

AIA GROUP RISK SUPER PLAN

Employer Product Disclosure Statement 1 July 2024

Featuring:

- Death cover (including Terminal Illness cover)
- Total and Permanent Disablement (TPD) cover

Trustee: Diversa Trustees Limited
(ABN 49 006 421 638 AFSL No. 235 153 RSE L0000635)

Insurer: AIA Australia Limited
(ABN 79 004 837 861 AFSL No. 230043)

Promoter: AIA Australia Limited

You should read the enclosed material carefully. This PDS contains the important information you should know about the AIA Australia Risk Only Super Solution No.2, a division of OneSuper also known as the AIA Group Risk Super Plan.

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IMPORTANT INFORMATION

This Product Disclosure Statement (PDS) is for Participating Employers who participate in the AIA Australia Risk Only Super Solution No.2 (AROSS2) which is a division of OneSuper (ABN 43 905 581 638) also known for the purposes of this PDS as the AIA Group Risk Super Plan.

This PDS describes the main features and benefits available in the AIA Group Risk Super Plan and will:

- Assist Participating Employers to decide if the product meets their requirements; and
- Allow a comparison of this product with other products.

Who Issues the Product Disclosure Statement?

The Policy covering Death and Total & Permanent Disablement (TPD) cover is owned by Diversa Trustees Limited (ABN 49 006 421 638, AFSL 235 153, RSE L0000635) as Trustee of OneSuper.

Diversa Trustees Limited's contact address is GPO Box 3001, Melbourne VIC 3001, Phone (03) 9097 2800.

Diversa Trustees Limited is the issuer of the PDS and takes responsibility for its content. Throughout the PDS, Diversa Trustees Limited may also be referred to as 'we', 'us' or 'the Trustee'.

AROSS2 Fund is a division of OneSuper which is a complying regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) (SIS) Act 1993.

The Trustee provides each Member of each employer who becomes a Participating Employer in the Fund with insurance cover by AIA Australia Limited. The benefit payable by the Trustee is limited to the insured benefit that is payable by the Insurer.

This document should be read before making a decision to participate in the AIA Group Risk Super Plan and acquire any insurance cover for your employees. It is intended to help you decide whether the Policy will meet your needs and to compare the content with other products you may be considering. This PDS has been prepared with the intention of providing you with important information about the AIA Group Risk Super Plan. Any financial product advice contained in this PDS is of a general nature only and has been prepared without taking into account your objectives, financial situation or needs. Therefore, before making a decision, you should consider the appropriateness of the AIA Group Risk Super Plan, having regard to your objectives, financial situation or needs.

Information in this PDS may change from time to time. Where changes are materially adverse, or otherwise required by law, we will replace this PDS or issue a Supplementary PDS, and give Members notice as required or permitted by law. Changes that are not materially adverse will be made available on the Trustee website at <https://diversa.com.au/trustee/onesuper>. Anyone making the PDS available to another person must provide them with the entire electronic file or printout. We will also provide a paper copy of the PDS on request without charge.

The Fund has a formal complaints procedure (see section V for more information). All parties named in this PDS have consented to be named in the form and context in which they have been named and have not withdrawn their consent prior to the issue of the PDS.

Trustee

The Trustee of the AIA Australia Risk Only Super Solution No 2 subdivision of OneSuper, also known for the purposes of this PDS as the AIA Group Risk Super Plan is Diversa Trustees Limited (ABN 49 006 421 638, AFSL 235 153, RSE L0000635).

Insurer

The Policy is insured by AIA Australia Limited (ABN 79 004 837 861 AFSL 230043).

Promoter

The promoter of the AIA Group Risk Super Plan is AIA Australia Limited (ABN 79 004 837 861).

Administrator

Insurance and Superannuation Administration Services Pty Ltd (ABN 92 654 242 476) will carry out the day to day management and administration of the AIA Group Risk Super Plan.

Administrator Contact Details:

Insurance and Superannuation Administration Services Pty Ltd
PO Box 1305
South Melbourne
VIC 3205
Tel: 1800 844 992
Email: enquiries@iasas.com.au

Important terms used in this document

'AIA Australia' or 'Insurer' means AIA Australia Limited.

'AIA Group Risk Super Plan' has the same meaning as Plan, being the AIA Australia Risk Only Super Solution No 2 subdivision of the Fund.

'Fund' means OneSuper.

'Member' means an employee of the Participating Employer who is insured under the Participating Employer Plan.

'Participating Employer' or 'Employer' means a Participating Employer in accordance with the Fund's Trust Deed.

'Participating Employer Plan' means a Plan established by the Trustee of the AIA Group Risk Super Plan in respect of that Participating Employer in accordance with the Fund's Trust Deed.

'Plan' means the AIA Group Risk Super Plan.

'Policy' means the Group Life Policy including Policy Schedules and any subsequent Endorsements to the Policy issued by AIA Australia Limited to the Trustee.

'we', 'us' and 'our' generally means the Trustee in its capacities as the policy owner under the Policy and the Trustee of the Fund.

Other terms used in this document are defined under Definitions in Section VII.

CONTENTS

Important Information.....	2	Section III – General Information.....	13
Contents.....	3	Key Risks	13
Section I – Overview of the AIA Group Risk Super Plan.....	4	Duty of Disclosure.....	13
About the Product.....	4	Cooling off period	13
Joining the AIA Group Risk Super Plan	4	Eligibility to contribute to the Plan	14
How does AIA Australia derive premiums during the quotation and renewal process?.....	4	Making a claim.....	14
Automatic Acceptance Limits (AAL)	4	Section IV – Accessing Benefits.....	15
Underwriting Loadings.....	5	What is the definition of permanent incapacity under superannuation law?	15
Rate Guarantee Periods	5	What is the definition of terminal medical condition under superannuation law?.....	15
Variation of Premium Rates or Terms and Conditions.....	5	Who can receive the benefit if the Member dies?	15
Takeover Terms (if applicable)	5	Nominating beneficiaries.....	15
Section II – Summary of Members’ Insurance Cover and Benefits.....	6	Anti-Money Laundering and Counter-Terrorism Financing	17
Type of Cover available.....	6	Website disclosures	17
Levels of Cover	6	Prohibition of Certain Transactions.....	17
TPD Cover Tapering.....	6	Section V – Additional Information	18
Maximum Cover Limits.....	7	Administration Services.....	18
Eligibility Criteria.....	7	What fees and charges are payable for Fund membership?..	18
Automatic Acceptance Conditions	7	Trustee Privacy Statement.....	18
When the Member needs to provide Evidence of Insurability....	8	AIA Australia Privacy Summary	19
Interim Accidental Cover	8	Enquiries and complaints about the Fund	20
Voluntary Insurance Cover including ‘Life Stages’ (if selected by the Participating Employer)	8	Trust Deed	21
Leave Without Pay.....	9	Trustee indemnity insurance.....	21
Overseas Cover	9	Section VI – Summary of Taxation	22
Exclusions	10	Tax on contributions.....	22
Termination of Cover.....	10	Caps on contributions	22
Opting out of Cover.....	10	Concessional contributions.....	22
Continuation Option (if selected by the Participating Employer)	10	Non-Concessional contributions.....	22
Extended Cover	11	Tax on death benefits	23
Multinational Pooling	11	Tax on terminal illness benefits	23
Profit Share.....	12	Tax on TPD benefits.....	23
		Tax File Numbers (TFN).....	23
		Section VII – Definitions.....	24

SECTION I – OVERVIEW OF THE AIA GROUP RISK SUPER PLAN

About the Product

The AIA Group Risk Super Plan is designed to provide insurance benefits to Employees of Participating Employers within a superannuation environment.

The insurance cover available under the AIA Group Risk Super Plan is Death cover (including Terminal Illness) and if chosen by the Participating Employer, Death and Total and Permanent Disablement (TPD) cover. Employers can establish a plan within the AIA Group Risk Super Plan that provides employees access to insurance cover within the Fund. Cover is provided through a group insurance Policy issued by AIA Australia Limited to Diversa Trustees Limited as Trustee of OneSuper.

As benefits relate to insurance only, there is no investment component in the Plan and Members cannot make any contributions or rollovers into the Fund for accumulation purposes. The Participating Employer will make employer contributions into the Plan which equal the insurance premium payable for the insurance cover selected. Members' only benefits in OneSuper will be any insurance benefits paid by the Insurer under the Policy. The Trustee does not guarantee the payment of any benefit by the Insurer.

Joining the AIA Group Risk Super Plan

Participating Employers can choose to provide either Death or Death and TPD insurance cover and select the appropriate Benefit Design for their Employees.

AIA Australia charges the Trustee premiums for any insurance cover provided to the Trustee for each Participating Employer Plan. Your contributions to the AIA Group Risk Super Plan for your Employees who are Members of your Participating Employer Plan will be used for the purpose of paying the premiums for their insurance benefits under the Policy.

All insurance benefits that are payable in the Fund are paid to the Trustee who then pays this benefit to Members or their legal personal representative or other beneficiary in accordance with the Fund's Trust Deed and superannuation law.

For the purpose of providing insurance cover, the Participating Employer will nominate all eligible Employees into the Participating Employer Plan. Once an employee is nominated and the appropriate premium is received they then become a

Member of the Plan. The Member will receive a welcome kit confirming the type and level of insurance cover and a Member PDS will be made available to the Member within 90 days of joining the AIA Group Risk Super Plan. Members will also receive an annual statement showing their insurance cover.

How does AIA Australia derive premiums during the quotation and renewal process?

When pricing a group insurance policy, the quotation the Participating Employer will receive is based on AIA Australia's best interpretation of the information provided by the Participating Employer. In general, the more information that is provided the more competitive, accurate and sustainable the quotation will be.

The rating factors considered when setting the premium rates include age, gender, occupation, Benefit Design and policy history (particularly with respect for claims). The quotation will be based on the assumption that the specifications, data and advice provided to AIA Australia are accurate and complete. If found that this is not the case, AIA Australia reserves the right to alter the quoted premium rates or withdraw the quotation.

