

AMP Elevate insurance

Product disclosure statement and plan document



Life Insurance
Life Insurance Superannuation
Life Insurance SMSF
Total and Permanent Disability Insurance
Total and Permanent Disability Insurance Superannuation
Total and Permanent Disability Insurance SMSF
Trauma Insurance
Income Insurance
Income Insurance Superannuation
Income Insurance SMSF
Business Expenses Insurance



About this product disclosure statement and plan document

For more information about AMP please visit amp.com.au or contact AMP Customer Service 131 267

Products in this Product Disclosure Statement and Plan Document (PDS) are available from 10 June 2017.

Product issuer

This PDS relates to a number of separate financial products which are referred to as plans. All plans, except the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and the Income Insurance Superannuation Plan, are issued by AMP Life Limited ABN 84 079 300 379 AFS Licence No. 233671. The Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan are issued by N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No. 234654 (**NM Super**) as trustee of the Super Directions Fund ABN 78 421 957 449 (**Super Directions**) and of the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598 (**Wealth Super**).

NM Super and **AMP Life** each take full responsibility for the whole of this PDS, although only the product issuer of a plan is responsible for the obligations under the plan.

The products contained in this PDS are not investment products.

Information contained in this PDS

This PDS contains information about insurance plans available from AMP and **NM Super**, including the terms and conditions applicable to those plans.

The information in this PDS will help you to decide whether these plans will meet your needs. It will assist you in comparing the types of cover available in the marketplace but does not take into consideration your individual needs and circumstances. Before acting on the information in this PDS, you should consider the appropriateness of this information and consult a financial adviser.

The plans described in this PDS are available only to persons receiving the PDS (including electronically) within Australia. We can't accept cash or applications signed and mailed from outside Australia. Monies received or paid must always be in Australian dollars.

This is a combined PDS and plan document

If you purchase an AMP Elevate insurance plan, this PDS constitutes your plan document. This PDS sets out the terms and conditions of all available plans. The particular terms and conditions that apply to your contract of insurance will depend of the plan and option(s) you have purchased which will be set out in the insurance schedule.

Changes to the PDS

Information in the PDS may be amended from time to time. If the amendment is not materially adverse, it may be updated and information provided on amp.com.au/pdsupdates. A printed or electronic copy of any amendments can be obtained free of charge by contacting our Customer Contact Centre on 131 267.

Regulatory identifiers

Super Directions Fund (Super Directions)	ABN 78 421 957 449
N.M. Superannuation Proprietary Limited (NM Super)	ABN 31 008 428 322 Australian Financial Services (AFS) Licence No. 234654
AMP Life Limited (AMP Life)	ABN 84 079 300 379 AFS Licence No. 233671
Wealth Personal Superannuation and Pension Fund (Wealth Super)	ABN 92 381 911 598

Some terms we use in this PDS

In this PDS, any reference to:	means:
You or Your	When we refer to you or your in this document, we're referring to the policy owner . The policy owner can sometimes be the insured person .
Us, we, our, AMP, AMP Life or the insurer	AMP Life Limited.
Financial adviser	The financial adviser who is advising you.
PDS	This product disclosure statement and plan document, and any updates to this document.
SMSF	Self-managed superannuation fund.
Super	Superannuation and self-managed superannuation funds.

There are many terms with a specific meaning, which will be in **bold**. You can find their definition in [Glossary of terms](#) starting on page 115.

Throughout this document the following symbols have been used

	Superannuation Indicates that the benefit/option/definition is available on plans issued by NM Super , being the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and the Income Insurance Superannuation Plan.
	Non-superannuation Indicates that the benefit/option/definition is available on plans outside super.
	Non-superannuation linked plan/option Indicates that the benefit/option/definition may be linked to either a superannuation plan or non-superannuation plan . This includes FlexiLink plans , PremierLink or StandardLink options.
	Self managed superannuation fund Indicates that the benefit/option/definition is available on plans issued by AMP Life to a SMSF or Small APRA Super Fund, being the Life Insurance SMSF Plan, TPD Insurance SMSF Plan and the Income Insurance SMSF Plan.

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Introducing AMP Elevate

In this section we will:

- Discuss being there for you when you need us
- Introduce AMP Elevate insurance

Introducing AMP Elevate

Live life knowing that we will be there for you.

We'll be there for you when you need us

Like most people, you probably don't think anything bad will ever happen to you. If something unexpected does happen, you want to protect what's important. You don't want to worry about how to pay the bills and look after your loved ones.

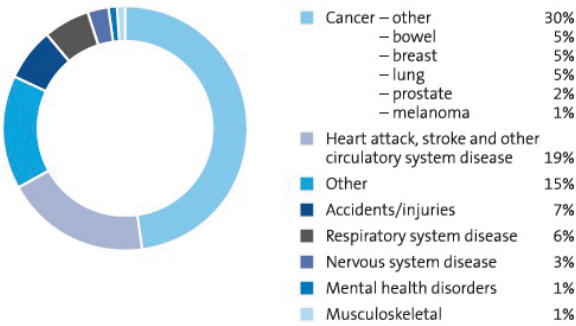
With AMP Elevate insurance, we can help you to have that covered. What's more, if you need to make a claim, we'll be there for you every step of the way.

That's why we're Australia's favourite for personal insurance¹. In 2016 we paid 11,145 customers and a total of \$1.058 billion in insurance claims across our entire insurance range. That's about \$2.9 million paid every day.

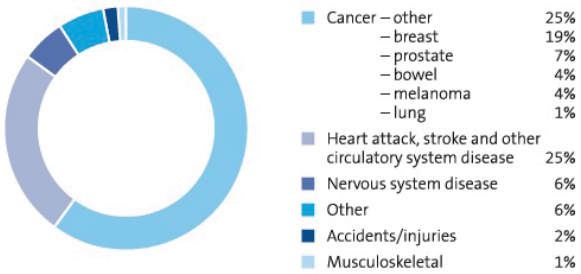
Our claims philosophy

At AMP we see our role as more than just paying a claim. We create tailored solutions to help you and your family live the best life you can should something happen. While this may involve paying a financial benefit, depending on the nature of the claim it may also involve rehabilitation, working with you on a return to work program, or offering domestic assistance.

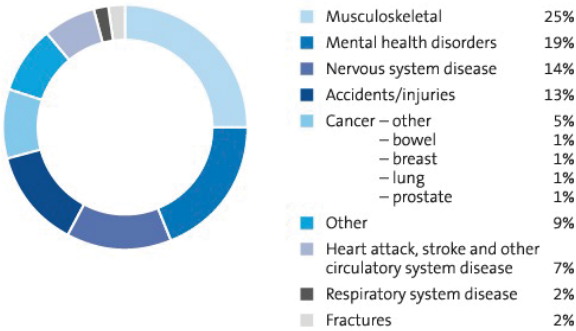
Life insurance claims



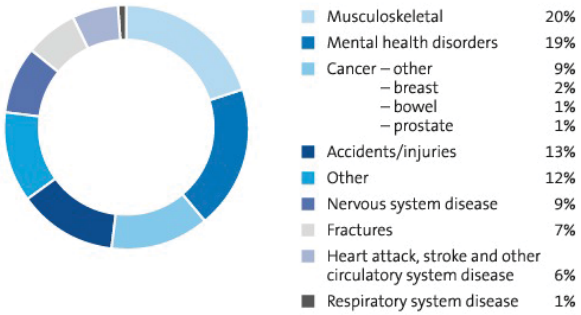
Trauma insurance claims



Total and Permanent Disability insurance claims



Income protection insurance claims



1 Largest market share of inforce annual premiums – Detailed risk statistics, individual business in-force premiums. Strategic Insight, Actuaries & Researchers, December 2016.

