has on this **Plan** continues, but the continuing amount of cover is reduced by what we paid under this condition. Your premium is also reduced accordingly.

We pay under this definition only once.

Glossary of terms

Crohn's disease - A chronic inflammatory disease, primarily involving the small and large intestine, which can affect other parts of the digestive system.

Ulcerative colitis - An inflammatory bowel disease that causes inflammation and sores (ulcers) in the lining of the large intestine.

Severe osteoporosis (Partial)

The **insured person** suffers severe osteoporosis. Severe osteoporosis means the **insured person**, before the age of 50, suffers at least 2 vertebral body fractures or a fracture of the neck or femur, due to osteoporosis and has bone mineral density reading with a T-score of less than -2.5. This must be measured in at least 2 sites by dual energy x-ray absorptiometry (DEXA).

We will pay:

- $10,000, or
- 10% of the sum insured (subject to a maximum of $25,000),

whichever is higher.

If we pay under this particular **trauma condition**, the cover for other **trauma conditions** the **insured person** has on this **Plan** continues, but the continuing amount of cover is reduced by what we paid under this condition. Your premium is also reduced accordingly.

We pay under this definition only once.

Glossary of terms

Osteoporosis - A softening of the bones that gradually increases and makes them more fragile.

T-score of less than -2.5 - 2.5 standard deviations below the young adult mean for bone density.

Dual energy X-ray absorptiometry (DEXA) - An imaging test that measures bone density by passing x-rays with 2 different energy levels through the bone.

Severe rheumatoid arthritis

The **insured person** is diagnosed as having severe rheumatoid arthritis, by an appropriate consultant medical specialist who recommends reconstructive surgery as part of the most appropriate treatment, where response to conventional disease modifying therapy has failed and the condition has progressed to the point that the **insured person** can't perform any one of the Activities of Daily Living without assistance from someone else.

We won't pay for any other form of arthritis.

Glossary of terms

Activities of Daily Living - Refer to page 30 for the definition.

Severe rheumatoid arthritis - Chronic active arthritis with no complete freedom from pain and moderate or marked deformities with serious restrictions of movement and impairment of function.

Stroke

The **insured person** suffers a cerebrovascular episode producing neurological damage which lasts for more than 24 hours.

The damage must be evidenced clinically by:

- cerebral CT scan, or
- an angiogram, or
- an MRI or PET, or
- other reliable imaging techniques approved by AMP Life.

We won't pay for transient ischaemic attacks, reversible ischaemic neurological deficit, major head injuries or symptoms due to migraine or headache.

Glossary of terms

Cerebrovascular episode - An event where the blood supply to part of the brain is impaired.

CT scan, angiogram, MRI or PET - Variety of tests which provide images of an organ such as the brain. These tests are used to define abnormalities such as tumour or damage to an organ from impaired blood supply or injury.

Neurological damage - Damage to the brain, spinal cord or nerves where the normal structure and function has been affected resulting in symptoms such as impaired vision, speech or paralysis.

Transient ischaemic attack - An event where there is temporary interruption of the normal blood flow to the brain, resulting in temporary abnormalities of brain function and leading to symptoms such as impairment of balance, vision, speech or co-ordination which aren't permanent. Recovery of normal function occurs within 24 hours.

Reversible ischaemic neurological deficit - Abnormality of neurological function which lasts for 24 hours but which is reversible.

Subacute sclerosing panencephalitis

The **insured person** suffers subacute sclerosing panencephalitis.

Glossary of terms

Subacute sclerosing panencephalitis - A progressive and fatal disease of the brain suspected to be of viral origin.

Systemic lupus erythematosus (SLE)

The **insured person** suffers systemic lupus erythematosus where irreversible organ damage has occurred requiring intravenous immunosuppressive or cytotoxic therapy.

The organ damage includes lupus nephritis, cerebral lupus, cardiac disease specially related to SLE. An appropriate consultant medical specialist must confirm the diagnosis of SLE with pathological and other supporting evidence.

Glossary of terms

Cerebral lupus - A chronic autoimmune disease characterised by inflammation in the brain.

Cytotoxic therapy - A process that kills cells.

Immunosuppressive - Capable of suppressing the immune response.

Lupus nephritis - A kidney disease that occurs with SLE and often leads to renal failure.

Systemic lupus erythematosus - A chronic inflammatory condition affecting the internal organs, caused by an autoimmune disease.