Premium rates will be calculated on the assumption that all Employees of the Participating Employer to be insured are covered to their full potential benefit above the Automatic Acceptance Limit (AAL) offered by AIA Australia, without premium loadings. If premium loadings or underwriting exclusions do apply for individual Members, these may be carried forward and form part of the takeover terms, therefore changing the premiums which were quoted.

Automatic Acceptance Limits (AAL)

When taking over an existing group insurance policy, if AIA Australia has offered an AAL which is more competitive than the level under the previous policy, AIA Australia may apply the new AAL to all Members regardless of previous underwriting decisions. This includes Members who have been previously declined, excluded, restricted or loaded. It is the same approach as if the Policy were brand new.

Members who have been underwritten above AIA Australia's more competitive AAL will continue to be covered up to the level provided under the previous policy.

The uplift to the new AAL is subject to AIA Australia's agreement and if approved will be stated in the schedule issued to each Participating Employer Plan.

Underwriting Loadings

Where a Participating Employer Plan has more than 100 Members, AIA Australia will waive underwriting loadings for any formula driven, non-voluntary, underwritten cover. Loadings may be applied for any element of Voluntary Cover depending on the circumstances.

As a result of the underwriting process, AIA Australia will still record and advise of underwriting loadings for two reasons. The first reason is that if at some point in the future the Participating Employer Plan is terminated with AIA Australia and transferred to another insurer that does apply loadings, these loadings can be applied. The second reason is where a Member elects to effect a Continuation Option, the correct individual policy premium can then be charged.

Rate Guarantee Periods

AIA Australia will guarantee the quoted premium rates for each Participating Employer Plan for a period of 3 years from the commencement date provided that:

- the number of Members in the Participating Employer Plan does not fluctuate by more than 30% in any 12 month period;
- no more than 10% of the Members in the Participating Employer Plan are outside of Australia; and
- the Benefit Design for the Participating Employer Plan does not change.

Variation of Premium Rates or Terms and Conditions

AIA Australia also reserves the right to review and alter the premium rates and/or AAL within this period where:

- there is an actual or anticipated change to the insurance arrangements (including without limitation changes to Benefit Design and/or eligibility for Automatic Acceptance Limit) and as a result there is or could be expected to be a material impact on the Policy, as determined by AIA Australia acting reasonably, including without limitation where the premium rates no longer accurately reflect the risk under the Policy;
- business activities (such as acquisitions, takeover, merger activity, restructure, divestment) results in unusual changes to the membership of the Participating Employer which requires a restructure of the current Participating Employer

arrangements and there is or could be expected to be a material impact to the insurance arrangements;

- in the event of War on Australia's shores or any act of invasion on Australian shores;
- there is an actual or anticipated change to the law or relevant industry codes and as a result:
 - i) there is or could be expected to be a material impact on the Policy, as determined by AIA Australia acting reasonably, including without limitation where the Premium Rates no longer accurately reflect the risk under the Policy;
 - ii) it is or could be expected to become impossible or impractical for AIA Australia to carry out our obligations under the Policy;
 - iii) government taxes or levies are or could be expected to be imposed or changes; or
 - iv) the provisions of the Policy would otherwise become inconsistent with the law or relevant industry codes to the extent of such inconsistency.

Should the number of insured Members fall below the Minimum Insured Members or the annual premium fall below the Minimum Annual Premium as set out in the schedule issued to the Participating Employer, AIA Australia may issue a written notice to the Trustee to terminate the cover for the Participating Employer Plan.

At the expiry of the Rate Guarantee Period, the Insurer reserves the right to alter and/or introduce exclusions or limitations to the Policy.

Takeover Terms (if applicable)

AIA Australia will apply takeover terms in accordance with the 'FSC Group Insurance Takeover Terms' as described in FSC Guidance Note No. 11.00.

AIA Australia reserves the right to request proof that a person under a previous group insurance policy has been satisfactorily underwritten for takeover of cover to apply.

If underwriting exclusions do apply, these will be carried forward and applied above AIA Australia's AAL to form part of the takeover terms.

AIA Australia only requires details of previous acceptance terms for Members who have Voluntary Cover, or cover in excess of AIA Australia's AAL.

AIA Australia will still require details of previous acceptance terms for the following reasons for cover less than the AAL:

- where the automatic uplift to AIA Australia's new AAL is not approved; or
- if the Participating Employer Plan has less than 100 Members and underwriting loadings are not waived.

SECTION II – SUMMARY OF MEMBERS' INSURANCE COVER AND BENEFITS

This section provides you with an overview of the main features and benefits of the insurance cover made available to your Employees.

1. Type of Cover available

Your Employees may be eligible to receive Death (including Terminal Illness) or Death and TPD cover automatically without the need to provide any Evidence of Insurability up to the Automatic Acceptance Limit (AAL). The AAL is generally different for each Participating Employer that provides cover for their Employees. The applicable AAL will be included in the quote provided and in the schedule issued to the Participating Employer.

Members will be eligible for cover in accordance with the following table:

Employment Status	Type of Cover
Is Employed as a Permanent Employee, Casual Employee, or Fixed Term Employee in the previous 16 months immediately prior to becoming totally and permanently disabled	Death and TPD Definition 1 (Any Occupation) or TPD Definition 2 (Own Occupation)
Is not Employed in the 16 months immediately prior to becoming totally and permanently disabled	Death and TPD Definition 3 (Activities of Daily Work or Mental Illness)

Death cover automatically includes Terminal Illness cover.

Refer to Section VII Definitions of this document for full details of all TPD definitions.

2. Levels of Cover

The level and type of cover is decided between the Participating Employer and the Insurer. Details of the insurance cover for each Member will be included in the welcome kit the Member receives and shown on their annual statement.

3. TPD Cover Tapering

Where the Benefit Design for a Participating Employer does not systematically reduce the TPD Sum Insured to nil at the Cover Expiry Age, either Sum Insured Tapering or Definitional Tapering will apply.

Where the Cover Expiry Age for a Participating Employer Plan is age 65, the TPD cover is tapered by 20% annually from age 61 until the Member reaches 65.

Where the Cover Expiry Age for a Participating Employer Plan is age 70, the TPD cover is tapered by 10% annually from age 61 until the Member reaches 70.

Sum Insured Tapering is where a Member's TPD cover reduces on a consistent annual basis from age 61 to nil at the Cover Expiry Age.

Sum Insured Tapering will also apply to any Voluntary Cover held.

Definitional Tapering (only applicable to existing plans issued prior to 1 July 2022 until the next renewal date) is where a Member's TPD cover reduces on a consistent annual basis from age 61 and TPD Definition 3 applies to the tapered portion of the Member's TPD cover instead of the Sum Insured being reduced.

If a Member meets TPD Definition 3 at any point, the Member's TPD benefit will be equal to their full Sum Insured.

Definitional Tapering will only apply if a Member obtained TPD cover prior to 1 July 2022 until the next renewal date.

Definitional Tapering will also apply to any Voluntary Cover held.

EXAMPLE WHERE THE COVER EXPIRY AGE IS 65

Original Benefit	Age	Tapered Benefit	Tapering Factor of Original Benefit
\$1,000,000	Up to 60	\$1,000,000	100%
	61	\$800,000	80%
	62	\$600,000	60%
	63	\$400,000	40%
	64	\$200,000	20%
	65	\$0	0%

EXAMPLE WHERE THE COVER EXPIRY AGE IS 70

Original Benefit	Age	Tapered Benefit	Tapering Factor of Original Benefit
\$1,000,000	Up to 60	\$1,000,000	100%
	61	\$900,000	90%
	62	\$800,000	80%
	63	\$700,000	70%
	64	\$600,000	60%
	65	\$500,000	50%
	66	\$400,000	40%
	67	\$300,000	30%
	68	\$200,000	20%
	69	\$100,000	10%
	70	\$0	0%

4. Maximum Cover Limits

The maximum amount of cover available is:

Type of Cover	Maximum Sum Insured
Death	Unlimited
Terminal Illness	Unlimited
TPD	\$5,000,000 reducing to \$3,000,000 after age sixty five (65)

The Terminal Illness Sum Insured amount equals the Death Sum Insured amount so that once a Terminal Illness benefit is paid, all cover for the Member will cease.

The total TPD Sum Insured amount held by the Member cannot exceed the Death Sum Insured amount.

5. Eligibility Criteria

To be eligible for cover under a Participating Employer Plan, an Employee must meet the following conditions on the date cover commences:

- be an Australian Resident or the holder of a Visa;
- be employed with the Participating Employer as a Permanent Employee, Fixed Term Employee or Casual Employee;
- be at least age 15 and less than 67 Death & TPD cover or at least age 15 and less than age 70 for Death Only cover; and
- the Trustee must hold a TFN for the Member.

There may also be additional specific eligibility criteria set by the Participating Employer and agreed by the Insurer. Certain occupations may also be excluded from any cover.

Casual Employees

In order for Casual Employees to be eligible for cover, the Participating Employer must be making Superannuation Guarantee contributions to a complying superannuation fund in respect of that Casual Employee.

Fixed Term Employees

In order for Fixed Term Employees to be eligible for cover, the Participating Employer must be making Superannuation Guarantee contributions to another complying superannuation fund in respect of the Fixed Term Employee and the Fixed Term Employee must have a fixed term contract of employment with the Participating Employer of at least 6 months. The Fixed Term Employee must be performing identifiable duties for a regular number of hours per week for the Participating Employer and be entitled to receive annual leave and sick leave entitlements from the Participating Employer.

6. Automatic Acceptance Conditions

Where an AAL is applicable, underwriting procedures are simplified and as a result, cover up to the lesser of the AAL and the Sum Insured will be granted at ordinary rates of premium and free of Evidence of Insurability requirements.

Cover will automatically commence on the later of the date your Employee starts working for you or the commencement date of the relevant Participating Employer Plan.