About AMP Elevate insurance

Understanding insurance

AMP Elevate insurance is designed to provide financial security for you and your family when something unexpected happens.

We offer a wide range of cover to suit your needs.

Type of insurance	People we have helped live their best lives	Why do I need it?	Key benefits payable
Life insurance	"Being a parent makes you realise what's important. And I want to make sure I look after my family if anything happens to me." 	You may want to take out Life insurance to provide financial security, if the insured person dies, to help cover mortgage and other debt payments and provide loved ones with the funds they need to help them continue their lifestyle.	We pay a lump sum if the insured person dies or is diagnosed with a terminal illness .
Total and permanent disability insurance	"After my accident, I was devastated to find out I could never go back to work. While my life won't be the same, at least the money I received means my bills will be paid." 	Money is the last thing you would want to think about when faced with a lifelong disability. An emotional strain can be placed on a family to provide support to someone who may need full-time care and may never be able to work again.	We pay a lump sum if the insured person becomes totally and permanently disabled.
Trauma insurance	"My friend contracted cancer and had to go through lots of therapy. She's ok, but I want to make sure if it happens to me, I don't have to worry about money." 	Nobody likes to think about the possibility of experiencing a serious illness or injury but you can make plans to help support yourself if the unexpected happens. Trauma cover can help provide the funds for out-of-pocket treatment expenses and making lifestyle adjustments after experiencing a serious illness or injury.	We pay a lump sum to help the insured person recover and adjust to life if they suffer a serious illness or injury listed in the section About Elevate Trauma insurance. Some events that we cover include cancer, heart attack and stroke. Our medical definitions define the events we cover under Trauma insurance. These definitions generally take into account the severity of a condition.
Income insurance	"I'm single, I've just bought a house and I'm still paying off my car. If I get injured, I want to make sure I can still make all the repayments." 	Income insurance can help the insured person continue to pay their day-to-day living expenses while they're too ill or injured to go to work, so they can focus on recovery.	We pay a monthly benefit if the insured person becomes totally or partially disabled due to an injury or sickness which stops them from working.
Business expenses insurance	"In business you have to consider the risks. And the risk of my business going down just because I fall over is too high." 	Business expenses insurance can help with business expenses to keep the business going while the insured person is too ill or injured to go to work.	We pay a monthly benefit to help manage the insured person's business expenses and keep the business going if the insured person becomes totally or partially disabled due to an injury or sickness which stops them from working.

Your privacy

Your privacy is important to us. See page 114 for information about how we handle your personal information.

You can change your mind

If we accept your application, we'll send you an **insurance schedule**. You'll have 28 days (from the day you receive your **insurance schedule**) to check that your **plan** meets your needs. This is known as the cooling-off period. If it doesn't meet your needs, or you change your mind for any reason, simply contact us to cancel your **plan**.

As long as you haven't made a claim under your **plan**, we'll cancel your **plan** and refund any amounts you've paid us.

Contact us

We're here to help. If you have any questions, please contact our Customer Contact Centre or your **financial adviser**.

Phone	131 267
Fax	1800 674 684
Email	askamp@amp.com.au
Address	AMP Customer Service PO Box 14330 MELBOURNE VIC 8001

What you need to know when applying for cover

In this section we'll discuss:

- > Plan structure
- > Steps to being insured
- > Who can own your insurance
- > What you can apply for
- > Cost of insurance
- > How to claim
- > Customer satisfaction and complaint resolution

What you need to know when applying for cover

AMP Elevate insurance is an insurance product designed to provide financial benefits for you and your family when something unexpected happens.

Plan structure

AMP Elevate offers a wide range of **plans** and **options** to structure your insurance which provides flexibility, so you can choose what cover you want and how to structure it – and only pay for what you choose.

If you decide to hold some cover in super but want additional protection that is not available through super due to superannuation law, AMP Elevate offers FlexiLink, PremierLink and StandardLink options which can be added to insurance plans owned through super. You'll find out more about these benefits starting on page 38.

The various types of insurance covers can pay a lump sum amount or a monthly benefit. Please refer to the table below for the available structures for each insurance product.

		Standalone	Linked			
Type of insurance		Plan	Option	FlexiLink Plan	PremierLink option	StandardLink option
Insurance that pays a lump sum	Life insurance	✓				
	TPD insurance	✓	✓			
	Trauma insurance	✓	✓			
Insurance that pays a monthly benefit	Income insurance	✓				
	Business expenses insurance	✓				

How do you want to structure your insurance?

If you select more than one type of cover for the same **insured person**, you can choose to make the covers either standalone **plans** or link them under the same **plan**. Standalone **plans** generally have a higher premium than linked cover.

The structure can impact your insurance cover in the event of a claim

Standalone plan	If we pay a benefit under a standalone plan (for example, a TPD Insurance Plan), it does not reduce the sum insured of any other cover (for example, a Life Insurance Plan) for the insured person. For example, you took \$2 million in a Life Insurance Plan and \$750,000 in a TPD Insurance Plan. If you made a TPD claim and a full benefit is paid, the \$2 million on your Life Insurance Plan won't be reduced. You can purchase Life insurance, TPD insurance, Trauma insurance, Income insurance and Business expenses insurance as standalone plans that operate independently of each other.
Linked covers	If we pay a benefit under a linked option (for example, a TPD option), the sum insured of each remaining linked cover (for example, a Life Insurance Plan) for that insured person is reduced by the amount we pay, unless we state otherwise in this PDS. You can link insurance by purchasing one type of cover as a plan along with one or more other types of cover as a linked option, FlexiLink plan, PremierLink option or StandardLink option, where they're available as indicated in the table above. Income insurance plans and the Business Expenses Insurance Plan may not be linked with any lump sum covers. For example, you took \$2 million in a Life Insurance Plan and \$750,000 on a linked TPD option. If you made a TPD claim and the full benefit of \$750,000 is paid, your Life Insurance Plan will be reduced to \$1.25 million. You can purchase TPD insurance and Trauma insurance as options under a life Insurance plan. You can also purchase TPD insurance as an option under a trauma insurance plan.

Purchasing plans outside and through super

AMP Elevate provides ways to structure your **plan** by acquiring and paying for it outside or through super. We offer both super and SMSF **plans** to suit your needs.