Systemic sclerosis

The **insured person** is diagnosed to have systemic sclerosis by an appropriate consultant medical specialist. The condition must have progressed to the point that the **insured person** can't perform any one of the Activities of Daily Living without assistance from someone else. See page 30 for the definition of Activities of Daily Living.

Glossary of terms

Activities of daily living - Refer to page 30 for the definition.

Systemic sclerosis - A progressive skin disorder which is characterised by thickening and tightening of the skin affecting the face and hands. The disease also affects internal organs.

Viral encephalitis

The **insured person** suffers encephalitis due to direct viral invasion of the central nervous system. The encephalitis must produce neurological deficit causing permanent and significant functional impairment.

Glossary of terms

Encephalitis - Inflammation of the brain.

Neurological deficit - Abnormalities of the nervous system producing certain symptoms and resulting in disorders of function.

Glossary of definitions

Activities of daily living

1. Washing: the **insured person** can wash themselves by some means.
2. Dressing: the **insured person** can put clothing on or take clothing off.
3. Feeding: the **insured person** can get food from a plate into their mouth.
4. Continence: the **insured person** can control both their bowel and their bladder function.
5. Mobility: the **insured person** can:
   a) get in and out of a bed
   b) get on or off a chair/toilet, and
   c) move from place to place without using a wheelchair.

Carer

The primary caregiver, who provides assistance with communication, mobility or self-care to a disabled or aged person, for more than 6 **months**.

Certificate of insurance

Certificate of Insurance is the Certificate we send you when the **Plan** starts.

The Certificate sets out the details of who owns the **Plan**, who is insured, the amount of cover, and other important information about the **Plan** when it starts.

The Certificate and the **Plan** Rules in this document form your contract with AMP.

The information in the **Certificate of Insurance** can be updated in the following 2 ways:

- first, in the Annual Statement we send you each year, and
- second, if you ask us to change the **Plan** and we agree to it, we will send you a **Memorandum of Alteration** recording the change.

We suggest that you keep each Annual Statement and each **Memorandum of Alteration** with the **Certificate of Insurance**.

CPI

CPI means Consumer Price Index All Groups weighted average for the 8 capital cities published by the Australian Bureau of Statistics. If that index is abolished or changed, we may use another index which we believe fairly and accurately reflects changes in the cost of living.

When calculating the increase to the plan fee or the amount of cover, we use the annual percentage increase to the index for the September quarter in the previous calendar year.

Doctor

Doctor means a legally qualified medical practitioner registered to practise in Australia, New Zealand, the United Kingdom, the United States of America, or Canada.

That person may not be:

- you, your business partner, or a member of your immediate family, or
- the **insured person**, the **insured person's** business partner, or a member of the **insured person's** immediate family.

Home duties

An **insured person** is engaged in **Home duties** if they are doing at least 4 of the following duties related to running the family home:

- cleaning the family home
- shopping for food and household items
- meal preparation
- laundry services
- caring for a child or dependant (if applicable).

Linked

Linked cover means that each type of cover for an **insured person** is dependent on each other type. If we pay under one type of cover, the amount of each remaining type of cover that applies to an **insured person** is reduced by the amount we pay.

Memorandum of alteration

Memorandum of Alteration is a document we send you confirming a change to the **Plan**.

Month

Month means calendar **month**.

Own occupation

Your **Own occupation** is the primary full-time occupation you have performed immediately prior to becoming disabled.

Plan

Plan means the rules in this document, the **Certificate of Insurance**, your Annual Statements and any documents we send you recording a change to your **Plan**.

Plan anniversary

The date of the **Plan anniversary** for the **Plan** appears in the **Certificate of Insurance**. For most **Plans**, it will be the same date in each year as the date on which the **Plan** starts. However, if you want it to be a different date, we may agree to make it a different date.

The **Plan anniversary** is the date in each year on which we make any **CPI** increase to the types of cover. When we recalculate the premium each year, the new amount applies for one year from the **Plan anniversary**.

Plan owner

Plan Owner is the person who owns the **Plan** and whom we pay. We call that person "you". More than one person may own the **Plan**. If it is a superannuation **Plan**, it is owned by AMP Superannuation Limited.

Premium rates

Premium rates means the standard rates we set and use to calculate the **base premium**. They depend on a number of factors including: each **insured person's** age, sex, health, pastimes, smoking habits and occupation.

Regular remunerative work

An **insured person** is engaged in **Regular remunerative work** if they are doing work in any employment, business, or occupation for at least 10 hours per week. They must be doing it for reward, or the hope of reward of any type.