Automatic acceptance only applies to Members who satisfy the Eligibility Criteria and is subject to the following ongoing conditions:

- i) the Employee is less than age 70 for Death cover and age 67 for TPD cover at the date of commencement of cover;
- ii) the Member joins the Plan on the date they first meet the Eligibility Criteria;
- iii) the Member's Sum Insured is calculated in accordance with the Benefit Design; and
- iv) the Member must be At Work on the later of the first day of commencing employment with the Participating Employer or on the commencement date of the relevant Participating Employer Plan, otherwise New Events Cover applies until the Member is At Work for 30 consecutive days, at which point full cover will be provided.

Subject to the automatic acceptance provisions described above, for Participating Employer Plans with less than 50 Members, the Member's Sum Insured will automatically increase or decrease in line with the Benefit Design up to the

higher of the AAL and FUL, but will be limited to a maximum increase of 30% within a 12 month period.

When an AAL decreases, the lower AAL will apply to all Members after that date with the exception of existing Members whose Sum Insured is greater than the lower AAL, in which case they will maintain their existing Sum Insured.

When an AAL increases, the higher AAL may apply to some existing Members above the previous lower AAL. This includes Members who have previously been restricted due to non-receipt of underwriting, had an exclusion applied or a loading applied. Any loading, limitation or exclusion that previously applied to cover above the lower AAL will also apply to cover above the new higher AAL. AIA Australia will advise you in writing if it agrees to do this. The higher AAL does not apply to any Members who have previously been declined cover.

The premiums payable will be adjusted to take into account any variations in the Sum Insured.

7. When the Member needs to provide Evidence of Insurability

Members will need to provide Evidence of Insurability if:

- their proposed Sum Insured exceeds the Automatic Acceptance Limit (AAL);
- their proposed Sum Insured exceeds the Forward Underwriting Limit (FUL);
- they are not eligible for an AAL due to not satisfying the automatic acceptance conditions listed above;
- an AAL does not apply;
- they apply for Voluntary Cover (excluding Life Stage Cover); or
- they wish to reinstate their insurance cover in the AIA Group Risk Super Plan after it has previously terminated or ceased (including where they have opted out of cover).

The Member will need to supply the applicable medical evidence requirements as requested by the Insurer. Depending on the medical evidence provided, the Insurer may decline the application for cover or accept their cover subject to certain conditions. Cover will only commence once the application is accepted in writing by the Insurer.

All Members accepted for cover above the AAL, may receive a FUL in accordance with AIA Australia's underwriting rules. These rules may be altered from time to time.

8. Interim Accidental Cover

If an eligible Member submits an application for underwritten cover, the Insurer will provide Interim Accidental Cover during the underwriting process from the date the Insurer receives the application for an eligible Member. It ends on the earlier of:

- the date the Insurer accepts or rejects the application in writing;
- the date the eligible Member cancels or withdraws the application in writing;
- 90 days elapsing from the date the Insurer received the application; and
- the date cover would have otherwise ceased under the Policy.

A benefit will only be paid in the event of Accidental Injury resulting in death and/or TPD. The maximum benefit the Insurer will pay is the lesser of the amount of cover applied for and \$2,000,000 for Death cover and \$1,500,000 for TPD cover. Where an AAL or a FUL applies, the amount applied for is the amount of cover above the relevant AAL or FUL.

No benefit for Interim Accidental Cover is payable if:

- bodily injury to the Member is caused by engaging in any sport or pastime that would not normally be covered under the Insurer's occupation and pastime guidelines; or
- the Member lodges a claim for an excluded event under this Policy (as described under Clause 12. Exclusions in Section II).

9. Voluntary Insurance Cover including 'Life Stages' (if selected by the Participating Employer)

Voluntary Cover

Members may apply for Voluntary Cover if this option is selected by the Participating Employer and agreed to by the Insurer. Cover will be subject to the Insurer's acceptance following the provision of Evidence of Insurability – the extent of which is at the discretion of the Insurer. The Insurer reserves the right to offer modified acceptance terms or decline applications for such voluntary increases in cover. The total of the TPD Sum Insured amount held by the Member cannot exceed the Death Sum Insured amount.

Life Stages Flexibility

Members may apply to increase their Death and TPD Sum Insured if Voluntary Cover is selected in the Participating Employer Plan without underwriting if one of the following Life Stage events have occurred:

Type of Event	Sum Insured Increase
Marriage	
Birth or adoption of a child	The lesser of:
Permanent separation	<ul style="list-style-type: none"> • 25% of the Sum Insured; • \$200,000; and • the maximum cover limit.
Have a child commencing their first day at primary or secondary school	
Effecting a first mortgage on the purchase of a home or increasing an existing first mortgage for the purpose of building or renovation works on the home. The mortgage must be for the Member's principal place of residence.	The lesser of: <ul style="list-style-type: none"> • 25% of the Sum Insured; • \$200,000; • the amount of the mortgage; and • the maximum cover limit.

A Member must be under age 60 at the time of the Life Stage event and can only apply if:

- the Life Stage event occurs whilst the person is a Member and be in relation to the Member;
- their existing cover was accepted without any policy exclusions, premium loadings or other restrictions;
- they have not made a claim or intend to make a claim on any life insurance policy; and
- they have not been declined for life insurance cover with AIA Australia or any other life insurance company.

There is a maximum of one increase in any 12 month period with a maximum of three increases for the life of the Policy.

For Death and TPD cover, any increase in TPD cover must be restricted to the increase in level of Death cover.

The application for an increase must occur within 60 days after the occurrence of the Life Stage event and relevant documentary proof of the Life Stage event must be provided (e.g. Marriage Certificate, Birth/Adoption Certificate, Mortgage Documentation).

A suicide and self-inflict injury exclusions will apply to any Sum Insured increase for the first 13 months following the increase.

In addition to the above, New Events Cover restrictions will apply to the increase in cover in line with the following:

If:	Then:
The Member wasn't At Work when the application for Life Stages Cover is accepted	The Insurer will only provide New Events Cover to the increased portion of cover for 12 months. At the end of the 12 month period, the New Events Cover restriction will be removed if the Member is At Work for 30 consecutive days.

10. Leave Without Pay

Where a Member takes an Employer approved bona fide period of leave without pay (including maternity or paternity leave), and there is a documented 'return to work' date prior to leave without pay commencing, Death and TPD cover (if applicable) will continue for a maximum 24 months, provided premiums continue to be paid.

For Members that either die or suffer a disability during leave without pay (including maternity or paternity leave), the Sum Insured will be based on the Member's Sum Insured at the date immediately prior to the commencement of leave without pay.

If the Member takes a period of paid leave at a reduced income in the event of a claim, the Sum Insured (where appropriate) will be calculated based on their income immediately prior to such a reduction.

For TPD Cover, the TPD definition used to assess the Member will be that which would have applied to the Member on the date immediately prior to the commencement of leave without pay.

If the Member does not return to work by the expected 'return to work' date, their Death and TPD cover (if applicable) will automatically cease 30 days after the expected 'return to work' date, and any subsequent reinstatement will require the provision of Evidence of Insurability. The Insurer will determine the level of underwriting required based on individual circumstances.

If the Member returns to work within the 30 day period cover will continue automatically subject to the continued payment of premiums for that Member.

The Member may apply to the Insurer to extend cover beyond 24 months and cover may be granted at the discretion of the Insurer.

11. Overseas Cover

If a Member travels overseas on a temporary basis, cover will apply 24 hours a day seven days a week.

A Member's cover will continue if they are required to live outside Australia for employment with their Participating Employer. The details regarding the Member's whereabouts overseas must be provided to AIA Australia when requested and in line with the provision of membership data.

If a claim is made, the Member may be required to return to Australia (at their own expense) for further assessment.

Overseas Claims Assessment

AIA Australia will, wherever possible, use their unrivalled network of overseas life insurance companies to gather the information necessary to assess claims overseas, however, they reserve the right to require that the Member return to Australia (at their own expense) for claims assessment and examination prior to payment of any benefit.

Travelling or Holidaying Overseas

If a Member is travelling or holidaying outside of Australia, their cover will continue without restriction. In the event of a claim, they may be required to return to Australia (at their own expense) during the claims assessment process.

Cover is subject to the Participating Employer continuing to remit insurance premiums on the Member's behalf whilst they are overseas.

12. Exclusions

The Insurer won't pay a benefit if the condition which the Member is claiming is caused by:

a) War:

- an act or activity of War which occurs after their cover started, increased or reinstated;
- their participation in an act or activity of War which occurs after their cover started or was increased or reinstated; or
- engagement in (including planning or preparing for) any hostile activity or conflict in Australia or any foreign country;

The exclusion in the first two bullet points

- apply whether the War, or act of War, is declared or not
- does not apply to Death cover while on war service for Australia

where 'war service' has the same meaning or expression under the Life Insurance Act 1995(Cth).

b) Self-inflicted acts or suicide:

Within 13 months of the Member being accepted for or increasing Voluntary Cover, or reinstating cover:

- the Member's death was caused by suicide; or
- the Member's Terminal Illness or TPD was caused due to a self-inflicted injury or attempted suicide.

c) Prohibited Transactions:

- any transactions as described under Clause 7. Prohibition of Certain Transactions in Section IV.

d) Other:

- any other exclusions imposed by the Insurer on a Member.

13. Termination of Cover

Death and TPD cover will terminate on the earliest of the date:

- the Member reaches the Cover Expiry Age (as agreed between the Participating Employer and the Insurer);
- the Member dies;
- a Death, Terminal Illness or TPD benefit is accepted under

the Policy*;

- the Member gives written notice to the Participating Employer to cancel cover;
- the Policy is terminated;
- the date the Member ceases to be an Employee of the Participating Employer;
- the date the Member ceases to meet the Eligibility Criteria;
- 60 days after premium ceases to be paid in respect of the Member's cover;
- the Employer ceases to be a Participating Employer in the AIA Group Risk Super Plan;
- the Member ceases to be a Member of the AIA Group Risk Super Plan;
- 30 days after the Member does not return to work by the expected return to work date;
- AIA Australia accepts or declines the Member's Continuation Option application (where applicable); and
- a Member who is not an Australian Resident, is no longer permanently in Australia or not eligible to work in Australia.