Flexible linking options – You can link TPD, Trauma and Income insurance cover outside super, with cover acquired through super. This can help manage your cashflow while enjoying the benefits of coverage options only available outside super. For more details about FlexiLink, PremierLink or StandardLink, see pages 18 to 22.

Insurance purchased outside super

When purchasing insurance as a **plan** outside super, you can choose to link other types of insurance cover as **options** to your **plan**.

Life, TPD and Trauma insurance

Standalone plans		
Linked cover		
If we pay a benefit under a linked option added in Step 2, the sum insured of each remaining linked cover (plans and options) for that insured person is reduced by the amount we pay, unless we state otherwise in this PDS.		
Step 1 NS You can select one or more plans	Step 2a NS You can choose to link other types of insurance cover as options to your plan	Step 2b NS There are many other options available that can be added to your plan or option
Life insurance Life Insurance Plan	– TPD option – Trauma option – Children's Trauma option	For other options available on life insurance plans , see pages 38 to 39.
TPD insurance TPD Insurance Plan	– Children's Trauma option	For other options available on TPD insurance plans , see page 42.
Trauma insurance Trauma Insurance Plan Trauma Insurance Plus Plan	– TPD option – Children's Trauma option	For other options available on trauma insurance plans , see page 44.

Income insurance and Business expenses insurance

Standalone plans	
Step 1 NS You can select one or more plans	Step 2 NS There are many other options available that can be added to your plan
Income insurance Income Insurance Premier Plan Income Insurance Plus Plan Income Insurance Plan Income Insurance Senior Plan (only available as a conversion from eligible plans)	For options available on income insurance plans , see page 67.
Business expenses insurance Business Expenses Insurance Plan	N/A

Insurance purchased through super

When purchasing insurance as a **plan** through **super**, you can choose to link other types of insurance cover as **options** to your **plan**.

Life, TPD and Trauma insurance

Standalone plans		Linked cover	
		If we pay a benefit under a linked option added in Step 2, the sum insured of each remaining linked cover (plans and options) for that insured person is reduced by the amount we pay, unless we state otherwise in this PDS.	
Step 1  	Step 2a  	Step 2b 	Step 3   
You can select one or more plans through super	You can choose to link other types of insurance cover as options to your plan through super	You can choose to link other types of insurance cover outside super as options to your plan through super	There are many other options available that can be added to your plan or option
Life insurance Life Insurance Superannuation Plan Life Insurance SMSF Plan	– TPD option (Any occupation)	– PremierLink TPD option (Own occupation) – FlexiLink TPD Plan – FlexiLink Trauma Plan If you purchase any of the above, you may also link the Children's Trauma option.	For other options available on life insurance plans , see pages 38 to 39.
TPD insurance TPD Insurance Superannuation Plan TPD Insurance SMSF Plan	N/A	– PremierLink TPD option (Own occupation)	For other options available on TPD insurance plans , see page 44.

Income and Business expenses insurance

Standalone plans		
Step 1  	Step 2 	Step 3   
You can select one or more plans through super	You can choose to link other types of insurance cover outside super as options to your plan through super	There are many other options available that can be added to your plan
Income insurance Income Insurance Superannuation Plan Income Insurance SMSF Plan	– PremierLink IP option – StandardLink IP option	For other options available on income insurance plans , see page 67.

Owning and paying your insurance through super

AMP Elevate also allows you to pay for your insurance through super. There are some important differences to think about, compared to owning and paying for your insurance outside of super.

Your **financial adviser** will help you to work out the way for you to structure your insurance so it is appropriate for your needs and circumstances.

	Owning and paying through super	Owning and paying from funds outside super
In general	– Can be a tax-effective way to pay premiums (if your taxable income is above the tax-free threshold, and below the high-income earners threshold). eg \$100 premium will cost \$100 from pre-tax income paid by your employer. – The benefit is paid to the Trustee who then releases the benefit if a condition of release is met. – Paying for your insurance through super could reduce your retirement savings. – Premiums count towards your contribution caps. – Premiums can be paid through various AMP platforms such as MyNorth, Summit, Generations and iAccess.	– You will be paying for premiums from after-tax income.
Life insurance	– The Life benefit (page 50) is paid to the Trustee. They will decide who to pay the benefit to, taking into account your nomination of beneficiaries (page 105). – Beneficiaries – those who receive your assets after you die may have to pay tax on the benefit (page 105).	– The benefit will be paid to the policy owner or your nominated beneficiaries.
TPD insurance	– Definitions must comply with superannuation law. – Uses an Any occupation definition in the event of a claim as assessment of your ability to return to work. – Any benefit amount paid may be taxed. Please see Holding your plan in super on page 103 for more detail.	– Choice of an Any or Own occupation definition. – Can be linked to insurance plans held through super via FlexiLink and PremierLink options (pages 18 to 22). – There are a greater number of features available in insurance outside super.
Trauma insurance	– Not available through super.	– Can be held outside super or linked to insurance plans held through super via FlexiLink (page 18).
Income insurance	– Definitions must comply with superannuation law. – Insured on an indemnity basis only (page 71).	– Insurance premiums are generally tax-deductible. – You can choose between an agreed value or indemnity benefit type (page 71). – There are a greater number of features available for Income insurance outside super. – Can be held outside super or linked to income insurance plans held through super via a PremierLink IP option or StandardLink IP option (page 21).

Steps to being insured

Step 1 Think about what types of insurance you need	What's most important to you depends on what's happening in your life, how much you need to protect and your budget. It's important to understand the different types of insurance and what's covered. Your financial adviser can help you decide which plan , and which options , are suitable for your circumstances and needs. If you are applying for cover as the trustee of a SMSF or a small APRA Super Fund, you should also be aware of some important information which is set out on page 17 and page 103.
Step 2 Talk about your options	Your financial adviser will help you work out how much cover you need, which plans and options suit your needs, and recommend the way for you to structure your insurance for your circumstances.
Step 3 Create your insurance cover	To create insurance cover that is tailored to your needs, you'll need to decide on: – who you want to insure, – which insurance plan you need (pages 9 to 11), – the amount of insurance you need, – whether you want to structure your plan outside or inside super (pages 10 to 12), – who will own the plan, – any options you want to add to your plan (at an extra cost), – the premium structure for your plan, eg stepped or level premiums (page 30), and – how to pay for your insurance (see page 110). The AMP Elevate insurance plans and options have a range of benefits, features and extra cost options that you should consider carefully. Some only apply if you select them – these are explained in detail in AMP Elevate insurance in detail , starting on page 36.
Step 4 Find out how much your insurance will cost	Once you've worked out what insurance(s) to take and how to structure them, your financial adviser will provide a quote.
Step 5 Completing your application	Before you apply for cover, it's important for you and the insured person to carefully read and understand Your duty of disclosure (page 14), the Declarations and consent section (page 112), and if you're applying for insurance through super, the Holding your plan in super section (page 103). The Application form asks general questions to help us set up your plan correctly and includes questions about who is the policy owner and insured person, address, payment options and Tax File Number. It also includes a Personal Statement which will ask more personal questions. For example, questions about the insured person's health history, occupation, income, residence and travel details, as well as factors such as sporting and recreational pastimes. You can apply for cover through any of the following options. Online You can complete your Application form and Personal Statement online with your financial adviser. Telephone Your financial adviser can submit your application online and arrange for AMP to call you so you can complete your Personal Statement over the phone at a convenient time to you. Paper An Application form and Personal Statement are included at the back of this document. Complete them and send them to us at: AMP Customer Service PO Box 14330 MELBOURNE VIC 8001
Step 6 The underwriting process	Underwriting takes place after you've submitted your application. To assess your application, we'll review your Personal Statement. In some instances, we might ask key people, like your doctor, for more information, or ask you to undertake a medical examination. While this is going on, we'll provide you with interim cover at no extra cost. Please see page 130 for more details on interim cover.
Step 7 We'll come back with an offer	We'll make a decision based on the information you give us and come back to you with an offer based on our assessment of your particular circumstances. We thoroughly evaluate each application we receive and offer underwriting terms based on a thoughtful and reasonable assessment of the information you give us and your individual circumstances.