Stamp duty

The amount of **Stamp duty** payable on the insurance **Plan** will depend on the type of insurance cover and the state/territory in which the first **insured person** lives (based on the address that we have on our records).

It is your responsibility to inform us of any corrections or changes to your address.

Standalone

Standalone cover means that each type of cover is completely independent of all other types of cover that apply to an **insured person** under this **Plan**. If we pay under one type of cover, it does not affect the amount of any other cover for that **insured person**. The only time this doesn't apply is if we pay under **Terminal Illness** benefit, when we reduce the amount of the Death cover that applies to the **insured person** by the amount we pay.

Totally and permanently disabled

Has the meaning set out on page 32.

Totally disabled

An **insured person** is **Totally disabled** while they are unable to engage in any **Regular remunerative work** for which they are reasonably fitted by their education, training or experience. They must be unable to do that because they have suffered an illness or injury.

Total disablement has a corresponding meaning.

TPD partial

An **insured person** is partially disabled if they suffer from the total and irrecoverable loss of:

- the sight of one eye where visual acuity has reduced to 6/60 or less and the loss is unable to be corrected by glasses or any other means, or
- the use of one limb where a limb means the whole hand below the wrist or the whole foot below the ankle.

The loss must be unable to be remedied and the **insured person** must survive for 14 days after the loss.

Trauma condition

Each **Trauma condition** has the meaning set out on pages 19 to 29 of this document.

Totally and permanently disabled

Part 1 **Unable to work**	The **insured person** is **Totally and permanently disabled** if they: – suffer an illness or injury, and – the illness or injury wholly prevents them from engaging in **Regular remunerative work** for at least 3 **months** in a row, and – since they became ill or injured, they have been under the ongoing care and attention of a **Doctor** for that illness or injury, and – in our opinion, the illness or injury means that they are unlikely to ever work in **Regular remunerative work** for which they are reasonably fitted by education, training or experience. The **insured person** must also survive 3 **months**. Upon admittance of your claim, we will refund any premiums falling due during this 3 **month** period, that have been paid for the **insured person**.
Part 2 **Unable to work - Own occupation** (Part 2 is only applicable to insured persons who have selected the Own occupation option)	The **insured person** is **Totally and permanently disabled** if they: – suffer an illness or injury, and – the illness or injury wholly prevents them from engaging in their **Own occupation** for at least 3 **months** in a row, and – since they became ill or injured, they have been under the ongoing care and attention of a **Doctor** for that illness or injury, and – in our opinion, the illness or injury means that they are unlikely to ever work in their **Own occupation**. The **insured person** must also survive 3 **months**. Upon admittance of your claim, we will refund any premiums falling due during this 3 **month** period, that have been paid for the **insured person**.
Part 3 **Home duties**	The **insured person** is **Totally and permanently disabled** if they: – suffer an illness or injury, and – the illness or injury wholly prevents them from engaging in their **Home duties** for at least 3 **months** in a row, and – since they became ill or injured, they have been under the ongoing care and attention of a **Doctor** for that illness or injury, and – in our opinion, the illness or injury means that they are unlikely to ever work in their **Home duties**. The insured person must also survive 3 **months**. Upon admittance of your claim, we will refund any premiums falling due during this 3 **month** period, that have been paid for the **insured person**.

Part 4
Loss of use of limbs and/or sight
	The **insured person** is **Totally and permanently disabled** if they:
	– suffer from the total and irrecoverable loss of:
	  – the use of 2 limbs, or
	  – the sight of both eyes, or
	  – the use of one limb and the sight of one eye
	where a limb means the whole hand below the wrist or the whole foot below the ankle.
	The loss must be unable to be remedied and the **insured person** must survive for 14 days after the loss.

Part 5 **Loss of independent living**	The **insured person** is **Totally and permanently disabled** if they: – become totally and permanently unable to perform at least 2 of the Activities of Daily Living without assistance from someone else. We will not pay for loss of independent living caused directly by alcohol or drug abuse. The **insured person** must survive for 14 days after the loss.
Part 6 **Loss of cognitive functioning**	The **insured person** is **Totally and permanently disabled** if they: – suffer significant and permanent cognitive impairment with a loss of intellectual capacity, and – they are required to be under the continuous care and supervision of someone else. The **insured person** must survive for 14 days after the loss.

Contact your adviser or financial planner

Phone 133 888
Web www.amp.com.au

If you have any enquiries or complaints please mention your plan number

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