* Payment of the TPD benefit will reduce the Member's Death cover by the amount of the payment made. The reduced Death cover (if any) will be frozen at the benefit calculation date as specified in the schedule issued to the Employer and subsequently payable upon the Member's death prior to the Cover Expiry Age and subject to the continued payment of premiums for the Member's reduced cover.

14. Opting out of Cover

A Member may opt out of the insurance cover provided to them at any time. Cover will cease from the date the Member advises the Trustee in writing. If the Member decides to reinstate their cover, this will be subject to providing Evidence of Insurability.

15. Continuation Option (if selected by the Participating Employer)

Where the schedule issued to the Participating Employer states that a Continuation Option is available, if a Member's cover has ended under the Policy, they can ask the Insurer to provide cover under a new individual policy as long as:

- their cover has ended under the Policy as a result of ceasing to be eligible for cover, for reasons other than injury or sickness;
- their cover has not ended because the Policy is terminated;
- they were under the age of 65 when their Death cover ended or under the age of 60 when their Death and TPD cover ended;
- the application for a Continuation Option is received within 60 days of ceasing employment, with no individual consideration made for applications made after this date;

- in the case of TPD, they are commencing new employment on a permanent basis for at least 15 hours per week in an occupation acceptable under the Insurer's individual policy within 90 days of ceasing employment;
- the person is not eligible to receive, or must have not previously been paid a benefit payment(s) under the Policy, or any other benefits have or are being paid under any life insurance policy (including TPD or terminal illness benefits);
- the Insurer's minimum policy issue requirements for the individual policy are met;
- the Insurer receives a satisfactory Australian citizen or Permanent Residency and Smoker declaration; and
- the person is At Work performing their full and normal duties on the date immediately prior to ceasing to be eligible under the Policy.

Where the above conditions have been met, the Insurer will issue an individual policy to the person.

The individual policy is subject to the following conditions:

- the Insurer will offer benefits that are no greater than those provided to the person under the Policy;
- the amount of cover available and provided under the individual policy is no more than the Sum Insured that applied when their cover ended under the Policy;
- it will reflect the terms, conditions and premium rates available under the Insurer's individual policy at the time the individual policy is issued to the person;
- the person is not entitled to select any optional policy features, unless the Insurer agrees otherwise; and
- it will carry the same exclusions and/or loadings that applied to the person's cover under the Policy when their cover ended.

If a Member's cover has ended because the Policy is terminated by the Participating Employer, by AIA Australia or in circumstances where a Member is no longer eligible to hold cover under the Policy as a result of business activities (such as acquisition, takeover, merger activity, restructure, divestment) and the Member continues to be employed, they will not be eligible for a Continuation Option.

For more information on AIA Australia's individual Life and Total and Permanent Disablement policy, please refer to the Priority Protection Product Disclosure Statement and Policy Document available at aia.com.au.

A person applying for a Continuation Option must complete a group insurance Continuation Application form (available upon request from the AIA Group Administration team at AU.GroupInsurance@aia.com).

16. Extended Cover

If cover ends for a Member because they cease to be an Employee of the Participating Employer, the Insurer will continue cover under this Policy for a maximum period of 60 consecutive days after they cease to be an eligible Member.

Cover will continue at the same level and basis that was provided immediately prior to the date that the Member ceased employment until the earliest of the following:

- 60 days after the Member ceases to meet the Eligibility Criteria;
- the date AIA Australia accepts or declines the Member's Continuation Option application; and
- the date the Member's cover would otherwise cease under the Policy.

17. Multinational Pooling

AIA Australia can generally offer participation in a number of different profit sharing arrangements either through Multinational Pooling or the Profit Share arrangements explained below.

If Multinational Pooling applies, it will be stated in the schedule issued to the Participating Employer.

For Corporate Multinational clients, the Insurer offers access to the following pooling solutions, allowing AIA Australia to further enhance its services to multinational companies:

- AIA Pool offered by AIA Asia Benefits Network (AABN), a regional solution specifically designed for clients with Asia Pacific presence or with a mandate to manage employee benefit programs within the region.
- ZGEBS Pool offered by Zurich Global Employee Benefit Solutions (ZGEBS), a global solution for clients with international needs.
- AGB Pool offered by Allianz Global Benefits (AGB), a global solution for clients with international needs.

Operating in 16 countries and with our partnership with the above named pooling partners, AIA Australia will develop group insurance solutions for multinational companies through the creation, marketing and successful delivery of employee benefit programs.

AIA Australia will pool the experience of multiple group insurance policies (or other eligible policies such as Corporate Medical) where the common link is the parent company, and depending on the needs and suitability based on the current situation of multinational companies, either a regional solution by AABN or a global solution offered in conjunction with ZGEBS or AGB will be recommended.

Generally, more favourable outcomes are obtainable under Multinational Pooling arrangements when compared to locally managed policies, due to economies of regional or global scale.

18. Profit Share

For larger policies with at least 1,000 insured lives, AIA Australia may offer a Self-Experience Profit Sharing formula. Consideration of a rebate will be based upon the experience of a client's individual group insurance arrangements. A premium loading may apply for participation in this arrangement.

If Profit Share applies, it will be stated in the schedule issued to the Participating Employer.

SECTION III – GENERAL INFORMATION

1. Key Risks

There are some significant risks associated with life insurance:

Selection of wrong product

You may choose an insurance product that does not meet your employees' needs. You should read the PDS and policy document for an insurance product carefully to prevent this. You may wish to consult an adviser for assistance.

Inadequate amount of insurance

You may select the correct insurance product for your employees' needs, but you might not choose enough cover. This might cause your employees to suffer financial hardship after receiving the benefit payment. They will need to assess their needs carefully to ensure that this does not occur. Again, an adviser may be able to help you.

Inability to obtain an increase in cover

Your employees may not be able to obtain an increase in cover because of their particular health or circumstances, now or in the future. You should therefore ensure you do not allow your employees' existing cover to lapse or to be cancelled until new insurance cover is firmly in place.

2. Duty of Disclosure

Policy owner's Duty of Disclosure

If you are the policy owner, you have a duty to tell AIA Australia anything that you know, or could reasonably be expected to know, which may affect AIA Australia's decision to insure you and any other life insured and on what terms.

You have this duty until AIA Australia agrees to insure you, and also before you extend, vary or reinstate the Policy.

You do not need to tell AIA Australia anything that:

- reduces AIA Australia's risk; or
- is common knowledge; or
- AIA Australia knows or should know as an insurer; or
- AIA Australia waives your duty to tell AIA Australia about.

If you do not tell AIA Australia something

We may apply the following rights separately to each type of cover that we consider could form a separate Policy.

If you do not tell us something that you know, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that they must tell us.

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

If we choose not to avoid the contract, we may, at any time, reduce the amount you or the Member have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, for death cover, we may only exercise this right within 3 years of entering into the contract.

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

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed. We may apply these rights separately to each type of cover that we consider could form a separate Policy.

3. Cooling off period

A 14 day cooling off period applies to Employers who apply to establish a Participating Employer Plan. The cooling off period commences for the Participating Employer once a schedule has been issued to the Participating Employer by the Trustee. If the Participating Employer is not satisfied with the benefits provided within the relevant Participating Employer Plan, then they may request to cancel it in writing and return it to the Trustee within 14 days of receiving it.

Any contributions will be transferred to an eligible superannuation scheme as nominated by the Participating Employer. If no nomination is made within 30 days of the Trustee receiving notice of the cancellation, the Trustee may transfer any contributions received in respect of the Participating Employer Plan to the Australian Taxation Office (ATO).

4. Eligibility to contribute to the Plan

In addition to the Eligibility Criteria applicable under the Policy (refer to Section II), a superannuation fund can only accept contributions in accordance with superannuation law.

You are required to make contributions to the Plan on your Employees behalf. In addition, if an Employee has Voluntary Cover or has increased their cover as a result of a Life Stages event (refer to Section II) they are required to make personal contributions to the Plan.

Transfers to the Australian Taxation Office

Money held for your employees who are Members in the Fund can be transferred to the Australian Taxation Office (ATO) in some circumstances. These circumstances include:

- if the AIA Group Risk Super Plan policy is cancelled, the Member's cover under the Policy terminates or they opt out of cover and the Trustee is holding contributions that have not yet been applied towards payment of premiums; or
- the Trustee is unable to pay the Member's benefit because they do not meet a condition of release under superannuation law (refer to Section IV).

The Trustee will transfer the Member's money in the Fund to the ATO (after giving the Member prior written notice of its intention to do so) if the Member does not inform the Trustee of an alternative superannuation arrangement within the time frame set out in the notice.

The ATO has an unclaimed monies register that can be checked for you. For more information, you can contact the ATO on 13 10 20 or go to www.ato.gov.au.

The unclaimed money rules are subject to change. For up to date information about unclaimed money go to www.ato.gov.au.

any other related evidence to the claim. The Insurer will be responsible for any expenses incurred in obtaining further medical evidence required to assess the claim.

The Insurer reserves the right to require assessment or any medical examination to be conducted in Australia as part of its consideration of a claim. The Member will be responsible to pay any associated costs with returning to Australia for claim assessment.

If a claim arises during a period where no premiums have been paid to the Insurer, but is nevertheless within the 30 day Grace Period, no insured benefit in respect of the claim will be admitted by the Insurer until all premiums have been paid.

If the money in the Fund is transferred to the ATO:

- The Member will stop being a Fund Member.
- Any insurance cover the Member had as part of the Fund will lapse on transfer to the ATO.

5. Making a claim

A Member must advise the Trustee in writing within a reasonable period of time of an event that is likely to give rise to a claim. Once notified of a claim, the Trustee will provide the Member with claim forms which must be completed and returned together with any other information or documentation the Insurer may require.