Applying for
cover

Cost

Claims

Customer
service and
complaintsLife, TPD,
TraumaIncome &
Business
expenses

Super

Key information

Glossary

Interim cover
certificate

	In some cases, we may offer insurance that's different to what you applied for (known as revised terms) or decline your application. For example, we may apply exclusions or change the premium amount based on your health, pastimes or occupation. These exclusions will be specified in your insurance schedule and agreed with you before the cover commences. We'll keep you fully informed about the progress of your application and provide you with a logical reason for any decisions we make. After we issue your insurance plan, you have a cooling-off period where you may change your mind. Please see the Cooling-off period section below.
Step 8 The insurance schedule	Once your application is accepted, we'll send you an insurance schedule. This PDS and the Insurance schedule will form the insurance contract between you and us. It will set out the policy owner, insured person, commencement date, the sum insured, the plans and options selected, exclusions and all other important information.
Step 9 Keeping you informed	Each year we'll send you an updated schedule confirming the insurance, fees and premiums. If you change your occupation, stop smoking or improve your health, you can ask to be re-assessed, which may reduce your premium or enable an exclusion to be removed. You can also get up-to-date information about your insurance online. To register, visit amp.com.au and log in to My AMP.

What you need to tell us

When you apply for insurance, and up until we accept your application, you have a duty to tell us anything you know, or could be reasonably be expected to know, that may affect our decision to insure you and the terms of your insurance. This means answering all the questions in the application honestly and ensuring you include all the information we ask for. You also have the same duty if you want to change, extend or reinstate your insurance in the future.

A full description of **your duty of disclosure** is explained below.

Your duty of disclosure

Read this if you are applying for insurance as the policy owner, or if you will be an insured person under a policy owned by someone else.

What you need to tell us

When you apply for insurance, and up until the insurer accepts your application, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and the terms of your insurance.

This includes answering all the questions in the application honestly, making sure you include all the information we ask for.

You have the same duty if anything changes, or you remember more information, while we're processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same duty at that time to tell us anything that may affect the insurer's decision to insure you and the terms of your insurance.

Where a policy owned by one person covers the life of another person, it's important that the other person also gives us all the information that is required under the duty. If he or she doesn't, then it can be treated as a failure by the owner of the policy to tell us something that the owner must tell us. Therefore, you must give us all the required information - whether you're the owner of the policy or an **insured person** under it.

If you don't tell us something

If you don't give all the required information, and the missing information would've affected the insurer's decision to insure you or the terms of your insurance, the insurer may:

- **treat the contract (or your cover) as if it never existed** – the insurer can only do this within three years of your cover starting.
- **reduce the amount you've been insured for** – to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premiums may have been too low. The insurer may reduce the amount you've been insured for, taking into account the premium you would've had to pay if you'd told us everything you should've. For Death cover the insurer can only reduce the amount you've been insured for within three years of your cover starting.
- **vary your cover** – to take into account the information you didn't tell us and put the insurer in the same position as it would've been if you'd told us. Variations could mean, for example, that waiting periods, exclusions or premiums may be different. The insurer can't make variations to Death cover.

Your total insurance cover forms one insurance contract. If you don't give us all the required information, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

It's fraudulent to deliberately leave out required information or give us incorrect information. In these situations the insurer may refuse to pay a claim and treat the contract (or your cover) as if it never existed.

What you don't need to tell us

You don't need to tell us anything:

- that reduces the insurer's risk, or
- that's common knowledge, or
- the insurer know or should know as an insurer, or
- we've told you that you don't need to tell us.

Cooling-off period

If we accept your application, we'll send you an **insurance schedule**. Once you've received your **insurance schedule** you'll have 28 days check that your **plan** meets your needs and let us know if it doesn't. This is known as the cooling-off period. If it doesn't meet your needs, or you change your mind for any reason, simply contact us to cancel your plan.

As long as you haven't made a claim under your plan during the cooling-off period, we'll cancel your plan and refund any amounts you've paid us. For insurance inside super, the refund will be paid to the **Trustee**. They will then refund the money to you subject to super preservation requirements.

If you want to cancel your plan during the cooling-off period, you'll need to contact us by:

Phone	131 267
Fax	1800 674 684
Email	askamp@amp.com.au
Send us a letter	AMP Customer Service PO Box 14330 MELBOURNE VIC 8001

Have your needs changed?

If you're not satisfied with your plan, please tell us. We may be able to change the plan. Changing to a new plan may require a reassessment of the **insured person's** health, occupation, pastimes and place of residence. It is usually better to modify your plan rather than to end it and start a new one.

If you're thinking of cancelling your existing insurance cover and replacing it with other cover, you need to know about certain risks that are involved.

For example, you'll probably need to provide current medical and financial information for the new application, and if your health has changed, this may affect the terms of the new cover. Also, if you cancel your current insurance while you're applying or before the new cover starts, there may be some time that you won't have insurance cover.

You can add more benefits to an existing plan

If you wish to add an **option** to an existing **plan**, except for the PremierLink options, the StandardLink IP option and **FlexiLink plans**, you may do so. The **option** will be linked to your existing **plan's** terms and conditions. Should you wish to add a PremierLink option, StandardLink IP option, **FlexiLink plan** or an **option** from the latest PDS, then you may be required to cancel your existing **plan** and replace it with the corresponding **plan** in the latest PDS.

You can also add a new **plan**, which uses the terms and conditions from the latest PDS.

Please contact our Customer Contact Centre on 131 267 or your **financial adviser** if you have any questions.

Who can be an insured person

The **insured person** is the person who is to be insured and must be within the ages set out in the table on pages 24 to 26 when applying for cover. The **insured person** is shown in the **insurance schedule**.

The **policy owner** is the person who owns the **plan** and is sometimes also the **insured person**. If you purchase the **plan** through super, the **policy owner** will be the **Trustee**. This means that the **insured person** may not be the person to whom we pay benefits.

Who can own your insurance

Ownership

AMP Elevate insurance can be structured in a way that best suits your needs. There are a range of ways to choose who owns the insurance plan and structure linked **options**, giving you flexibility and comprehensive cover that is tailored to your needs.

Life, TPD and Trauma insurance

Outside super							Through super/SMSF		
Individuals			Company		Trust				
	Yourself (as an individual)	Another individual	Joint ownership (two or more individuals)	Company which the insured person controls	Company which the insured person does not control	Trust which the insured person controls	Trust which the insured person does not control	NM Super	Trustee of a SMSF
Life insurance	Life Insurance Plan							Life Insurance Superannuation Plan	Life Insurance SMSF Plan
TPD insurance	TPD Insurance Plan TPD options FlexiLink TPD plans PremierLink TPD option							TPD Insurance Superannuation Plan TPD options	TPD Insurance SMSF Plan TPD options
Trauma insurance	Trauma Insurance Plan Trauma Insurance Plus Plan Trauma options FlexiLink Trauma plans							N/A	N/A

Income and Business expenses insurance

	Outside super			Through super/SMSF	
	Individuals	Company	Trust		
	Yourself (as an individual)	Company which the insured person controls	Trust which the insured person controls	NM Super	Trustee of a SMSF
Income insurance	Income Insurance Premier Plan/PremierLink IP option Income Insurance Plus Plan Income Insurance Plan/StandardLink IP option Income Insurance Senior Plan			Income Insurance Superannuation Plan	Income Insurance SMSF Plan
Business expenses insurance	Business Expenses Insurance Plan			N/A	N/A

Joint ownership

If there's more than one owner of an insurance **plan**, it will be owned jointly. In the event one owner dies, the **plan** will continue to be owned in its entirety by the surviving **policy owners**. Relevant documentation is required to support the transfer.

Company or trust

For **income insurance plans** and the Business Expenses Insurance Plan owned by a company or trust, the person who is to be covered under the plan must have a controlling interest in the company or must be a trustee of a trust that is satisfactory to us.

SMSF

AMP Elevate insurance **plans** can be purchased by the trustee(s) of a SMSF or a small APRA Super Fund. The following plans are available through SMSF ownership or a small APRA Super Fund:

- Life Insurance SMSF Plan
- TPD Insurance SMSF Plan
- Income Insurance SMSF Plan.

TPD insurance is available through **super** as an **option** to the Life Insurance SMSF Plan.

These plans are issued by AMP Life and are owned by the trustee(s) of an SMSF or small APRA Super Fund who are responsible for meeting the requirements under the *Superannuation Industry (Supervision) Act 1993* (SIS).

Where a claim is paid, it is paid to the trustee(s) of the SMSF or the small APRA Super Fund who can then release the benefit to you in accordance with superannuation law.

We recommend that the trustee(s) seeks appropriate advice regarding the tax deductibility of premiums, the impact of SIS on purchasing insurance and conditions of release when insurance benefits are paid by the insurer to the trustee(s).

Superannuation

AMP Elevate insurance offers the following plans which are held in our superannuation funds:

- Life Insurance Superannuation Plan
- TPD Insurance Superannuation Plan
- Income Insurance Superannuation Plan

These plans are owned by **NM Super** and the super fund may vary depending on how you pay your premiums:

- If you are paying directly or via a partial rollover, your plan will be held within **Super Directions** with **NM Super** as the Trustee.
- If you are paying through AMP's MyNorth, Summit, Generations or iAccess, your plan will be held within **Wealth Super** with **NM Super** as the Trustee.

TPD insurance is also available through **super** as an **option** to the Life Insurance Superannuation Plan.

Where a claim is paid, it is paid to **NM Super**. The Trustee can then release the benefit to you in accordance with superannuation law.

FlexiLink, PremierLink and StandardLink

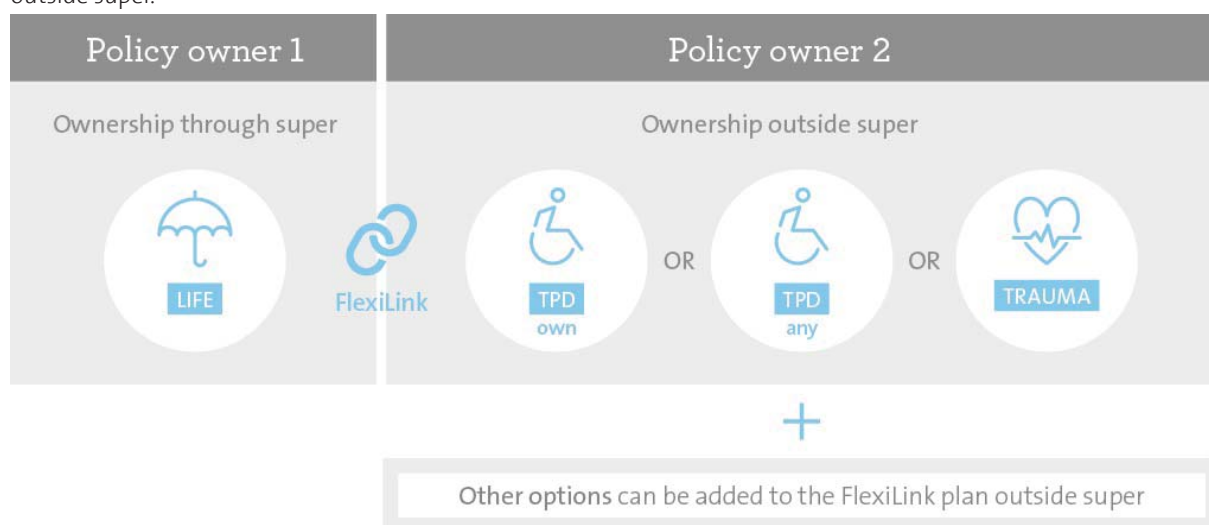
Once you've seen the benefits of taking insurance cover and considered whether to hold your insurance outside or through super, you might find it's hard to choose. With the linking options below, you can combine different types of insurance both inside and through super.

To determine if your insurance should be held outside or through super, there are various factors to consider, such as eligibility to contribute, taxation, where your benefit will be paid if you make a claim, cost and the benefits included in the **plan**. Also note that the paying of insurance premiums from **Wealth Super** or by partial rollover will decrease the super balance available for your retirement.

Your **financial adviser** can assist you to determine the ownership that is appropriate for your individual needs.

How FlexiLink works

If you purchase Life insurance through super, FlexiLink allows you to link Trauma insurance and/or TPD insurance held outside super.