This may include relevant health certificates, medical practitioners' reports, Participating Employer reports and

SECTION IV – ACCESSING BENEFITS

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

- death;
- terminal medical condition; or
- permanent incapacity (if the Member suffers TPD as defined in the Policy, they will usually also meet the permanent incapacity test however this may not be the case).

If the Member cannot satisfy the Trustee that they meet the permanent incapacity definition, their insurance benefit must remain in a superannuation fund until they meet another relevant condition of release under superannuation law.

If the Trustee is unable to pay the Member's insurance benefit from the Fund because they do not meet a condition of release, the Trustee will transfer the Member's benefit to the ATO.

1. What is the definition of permanent incapacity under superannuation law?

To meet this definition, the Trustee must be reasonably satisfied that the Member is unlikely to engage in gainful employment for which they are reasonably qualified by education, training or experience because of ill health (whether physical or mental).

2. What is the definition of terminal medical condition under superannuation law?

Superannuation Law allows a benefit to be cashed when a Member suffers a Terminal Medical Condition.

A Terminal Medical Condition for that purpose means an illness or injury where two Medical Practitioners (one of whom must be a specialist in the Member's condition) must certify that the Member has suffered an illness or have incurred an injury that is likely to result in the Member's death within 24 months of the date of the certificate.

The AIA Group Risk Super Plan provides a benefit where the Member has a Terminal Illness (see definition on page 26 as it differs to the above).

3. Who can receive the benefit if the Member dies?

A Member can nominate the beneficiaries to receive their Death benefit from the Fund by completing a Nomination of Beneficiary form. They may only nominate beneficiaries who are their dependants, who they are in an interdependent relationship with or their legal personal representative because these are the only people who are eligible to receive superannuation death benefits under superannuation law. These terms are explained under 'Non-Lapsing Binding Nomination' and 'Non-Binding Nomination' below. The Trustee may request information or evidence to establish eligibility before making a Death benefit payment from the Fund.

4. Nominating beneficiaries

The nomination a Member can make may be either a:

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

If the Member does not give a valid binding nomination to the Trustee, their benefit will be paid to their legal personal representative or dependants (or to any other individual if there is no legal personal representative or dependants) according to the Trustee's discretion.

Non-Lapsing Binding Nomination

If the Member provides a valid non-lapsing binding nomination to the Trustee, the Trustee must pay the Death benefit in accordance with the Member's nomination as long as the person that they nominate to receive the benefit (or a share of the benefit) is eligible (as per table over page) to receive it at the date of the Member's death and the nomination is valid.

If anyone the Member nominates is not entitled to receive a share of their benefit, the Trustee may distribute that person's share according to the Trustee's discretion.

Some conditions apply to binding nominations. They are:

- to be a valid non-lapsing binding nomination it must be signed by the Member in the presence of two witnesses who must each sign and date the declaration where indicated and set out their full name and date of birth;
- each witness must be over 18 years of age and must not be one of the Member's nominated beneficiaries;
- a nomination is effective only when it is received by the Trustee;

- a non-lapsing binding nomination is valid for the entire term that the Employee is a Member, unless another nomination is lodged with the Trustee or this nomination is revoked by the Member;
- the Member may revoke or change their nomination at any time by completing a fresh, valid Nomination of Beneficiary form and lodging it with the Trustee.
- they may also change their nomination from non-lapsing binding to non-binding at any time;
- an invalid non-lapsing binding nomination will be treated as a non-binding nomination by the Trustee but will not revoke or replace an existing, valid binding nomination; and
- the Trustee will contact the Member if their nomination is clearly invalid (completed incorrectly) and will give them the opportunity to re-submit a valid nomination.

What benefit is payable if a Member dies?

If a Member dies whilst insured under the Policy, AIA Australia will pay a lump sum equal to their insurance cover under the Plan to the Trustee who will deal with the benefit in accordance with the rules of the Fund and superannuation law.

Non-Binding Nomination

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

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

- A non-binding nomination does not need to be witnessed to be a valid nomination;
- A nomination is effective only when it is received by the Trustee;
- A non-binding nomination is valid for the entire time that the Employee is a Member of the Fund, unless they lodge another valid nomination with the Trustee; and
- The Member may revoke or change their nomination at any time by completing a fresh, valid Nomination of Beneficiary form and lodging it with the Trustee. They may also change their nomination from non-binding to non-lapsing binding at any time.

Eligible Beneficiaries

Dependants	<p>A Member’s spouse (which includes a de facto spouse and certain same-sex partners) and children (including certain children of same-sex partners).</p> <p>For this purpose, ‘spouse’ means:</p> <ul style="list-style-type: none">• a person to whom the Member is legally married;• a person (whether of the same or a different sex) who, although not legally married to the Member, lives with them on a genuine domestic basis in a relationship as a couple (such as a de facto spouse); or• a person (whether of the same or a different sex) with whom the Member is in a relationship that is registered under a relevant law of a State or Territory.• Another person who is financially dependent on the Member.
Legal Personal Representative	<p>The person acting as executor or administrator of the Member’s deceased estate. If paid to the Member’s legal personal representative, a Death benefit will form part of the Member’s deceased estate and be distributed according to their Will (or the laws of intestacy, if there is no valid Will in place).</p>
People in an Interdependent relationship	<p>An interdependent relationship will exist if the Member and other person:</p> <ul style="list-style-type: none">• have a close personal relationship;• live together; and• one (or both) of them provide the other with financial support, domestic support and personal care. <p>This may include same-sex couples, live-in adult carers of elderly parents and siblings with common finances.</p> <p>Note: Where the Member has a close personal relationship and either or both the Member and the other person suffer from a physical, intellectual or psychiatric disability, the other requirements for an interdependent relationship do not apply.</p>

When will interest be paid on insurance benefits?

If AIA Australia has paid a Death or TPD benefit to the Trustee of the Fund and the benefit remains in the Fund for more than 14 days before it is paid to the Member or other party as required, interest will be added to the benefit up to the date the benefit is released. The amount of interest will be determined by the Trustee, and will be based on the net rate of interest earned by the Trustee on the benefit while held within the Fund.

5. Anti-Money Laundering and Counter-Terrorism Financing

As part of the Trustee's responsibility under anti-money laundering and counter-terrorism financing laws (AML/CTF), we, our associates or service providers to the AIA Group Risk Super Plan may require a detailed verification of a Member's identity. Examples of what we may ask a Member to produce includes a copy of their passport, together with evidence of address, and date of birth. The Member will be required to provide **certified proof of identify** prior to being able to access their benefits in cash (lump sum or pension payments) or purchase a superannuation pension (called "customer identification and verification" requirements).

We reserve the right to request whatever information we believe is necessary to verify the Member's identity before a contribution is accepted or benefits are paid. We may refuse the Member's application to join the AIA Group Risk Super Plan, or refuse to process a benefit payment until a Member's identity has been verified. The Trustee is subject to supervision by a government regulatory body (called AUSTRAC) which has responsibility for the AML/CTF legislation. The Trustee is required to provide yearly compliance reports to AUSTRAC and notify AUSTRAC of suspicious transactions. This may involve the provision of personal information about the Member to AUSTRAC.

6. Website disclosures

The Trustee is required to disclose certain information about the Trustee and the Fund on a website.

Accordingly, the Trustee's website www.diversa.com.au/trustee contains information and documentation such as the Fund trust deed, this Product Disclosure Statement, the Trustee's most recent annual report and financial statements and the names of each outsourced service provider to the Fund.

7. Prohibition of Certain Transactions

The Trustee and the Insurer, AIA Australia, are governed by controls which mean your insurance cover may be affected.

The Trustee cannot pay you a benefit payment or provide you with cover if that cover or payment would breach or violate any of the below:

- United Nations resolutions;
- prohibitions or restrictions relating to trade or economic sanctions, including orders made by the United States' Office of Foreign Assets Control; or
- any laws, regulations, government policy, regulatory guidance or regulator requests (including in relation to trade or economic sanctions) applicable to the cover, payments, services or benefits (collectively, the "Prohibitions").

The Trustee normally provides insurance benefits to the extent they are available under the relevant insurance policy that the Trustee holds for the purposes of the Fund. Please note that from 1 October 2016, the Trustee may not be able to provide benefit payments that would contravene Prohibitions covering the European Union or other applicable jurisdictions, due to the terms of the policy and relevant agreements affecting the Insurer.

SECTION V – ADDITIONAL INFORMATION

1. Administration Services

Insurance and Superannuation Administration Services Pty Ltd provides administration services to the Trustee, in relation to the AIA Group Risk Super Plan. The administration fee Insurance and Superannuation Administration Services Pty Ltd receives for this service is paid by the Participating Employer.

2. What fees and charges are payable for Fund membership?

Payable by the Participating Employer

The premiums for your employee Members insurance cover in the AIA Group Risk Super Plan are paid to AIA Australia from contributions made to the AIA Group Risk Super Plan. These premium payments incorporate a fee for trustee services which AIA Australia is responsible for paying to the Trustee. If you fail to make such contributions your employee Members' cover under the Policy will be terminated 60 days after the premium ceased to be paid.

If you have any queries in relation to these premium payments, please contact the Administrator on (03) 9621 7120 for details.

Changes to fees and charges

The Trustee may impose or vary any fees and charges in future, at its discretion, in accordance with the Fund's Trust Deed and superannuation law. Any increase in fees payable by you and your employee Members will be advised to you in writing 30 days prior to the change taking effect.

Payable by Members

If your employee Members have Voluntary Cover or have increased their cover as a result of a Life Stages event (refer Section II), unless otherwise agreed with you, your employee Members will be responsible for making contributions to the Plan to ensure that the Trustee is able to meet the premiums for their additional cover under the Policy. The premium rates applicable to additional cover in your Participating Employer Plan will be set out in the schedule issued to you by the Insurer.