Benefits	- FlexiLink cover can provide you with more features which are not available when insurance is held within super. - The FlexiLink Trauma plan can be linked to the Life Insurance Superannuation Plan or Life Insurance SMSF Plan (this is the only way Trauma insurance is available for these plans). - All FlexiLink benefits are linked to the life insurance plan owned through super or by an SMSF. When a claim is accepted on one plan, it reduces the sum insured on the other plan. - This allows you to tailor your cover to suit you. - Other extra-cost options that are only available outside super are available on FlexiLink TPD plans and FlexiLink Trauma plans. - FlexiLink can improve the timing of the payment of benefits. This is because under FlexiLink, the TPD or Trauma benefit is outside super and can be paid to you directly, without you having to satisfy a condition of release. - Should you claim under FlexiLink, any benefits paid outside of super are usually not tax deductible, meaning you will receive the full value of your benefit. Without FlexiLink, payments within the super environment may be subject to taxation, reducing the value of the benefit you receive.
Owners	The FlexiLink plan will be a separate plan outside of super . This means that you'll have two plans with two different owners. Insurance taken through super is owned by NM Super or the trustee(s) of your SMSF or small APRA Super Fund. The FlexiLink plan will be owned by individual(s), a company or a trust outside of super
Premiums	The premium for the FlexiLink plan will be paid for by you outside super from your nominated payment method (page 110).
Requirements	The sum insured of the TPD option , FlexiLink TPD or FlexiLink Trauma cannot be more than the Life insurance sum insured . Note: Trauma is not available as an option when adding FlexiLink to a plan .
Claims	FlexiLink plans operate in the same way as options. This means if a claim is paid from your FlexiLink TPD plan or FlexiLink Trauma plan , your cover in Life insurance is reduced by the amount of the benefit paid. Therefore, FlexiLink plans act and are priced in a similar way to an option .

FlexiLink example

You have Life insurance cover with a **sum insured** of \$2 million and a **FlexiLink Trauma plan** with a **sum insured** of \$500,000. If you made a Trauma claim under the **FlexiLink Trauma plan** and were paid the full benefit, your Life insurance and Trauma insurance **sums insured** would each reduce by \$500,000.

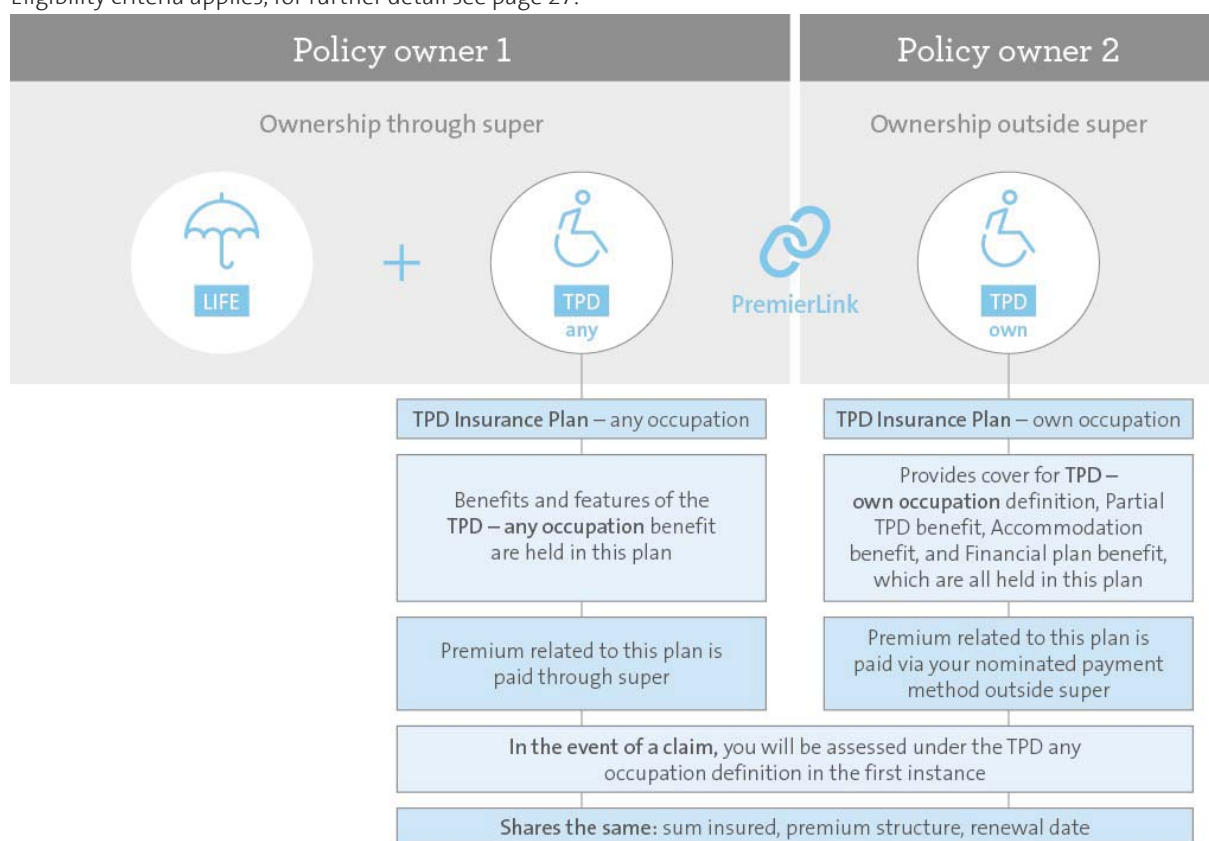
How PremierLink TPD works

The PremierLink TPD option provides flexibility in structuring your TPD insurance.

The PremierLink TPD option allows you to link a **TPD own occupation** benefit, along with other benefits which are not available through super, under a separate plan if you purchase:

- a **TPD any occupation** option on a Life Insurance Superannuation Plan or a Life Insurance SMSF Plan, or
- a TPD Insurance Superannuation Plan or TPD Insurance SMSF Plan.

Eligibility criteria applies, for further detail see page 27.



Benefits	– The PremierLink TPD option can provide you with more features which are not available when insurance is held through super. – Holding a TPD any occupation option or plan through super may be a tax-effective way of paying your premiums. – Should you claim a benefit under the PremierLink TPD option, any benefits are paid outside of super and are usually not tax deductible, meaning you will receive the full value of your benefit. Without the PremierLink TPD option, payments within the super environment may be subject to taxation, reducing the value of the benefit you receive. – Depending on your circumstances, there can also be advantages to holding your TPD own occupation cover outside of super. If a benefit is paid within super, the benefit will be paid to the Trustees who will then release the benefit in accordance with superannuation law. If a payment is made under the PremierLink TPD option, the benefit will be paid without the need to satisfy a condition of release.
Owners	The PremierLink TPD option will be held on a separate plan outside of super. This means that you'll have two plans with two different owners. Insurance taken through super is owned by NM Super or the trustee(s) of your SMSF or small APRA Super Fund. The PremierLink TPD option outside of super will be owned by individual(s), a company or a trust outside of super. This may include trustees of a SMSF where the option is held personally and not as an asset of the SMSF.
Premiums	The premium for the PremierLink TPD plan will be paid by you outside super from your nominated payment method (page 110).

	The Life insurance and TPD any occupation premiums are paid from money in the super fund or contributions to it.
Requirements	The following details must be the same for both the TPD any occupation option or plan and the PremierLink TPD option: – sum insured (this amount cannot exceed the sum insured of the life insurance plan or TPD insurance plan to which they are linked), – premium structure, and – renewal date. If an increase or reduction is made to the sum insured of the TPD any occupation option or plan, the alteration will automatically be applied to the sum insured of the TPD own occupation cover held under the PremierLink TPD option. If you wish to have a higher sum insured for TPD insurance than the linked Life insurance plan, a separate standalone TPD insurance plan may be issued.
Claims	If you claim a benefit for TPD, your claim will first be assessed under the criteria of the TPD any occupation definition or plan held through super. If you satisfy this criteria, the benefit will be paid to the Trustee. If your claim is not approved under this criteria, it will then be assessed under the criteria of the PremierLink TPD option held outside super using the TPD own occupation definition. If you satisfy this criteria, the benefit will be paid directly to you or the owner of the PremierLink TPD option. If a benefit is paid under a TPD option (either your TPD any occupation option or PremierLink TPD option), your Life insurance sum insured or TPD insurance sum insured, and the sums insured of all linked options, are reduced by the amount of the benefit paid.

PremierLink TPD examples

On submission of a TPD claim, one of the following scenarios may apply:

Scenario 1

TPD any occupation definition is met

Plan held through super

TPD any occupation benefit is paid to the Trustee who can then release the benefit to you in accordance with superannuation law. The Life insurance or TPD insurance **sum insured**, and the **sums insured** of all linked **options**, are reduced by the amount of the benefit paid.

Plan held outside super

No benefit is paid under this plan. The **sum insured** of the PremierLink TPD option is also reduced by the amount of the TPD benefit paid under the plan held through **super**. Depending on eligibility, the **policy owner** may also receive the following benefits:

- Accommodation benefit (page 50)
- Financial plan benefit (page 51)

Scenario 2

TPD any occupation definition is not met

Claim will then be assessed under **TPD own occupation** definition

TPD own occupation definition is met

Plan held through super

No benefit is paid under this plan. The Life insurance or TPD insurance **sum insured**, and the **sums insured** of all linked **options**, are reduced by the amount of the benefit paid under the plan held outside **super**.

Plan held outside super

The TPD benefit is paid to the **policy owner**. The **sum insured** of the PremierLink TPD option is reduced by the amount of the TPD benefit paid. Depending on eligibility, the **policy owner** may also receive the following benefits:

- Accommodation benefit (page 50)
- Financial plan benefit (page 51)

Scenario 3

Criteria for Partial TPD benefit (page 52) is met

Plan held through super

No benefit is paid under this plan. The Life insurance or TPD insurance **sum insured**, and the **sums insured** of all linked **options**, are reduced by the Partial TPD benefit paid under the plan held outside super.

Plan held outside super

Partial TPD benefit is paid to the **policy owner**. The **sum insured** of the PremierLink TPD option is reduced by the Partial TPD benefit paid.

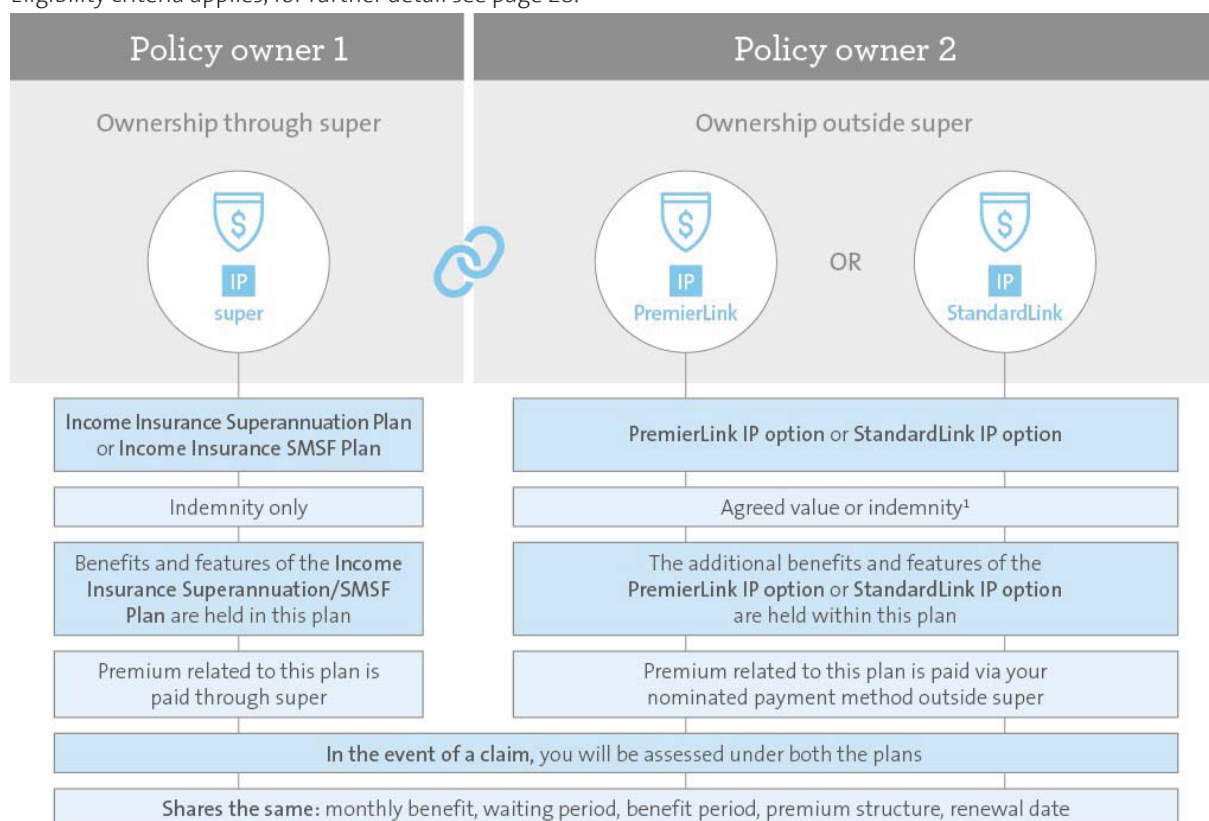
How PremierLink IP and StandardLink IP work

The PremierLink IP option and StandardLink IP option provide flexibility in structuring your Income insurance. When you purchase an Income Insurance SMSF Plan or Income Insurance Superannuation Plan, two flexible linking options are available:

- **PremierLink IP option.** If purchased, this option covers you for additional benefits not available through super which brings your overall benefits in line with those available under the Income Insurance Premier Plan.
- **StandardLink IP option.** If purchased, this option covers you for additional benefits not available through super which brings your overall benefits in line with those available under the Income Insurance Plan.

The additional benefits not available through super under the PremierLink IP and StandardLink IP options are held on a separate plan outside super that is linked to your Income Insurance Superannuation Plan or Income Insurance SMSF Plan.

Eligibility criteria applies, for further detail see page 28.



¹ Only available on the PremierLink IP option.