If an employee Member fails to make sufficient contributions to meet the premiums for their additional cover, their Voluntary Cover or increased cover under the Policy will cease 60 days after the premium ceased to be paid in respect of their additional cover.

3. Trustee Privacy Statement

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

What personal information does the Fund hold?

In order to provide risk-only superannuation benefits and to properly manage the Fund, the Trustee must collect and hold personal information about your employees.

This information identifies them as a Fund Member and typically includes their name, address, date of birth, gender, occupation, tax file number and any other information required for their insurance cover under the Plan.

The Trustee generally collects this information from the Member or, in some cases, from the Participating Employer.

How is personal information disclosed?

A Member's personal information may be disclosed to the Fund's administrator and professional advisers, insurers, government bodies, the Member's employer and others as required or permitted by law, including the trustee of any other superannuation arrangement the Member may be transferring to. By becoming a Member of the Fund, the employee agrees to this handling of their personal information. If they do not provide the Trustee with their personal information, the Trustee may not be able to provide some or all of their benefits and communicate with them about the Fund.

Can Members gain access to personal information?

A Member can access their own personal information by contacting the Trustee's Privacy Officer. Certain information must be made available on request under superannuation law and there will be no charge for access to this information.

The Trustee's Privacy Officer will inform them of any charges (such as photocopying costs) before providing the requested information.

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

There are some circumstances in which the Trustee is entitled to deny access to information. These include where the information is used in a confidential or commercially sensitive decision-making process, where the privacy of others may

be breached if the information is accessed or where the law requires or authorises access to be denied. The Trustee's Privacy Officer will advise if any of these circumstances apply.

The Trustee's Privacy Officer has adopted a Privacy Policy detailing the way it handles personal information. A Member is entitled to know what information we hold about them and to ensure that this information is correct.

Our Privacy Policy contains this information and details of how you may complain about a breach of the Australian Privacy Principles. If you or a Member would like a copy of the Trustee's Privacy Policy, please contact the Trustee on (03) 9616 8600.

4. AIA Australia Privacy Summary

Privacy

This section summarises key information about how AIA Australia handles personal information including sensitive information. For further information, please review the most up to date full version of the AIA Australia Group Privacy Policy on AIA Australia's website at www.aia.com.au, as updated from time to time (AIA Australia Privacy Policy).

Your privacy is important to us and AIA Australia and we are both bound by the Privacy Act, and other laws which protect your privacy. AIA Australia Group consists of AIA Australia Limited, AIA Financial Services Pty Limited, The Colonial Mutual Life Assurance Society Limited, CMLA Services, Jacques Martin Pty Ltd, Jacques Martin Administration and Consulting Pty Ltd, AIA Group and their related bodies corporate and joint venture partners (together referred to as "AIA Australia"). Together, we provide you the following notification and information about AIA Australia's Privacy Policy and your rights.

Why AIA Australia collects Personal Information

AIA Australia collects, uses and discloses personal and sensitive information ("**Personal Information**") for purposes set out in the AIA Australia Privacy Policy, including to process applications for AIA Australia's products and services (including products AIA Australia distribute), to assist with enquiries and requests in relation to AIA Australia's products and services (including products AIA Australia distributes), for underwriting and reinsurance purposes, to administer, assess and manage your products and services, including claims, to understand your needs, interests and behaviour and to personalise dealings with you, to provide, manage and improve AIA Australia's products and services, to maintain and update AIA Australia's records, to verify your identity and/or authority to act on behalf of a customer, to detect, detect, manage and deal with improper conduct and commercial risks, for reporting, research and marketing purposes, to otherwise comply with local and foreign laws and regulatory obligations,

and for any other purposes outlines in AIA Australia's Privacy Policy. The reasons why AIA Australia collect, use and disclose Personal Information may vary depending on the product, services or other circumstances in which you have engaged with AIA Australia. Where you agree or AIA Australia is otherwise permitted by law, AIA Australia may contact you on an ongoing basis by email, phone and otherwise, with offers and other promotional information about products or services AIA Australia think may interest you. If you do not wish to receive these direct marketing communications you may indicate this where prompted or by contacting AIA Australia as set out in AIA Australia's Privacy Policy.

How AIA Australia collects, uses and discloses Personal Information

AIA Australia may collect your Personal Information from various sources including forms you submit and AIA Australia's records about your use of AIA Australia's products and services and dealings with AIA Australia, including any telephone, email and online interactions. AIA Australia may also collect your information from public sources, social media and from the parties described in AIA Australia's Privacy Policy. AIA Australia is required or authorised to collect Personal Information under various laws including the Life Insurance Act, Insurance Contracts Act, Corporations Act and other laws set out in AIA Australia's Privacy Policy. Where you provide AIA Australia with Personal Information about someone else, you must have their consent to provide their Personal Information to AIA Australia in the manner described in AIA Australia's Privacy Policy.

AIA Australia may collect your Personal Information from, and exchange your Personal Information with, AIA Australia's related bodies corporate including without limitation, joint venture partners and third parties, including the life insured, policy owner or beneficiaries of your insurance policy, AIA Australia service providers or contractors, your intermediaries (including without limitation, your financial adviser and the Australian Financial Service Licensee they represent, the distributor of your insurance policy, the trustee or administrator of your superannuation fund, your employer, unions of current and former staff members of AIA Australia (including contactors) medical professionals or anyone acting on your behalf including any other representative or intermediary) ("**Representatives**"), your employer, bank, medical professional or health providers, partners used in AIA Australia's activities or business initiatives (including if relevant to your policy, the Commonwealth Bank of Australia), AIA Australia's distributors, clients, and reinsurers, private health insurers (including MO Health Pty Ltd) and their contractors and agents, other insurers including worker's compensation insurers, authorities and their agents, other super funds, trustees of those super funds and their agents, regulatory and law enforcement agencies, other bodies that administer applicable industry codes, and other parties as described in AIA Australia's Privacy Policy.

Where AIA Australia provides your Personal Information to a third party, the third party may collect, use and disclose your Personal Information in accordance with their own privacy policy and procedures. These may be different to those of AIA Australia.

Parties to whom AIA Australia discloses Personal Information may be located in Australia, South Africa, the United States, the United Kingdom, Europe, Asia and other countries including those set out in AIA Australia's Privacy Policy. If the Financial Services Council Life Code of Practice ("**Code**") applies to the insurance cover AIA Australia provides to you, AIA Australia will comply with the Code when AIA Australia collects, uses and discloses your Personal Information.

Other important information

By providing information to AIA Australia or your Representatives, the trustee or administrator of a superannuation fund, submitting or continuing with a form or claim, or otherwise interacting or continuing your relationship with AIA Australia directly or via an intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of Personal Information in the manner described in AIA Australia's Privacy Policy on AIA Australia's website as updated from time to time, and that you have been notified of the matters set out in the AIA Australia Privacy Policy before providing Personal Information to AIA Australia. You agree that AIA Australia may not issue a separate notice each time Personal Information is collected.

You must obtain and read the most up to date version of the AIA Australia Privacy Policy from AIA Australia's website at www.aia.com.au or by contacting AIA Australia on 1800 333 613 to obtain a copy. You have the right to access the Personal Information AIA Australia holds about you, and can request the correction of your Personal Information if it is inaccurate, incomplete or out of date. Requests for access or correction can be directed to AIA Australia using the details in the 'Contact AIA Australia' section below. AIA Australia's Privacy Policy provides more detail about AIA Australia's collection, use (including handling and storage), disclosure of Personal Information and how you can access and correct your Personal Information, make a privacy related complaint and how AIA Australia will deal with that complaint, and your opt-out rights. Always ensure you are reviewing the most up-to-date version of AIA Australia's Privacy Policy as published on AIA Australia's website.

For the avoidance of doubt, the AIA Australia Privacy Policy applicable to the management and handling of Personal Information will be the most current version published at www.aia.com.au, which shall supersede and replace all previous AIA Australia Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access, including but not limited to those contained in or

referred to in any telephone recordings and calls, websites and applications, underwriting and claim forms, Product Disclosure Statements and other insurance and disclosure statements and documentation.

Contact AIA Australia

If you have any questions or concerns about your Personal Information, please contact AIA Australia as set out below:

The Compliance Manager
AIA Australia Limited
PO Box 6111
Melbourne, VIC 3004
Phone 1800 333 613

5. Enquiries and complaints about the Fund

If you or a Member of the Fund have any questions about the Fund, please contact the Administrator (see details below). If you or a Member has an enquiry or complaint, this can be directed to our Enquiries and Complaints Officer who will investigate your or the Member's complaint and, if necessary, refer it to the Trustee.

Fund Administrator/Enquiries and Complaints Officer
Insurance and Superannuation Administration Services Pty Ltd
PO Box 1305
South Melbourne VIC 3205
Tel: 1800 844 992
Email: enquiries@iasas.com.au

The Trustee will respond to any enquiries or complaints as soon as possible. Complaints will be handled within 45 days as required under superannuation law and 90 days for complaints received in relation to a death benefit. In special circumstances, the Trustee may take longer, but this will be communicated to you in advance within the applicable timeframe.

If you or a Member are not satisfied with the Trustee's response to a complaint, you or the Member may complain to the Australian Financial Complaints Authority (AFCA). The AFCA is an independent body set up by the Federal Government to help resolve financial complaints. The AFCA can only accept complaints after a complaint has gone through the Trustee's complaint handling process.

Details are as follows:

Australian Financial Complaints Authority (AFCA)

GPO Box 3,
Melbourne VIC 3001
Tel: 1800 931 678
Online: www.afca.org.au
Email: info@afca.org.au

6. Trust Deed

The Trust Deed relating to the Fund is dated 18 March 1991. The Trust Deed (as amended), this PDS and the law govern the Trustee's relationship with you. In the event of any inconsistency between the Trust Deed and this PDS, the Trust Deed will prevail.

The Trust Deed deals with a number of matters including:

- the management of the Fund;
- valuation of the assets of the Fund;
- the circumstances under which the Trustee may retire;
- the circumstances under which the Fund must be terminated;
- fees and other costs that can be charged; and
- the Trustee's powers to amend the Trust Deed.

A copy of the Trust Deed is available free of charge upon request by contacting our Client Service Line, Phone (03) 9621 7120. We may change the Trust Deed at any time.

We will otherwise include any changes in our Annual Report. Our latest Annual Report is available free of charge by calling our Client Service Line, Phone (03) 9621 7120.

7. Trustee indemnity insurance

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

SECTION VI – SUMMARY OF TAXATION

Taxation laws (and taxation thresholds applicable under taxation laws) can change from time to time. How they may affect Members depends on their individual circumstances so they should obtain advice about their own taxation situation.

This general information about taxation of superannuation is based on tax laws effective as at the date of preparation of this PDS. Further information, including information about tax offsets available in respect of spouse contributions and updated information about taxation thresholds such as limits for concessional taxed contributions or benefits, is available at www.ato.gov.au.

1. Tax on contributions

Contributions to superannuation funds can be taxed up to 15%. However, since the Trustee is able to claim a tax deduction for premiums paid under the AIA Group Risk Super Plan, there is generally no tax payable by the Fund on Members' concessional contributions because the benefit of the tax deduction received offsets any tax payable (this is subject to change if tax deductions aren't obtained).

Individuals earning more than an adjusted total annual income of \$250,000 may be required to pay an additional 15% tax on superannuation contributions.

This additional tax may be paid by the individual personally or by their super fund if the individual provides a release authority to deduct the tax from their super account.

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

2. Caps on contributions

There are thresholds on the amount of contributions an Employee or Employer can make to superannuation in any financial year and increased rates of tax apply if these thresholds are exceeded.

Contributions to superannuation funds are classified as 'concessional' or 'non-concessional'.

3. Concessional contributions

Concessional contributions are made from before-tax income and include but are not limited to compulsory contributions from an Employer (including salary sacrifice) or personal contributions for which a Member has claimed a tax deduction.

A concessional tax rate of 15% generally applies to concessional contributions up to:

- \$30,000 (subject to indexing in future years and is not calculated based on age).
- If an individual has a total superannuation balance of less than \$500,000 on 30 June of the previous financial year, they may be entitled to contribute more than the general concessional contributions cap and make additional concessional contributions for any unused amounts.
- Unused amounts are available for a maximum of five years, and after this period will expire.

This tax is payable by the superannuation fund (after subtracting any allowable deductions received or receivable by the Trustee). Concessional contributions in excess of these limits will generally incur tax payable directly by the individual at their marginal tax rate plus an excess concessional contributions charge (ECC) for the additional income tax liability arising due to the concessional contributions inclusion to an individual's tax return and a 15% tax offset for the contributions tax already paid will also apply.

Contributions made by you for the purpose of providing your Employees' insurance cover in the Plan are included in a Member's concessional contribution cap.

4. Non-Concessional contributions

Non-concessional contributions are made from after tax income and include but are not limited to contributions made by an Employer, Member or spouse from after-tax income where a tax deduction has not been claimed and are not allowed for Members with total superannuation balances over \$1.9m.

For individuals with total superannuation balances less than \$1.9m, the non-concessional contribution cap is \$120,000 per year until age 75 and is indexed in line with the concessional contribution caps. For Individuals aged 67 to 74 years old, who wish to claim a tax deduction for non-concessional contributions will be required to meet the Work Test.

Individuals under age 75 can bring forward two years of future non-concessional limits, giving them a cap of \$360,000 over a three year period. This is subject to the individual meeting additional qualifying criteria. Please visit ato.gov.au for more information.

If an individual exceeds the non-concessional contributions cap they can elect to have up to the entire excess non-concessional contribution withdrawn from a superannuation fund (subject to the maximum available release amount for that superannuation interest). If this election is made the individual will also be refunded with an associated earnings component which in turn will be taxed at the individual's marginal tax rate. A non-refundable tax offset equal to 15% of the associated earnings will be available to the individual to recognise any tax paid by the superannuation fund.

Important – The Fund does not accept contributions or transferred amounts (rollovers) in excess of the amount of annual premium due for insurance cover held in the Fund in respect of Members. The Fund is unable to process a release authority issued by the ATO as the Fund does not provide an investment vehicle and, consequently, usually there is no accumulated money in the account in the Fund in respect of Members.

5. Tax on death benefits

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

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

Where a death benefit is paid to the legal personal representative of a deceased estate, tax will not be withheld by the Trustee. Tax is payable according to who is intended to benefit from the estate. It may be tax free if the benefit is payable from the estate to dependants of the deceased (for tax purposes). Otherwise it will be taxed as a benefit paid to non dependants.

Where required, tax payable on a death benefit will be withheld before an amount is paid from the Scheme by or on behalf of the Trustee.

6. Tax on terminal illness benefits

Lump sum benefits paid from a superannuation fund to a person with a 'terminal medical condition' (refer to Section IV for superannuation law definition) are tax free.

7. Tax on TPD benefits

Lump sum benefits received from a superannuation fund are divided into two components – a tax-free component and a taxable component. The tax-free component is always tax free. In the case of a TPD benefit, the tax-free component may

be increased to reflect the period from the date of ceasing employment due to disablement until the Member's 65th birthday. The taxable component is taxed at concessional rates depending on the Member's age as set out in the table following:

Age	Taxable component
60 and over	Tax free
Under 60	20% on the whole amount [†]

[†] Plus Medicare levy.

8. Tax File Numbers (TFN)

Superannuation trustees are authorised under superannuation law to collect, use and disclose Members' Tax File Numbers (TFN) for superannuation purposes. By law, Members do not have to provide their TFNs to the Trustee but should be aware of the following information before deciding whether or not to provide it:

- The Trustee can only use the TFN lawfully, to help identify Members' superannuation benefits, to help calculate any tax on those benefits, and to report it to the ATO.
- If a Member transfers benefits to another complying superannuation fund or Retirement Savings Account, the Trustee can disclose their TFN to the trustee of that fund, unless they tell the Trustee in writing not to. The Trustee cannot disclose it to anyone else except the ATO.
- If the Member does not give their TFN to the Trustee, or gives an incorrect TFN, then:
 - the Trustee may have to deduct more tax from benefits than it would otherwise need to (this tax may be reclaimed through the income tax assessment process); or
 - the Trustee may not be able to locate all benefits; they may have to pay extra tax (which may not have been payable had the TFN been provided to the Trustee) on contributions.

The way in which the Trustee is authorised to use a Member's TFN and the impact of not providing it may change if the tax law changes.

IMPORTANT – The Trustee has determined that a risk-only interest under the Fund will not be issued and contributions will not be accepted for you if you have not supplied your Tax File Number to the Trustee of the Scheme when applying for membership. You don't have to provide your TFN and we cannot require you to do so under relevant laws, but participation in the Fund is only available where a TFN is provided.

SECTION VII – DEFINITIONS

Accident or Accidental Injury

‘Accident’ or ‘Accidental Injury’ shall mean a physical injury which occurs whilst the Policy is in force that is caused solely and directly by violent, visible, external and unexpected means that would have occurred in the absence of any mental or physical health condition which the Member was subject to, at or prior to the relevant accident event.

Approved Leave

Means parental leave, annual leave, bereavement leave, long service leave or any other leave approved by the Employer or arising from the operation of law other than leave taken for reasons related to sickness or injury.

At Work

Means:

- a) the person is engaged in their normal duties, without limitation or restriction due to injury or sickness, and is working normal hours on the day cover is to commence; and
- b) the person is not restricted by sickness or injury from being capable of performing their full and normal duties on a full-time basis (for at least 30 hours per week) even though actual employment can be on a full-time, part-time, contract or casual basis; and
- c) the person is not in receipt of and/or entitled to claim income support benefits from any source including workers’ compensation benefits, statutory transport accident benefits and disability income benefits.

A Member will be considered to be At Work if on the applicable date, as the context requires, the Member is on Employer Approved Leave for reasons other than injury or sickness, and not taking into account the leave, is able to meet the At Work definition.

A person who does not meet these requirements is considered to be not At Work.

Australian Resident

Means:

- a) person who resides in Australia and is either an Australian citizen or a holder of an Australian Permanent Resident visa; or
- b) a person who is a New Zealand citizen and is the holder of a Special Category visa (SCV) while residing in Australia indefinitely.

Automatic Acceptance Limit (AAL)

The amount of cover that applies to a Member without Evidence of Insurability. The AAL is as set out in the schedule issued to the Participating Employer.

Benefit Design

Type and level of cover as agreed upon between the Participating Employer and the Insurer and set out in the schedule issued to the Participating Employer including any non-standard policy terms and conditions.

Casual Employee

Means a person who is not a Permanent Employee or Fixed Term Employee and is employed with a Participating Employer on a casual basis to perform identifiable duties and whose Participating Employer is making superannuation guarantee contributions in respect of the person.

Certification Period

The period stated in the schedule issued to the Participating Employer which starts on the date a Member is certified in writing as Terminally Ill.

Cover Expiry Age

Death Cover: 70 (or other date agreed between the Participating Employer and the Insurer)

TPD Cover: 70 (or other date agreed between the Participating Employer and the Insurer).

Date of Disablement

Means:

- if Definition 1 applies, the first day of the three consecutive month period as described in the definition;
- if Definition 2 applies:
 - the first day of the three consecutive month period as described in the definition; or
 - the date the Member first suffers one of the losses described in the definition;
- if Definition 3 applies:
 - the first day of the three consecutive month period the Member is unable to perform at least 2 of the listed ‘activities’ referred to in the definition without assistance from another adult (with aids or adaptations); or

- the date the Member is unable to work as a result of having a Mental Illness.

Employed

Means (other than a person on leave without pay), the Member:

- is employed under a written contract with their Participating Employer to undertake identifiable duties; and
- has worked and is expected to receive an income or received income from paid work.

A person is not considered to be Employed if they are available to work or look for work and have not worked.

Employee

Means a person engaged by the Employer under a contract of employment to undertake identifiable duties.

Evidence of Insurability

Means such evidence of health and such other particulars of a person as AIA Australia may require and which is supplied or caused to be supplied in respect of that person to enable AIA Australia to determine whether the person is to be accepted for insurance and the terms of such acceptance.

Fixed Term Employee

Means a person who is employed under a written contract with a Participating Employer for at least 6 months and whose Participating Employer:

- requires the person to perform identifiable duties for a regular number of hours per week;
- provides the person with annual leave and sick leave entitlements; and
- is making superannuation guarantee contributions in respect of the person.

Forward Underwriting Limit (FUL)

Forward Underwriting Limit (FUL) refers to the level determined by AIA Australia which may be provided under certain circumstances after the assessment of Evidence of Insurability in respect of a Member, whereby the future increases in amounts of benefit formula cover (in line with the Benefit Design) up to this level may be provided without further Evidence of Insurability.

Grace Period

30 days of grace shall be allowed for the payment of each premium. If a claim arises within that period, no Sum Insured amount will become payable under the Policy in respect of such claim until the outstanding premium amount is paid to AIA Australia in full.

Medical Practitioner

Means a legally qualified and properly registered doctor of medicine other than the Member, or a family member, business partner, Employee, work colleague or Employer of the Member.

The Insurer may accept a similarly qualified person who is registered and practising as a Medical Practitioner in another country with a similar standard of medical care as that in Australia, and who has a formal qualification that is generally equivalent to that required to practise in Australia. The Insurer may seek an opinion from a qualified registered Medical Practitioner in Australia to review such overseas medical evidence.

Member

Means an Employee who is accepted for insurance cover under the Participating Employer Plan.

Mental Illness

Means the Member has been diagnosed by a psychiatrist under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association (or a similar diagnostic tool determined by the Royal Australian and New Zealand College of Psychiatrists Board).

New Events Cover

Means the Member is only covered for claims arising from a sickness which became apparent or an injury which occurred on or after the date the Member's cover commenced or most recently commenced under the Policy and is not related to a sickness or injury that occurred before the applicable date.

Participating Employer

An employer who has been registered as a Participating Employer in accordance with the Fund's Trust Deed and provides gainful employment to a Member.

Participating Employer Plan

A plan established by the Trustee in the AIA Group Risk Super Plan in respect of that Participating Employer in accordance with the Fund's Trust Deed.

Permanent Employee

Means a person who accepts an offer of employment where the Participating Employer and the person have agreed to continuing and indefinite work and whose Participating Employer:

- requires the person to perform identifiable duties for a regular number of hours each week;

- provides the person with annual leave and sick leave entitlements; and
- is making superannuation guarantee contributions in respect of the person.

Permanently Incapacitated

Means the Insurer is reasonably satisfied that a Member has become incapacitated due to ill-health (whether physical or mental) and as a result of this ill-health makes it unlikely they will ever engage in or work for reward in any occupation for which they are reasonably qualified by education, training or experience.

Policy

Means the Group Life Policy issued to the Trustee including any Policy Schedules, schedules issued to the Participating Employer and any subsequent endorsements to the Policy issued by AIA Australia.

Special Category Visa (SCV)

As per the guidelines provided under the Department of Immigration and Border Protection, a Special Category visa (subclass 444) is a temporary visa that allows a person to stay and work in Australia as long as that person remains a New Zealand citizen.

For avoidance of doubt, a New Zealand citizen who holds a SCV while residing in Australia and departs temporarily overseas will be treated the same as an Australian Resident. They will be entitled to the same provisions, Cover terms and conditions as an Australian Resident under this Policy.

Sum Insured

The amount of Death or Death and TPD benefit calculated in accordance with the Benefit Design.

Terminal Illness

A Member will be taken to be terminally ill if:

- two registered Medical Practitioners have certified, jointly or separately, that the Member suffers from an illness, or has incurred an injury, that is likely to result in their death within a period (the Certification Period) that ends no more than 12 months or 24 months (as specified in the schedule issued to the Participating Employer) after the date of the certification; and
- at least one of the Medical Practitioners is a specialist practicing in an area related to the illness or injury suffered by the Member; and
- for each of the certificates, the Certification Period has not ended.

Where a Member is diagnosed with a Terminal Illness, the maximum amount the Insurer will pay is equal to the Death benefit.

Total and Permanent Disablement (TPD)

The Member is totally and permanently disabled if

- their Date of Disablement occurs while they have cover in force under this Policy;
- they are attending and following the advice of a Medical Practitioner and have undergone all reasonable and usual treatment including rehabilitation for their condition; and
- they satisfy all parts of the definition that apply to them at the Date of Disablement as outlined below.

The applicable definition(s) will be stated in the schedule issued to the Participating Employer.

Definition 1 – unlikely/unable to return to work in any occupation ever again

Means:

- the Member solely because of injury or sickness, is prevented from performing any work, paid or unpaid, for an uninterrupted period of three consecutive months.

and either

- (if the schedule issued to the Participating Employer states 'Unlikely') at the end of the three consecutive months, in reasonable consideration of all medical evidence and other evidence, the Member has become incapacitated to such an extent as to render them unlikely ever to engage in any occupation for which they are reasonably suited by education, training or experience; or
- (if the schedule issued to the Participating Employer states 'Unable') at the end of the three consecutive months, in reasonable consideration of all medical evidence and other evidence, the Member has become incapacitated to such an extent as to render them unable ever to engage in any occupation for which they are reasonably suited by education, training or experience.

Definition 2 – unlikely to return to work in own occupation ever again

If a Member's TPD cover commenced prior to 1 July 2014, the Member is deemed to be TPD if, subject to satisfying the definition of 'professional' or 'senior management' below, in the opinion of AIA Australia, the Member has:

- suffered a disability through injury or sickness, which has:
 - prevented the Member from performing any work, paid or unpaid, for an uninterrupted period of at least three consecutive months solely due to the same injury or sickness; and
 - the Member is attending and is following the advice of a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the injury or sickness; and

- after consideration of all the medical evidence and such other evidence as AIA Australia may require, has become, in AIA Australia's opinion, incapacitated to such an extent as to render the Member unlikely ever to be able to engage in the Member's own occupation.

Where:

'occupation' means:

- for a 'professional' or a person in 'senior management', the person's occupation based on the general area of expertise of the person; or
- for all others, an occupation for which you are reasonably suited by education, training or experience.

'professional' means a person who:

- has an accredited higher education qualification;
- belongs, or is eligible to belong, to a professional body;
- earns a base salary greater than \$100,000 per annum; and
- works only in an office environment and in a sedentary capacity.

'senior management' means a person who:

- is part of the senior management of the Participating Employer;
- earns a base salary greater than \$100,000 per annum; and
- only works in an office environment and in a sedentary capacity.

OR

b) whilst insured under this Policy, suffered the permanent loss of:

- use of two limbs; or
- the sight of both eyes; or
- use of one limb and loss of sight of one eye;

where limb is defined as the whole hand or whole foot.

Definition 3 – unable to do basic everyday 'Activities' or has a 'Mental Illness'

a) for an uninterrupted period of three consecutive months after the occurrence of the injury or sickness, the Member continues to be totally and permanently unable to perform at least two of the following activities as certified by a Medical Practitioner without assistance from another adult (with aids and adaptations*):

- Mobility: the ability to:
 - bend, kneel or squat to pick something up from the floor and straighten up again, and get into and out of a standard sedan; or

- walk more than two hundred (200) metres at a normal pace on a level surface without stopping due to breathlessness as a result of a medical condition;
- Seeing: the ability to read ordinary newsprint and pass the standard eye test for a car licence (even with glasses or contact lenses) and their vision is better than legal blindness. Legal blindness is as certified by an ophthalmologist;
- Lifting: the ability to lift their hands (from bench height) and carry a five (5) kg weight a distance of ten (10) metres and place the item back down at bench height;
- Communicating: the ability to speak in their first language with sufficient clarity such that they can hold a conversation in a quiet room by understanding a simple message and relaying that message to another person;
- Manual dexterity: the ability to use:
 - at least one hand to pick up or manipulate small objects precisely with their hand or fingers (such as picking up a coin from desk height, using cutlery, tying shoelaces or fastening buttons); or
 - a pen, pencil or keyboard to write a short note that can be understood by another person in their first language.

Where the Member is unable to perform one or more of the above activities when cover commenced, that activity will not be taken into consideration by AIA Australia as part of the TPD assessment.

* Aids and adaptations refer to equipment or fixtures which assist the Member to carry out the activities.

OR

b) the Member is deemed to be totally and permanently disabled if, in the opinion of AIA Australia, they have a Mental Illness that:

- the Member's treating psychiatrist, psychologist or Medical Practitioner believes won't improve; and
- has been assessed by a psychiatrist appointed by AIA Australia as having an impairment of 19% or more on the Psychiatric Impairment Rating Scale and in their opinion the condition is permanent.

The Member is also required to be Permanently Incapacitated in respect of a) and b).

Visa

A current and valid visa issued in accordance with the Migration Act 1958 (Cth) or any amending or replacing Act which enables an eligible person or Member to work in Australia.

Voluntary Cover

Means the discretionary Death only cover or Death and TPD cover which is not based on the Benefit Design and which the Member may elect. Voluntary Cover is subject to providing Evidence of Insurability and acceptance by AIA Australia.

Waiting Period

Means for TPD three consecutive months unless otherwise stated in the schedule issued to the Participating Employer.

War

Includes but is not limited to war (declared or undeclared) or war related activities, revolution, invasion, or rebellion or civil unrest.

Work Test

Means a person:

- who has not been or does not intend to be gainfully employed for at least 40 hours within 30 consecutive days in the financial year the contributions are made;
- who held a total superannuation balance with all providers below \$300,000 as at 30 June of the previous financial year; and
- who has not previously made contributions to superannuation using the Work Test.

AIA Australia

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Melbourne VIC 3004
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