Benefits	– The PremierLink/StandardLink IP option can provide you with more features which are not available when insurance is held through super. – Depending on your circumstances, there can be advantages to holding a PremierLink/StandardLink IP option. If a benefit is paid within super, the benefit will be paid to the Trustees of the super fund who can only release the benefit to you in accordance with superannuation law. However, if a payment is made under the PremierLink/StandardLink IP option, the benefit will be paid without the need to satisfy a condition of release.
Owners	The PremierLink/StandardLink IP option and additional benefits are held on a separate plan outside of super. This means that you'll have two plans with two different owners. Insurance taken through super is owned by NM Super or the trustee(s) of your SMSF or small APRA Super Fund. The PremierLink/StandardLink IP option will be owned by you, a company or a trust outside of super. This may include trustees of a SMSF where the option is held personally and not as an asset of the SMSF.
Premiums	The premium for the PremierLink/StandardLink IP option will be paid by you outside super from your nominated payment method (page 110). The premiums for your Income Insurance Superannuation Plan or Income Insurance SMSF Plan can be paid from money in the super fund or contributions to it.
Requirements	The following details must be the same for both the income insurance plan and the PremierLink/StandardLink IP option: – monthly benefit,

- waiting period,
- benefit period,
- premium structure, and
- renewal date.

The **income insurance plan** held through super is available on an indemnity basis only, whereas the following types of cover are available on the option held outside super:

Option outside super	Agreed value	Indemnity
PremierLink IP option	✓	✓
StandardLink IP option	✓	✗

If an alteration, increase or reduction is made to the **income insurance plan** held through super, the alteration, increase or reduction will automatically be applied to the PremierLink/StandardLink IP option.

Claims	If you claim a benefit for Income insurance, your claim will be assessed under the criteria of your income insurance plan held through super. If you satisfy this criteria, the benefit will be paid directly to the Trustee. At the same time, your claim will also be assessed under the criteria on your PremierLink/StandardLink IP option held outside super. If you satisfy this criteria but not the criteria under the income insurance plan held through super, a benefit will be paid on your PremierLink/StandardLink IP option. The benefit will be paid directly to you or the owner of the PremierLink/StandardLink IP option. The amount paid through the PremierLink/StandardLink IP option is a top-up amount that will bring the total amount paid inside and/or outside super equal to the Total disability or Partial disability benefit.
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PremierLink IP and StandardLink IP examples

On submission of an Income insurance claim, one of the following scenarios may apply:

Scenario 1 (Indemnity)		
Total disability definition on income insurance plan is met within super	Plan held through super Total disability benefit is paid to the Trustee who can then release the benefit to you in accordance with superannuation law.	Plan held outside super No Total disability benefit is payable in this scenario. However, if eligible, the additional benefits outlined on page 66 will be paid to the policy owner .
Scenario 2		
Total disability definition on income insurance plan inside super is not met Claim will be assessed under Total disability definition outside super Total disability definition on PremierLink/StandardLink IP outside super is met	Plan held through super No Total disability benefit is payable under this plan.	Plan held outside super Total disability benefit is paid directly to the policy owner . Depending on eligibility, the policy owner may also receive additional benefits outlined on page 66.
Scenario 3 (Agreed value)		
Total disability definition on income insurance plan inside super is met Claim will also be assessed under the Total disability definition outside super Total disability definition on PremierLink/StandardLink IP outside super is met	Plan held through super Total disability benefit (indemnity) is paid to the policy owner , either NM Super or the trustees of the SMSF who can then release the benefit to you in accordance with superannuation law.	Plan held outside super Total disability benefit (agreed value) is paid directly to policy owner . The amount paid here is a top-up amount that will bring the total amount paid inside and outside super equal to the Total disability benefit amount on the PremierLink/StandardLink IP option.
Example Monthly benefit of PremierLink IP option is \$10,000. The total amount paid cannot exceed the monthly benefit of the PremierLink IP option.	Total disability definition is met inside superannuation and \$8,000 is paid to policy owner of the plan held through super.	Total disability definition is met outside superannuation and \$2,000 is paid to policy owner of the plan held outside super.

What can you apply for?

How much can you insure?

You'll need to decide how much cover suits your needs.

The amount that you're insured for is known as the **sum insured** for a lump sum payment or the **monthly benefit** for Income insurance or Business expenses insurance. This amount is fixed and will only change if your cover is increased to keep up with inflation (see page 48 or 72), or you later apply to increase or decrease your cover.

This section shows the maximum and minimum **sum insured** or **monthly benefit** amounts that you can apply for. Subject to underwriting, we may offer you cover on the terms you have applied for or on different terms.

Insurance that pays a lump sum

AMP Elevate's Life, TPD and Trauma insurance pays a lump sum for a **claimable event**.

A minimum annual premium is also applicable, please see page 31 for more information.

Plan or option type	Sum insured		
	Minimum	Maximum	Other conditions
Life insurance	\$50,000	No limit - subject to underwriting	N/A
TPD insurance	\$50,000	\$5,000,000	The maximum sum insured for TPD is \$5,000,000 for income-earning applicants (from all sources, including insurance cover of a similar type issued by any insurer, including us) and includes any ADL TPD.
Activities of Daily Living (ADL) TPD insurance	\$50,000	\$2,000,000	The maximum sum insured for ADL TPD is \$2,000,000 for income-earning applicants and may be used to increase the total TPD cover to \$5,000,000.
Trauma insurance	\$50,000	\$2,000,000	The standard maximum sum insured is \$2 million (from all sources, including insurance cover of a similar type issued by any insurer, including us) for income-earning applicants. Non-income earning applicants are generally restricted to \$750,000 (from all sources, including insurance cover of a similar type issued by any insurer, including us).

For **Trauma options**, **FlexiLink plan** or **PremierLink options**, the **sum insured** of the **option** cannot exceed the **sum insured** of the **plan** to which they are linked.

Insurance that pays a monthly benefit

Income insurance plans and the **Business Expenses Insurance Plan** pay a monthly benefit for a **claimable event**.

When selecting your **monthly benefit**, the maximum that you can apply for will be based on your occupation category, type of plan and your **income** (you can insure up to 75% of your **income**).

A minimum annual premium is also applicable, please see page 31 for more information.

Maximum monthly benefit amount on entry					
Occupation category Occupation categories and descriptions are explained in further detail on page 68.					
Plan type	MP, AA, A	B, C	D	F	BY, CY, DY
Income Insurance Premier Plan PremierLink IP option	\$60,000 ⁽ⁱ⁾	\$30,000 ⁽ⁱⁱ⁾	N/A	N/A	N/A
Income Insurance Plus Plan	\$60,000 ⁽ⁱ⁾	\$30,000 ⁽ⁱⁱ⁾	\$30,000	N/A	N/A
Income Insurance Plan StandardLink IP option	\$60,000 ⁽ⁱ⁾	\$30,000 ⁽ⁱⁱ⁾	\$30,000	\$3,500 ⁽ⁱⁱⁱ⁾	\$30,000 \$6,500 for DY mining ⁽ⁱⁱⁱ⁾

Maximum monthly benefit amount on entry					
Occupation category Occupation categories and descriptions are explained in further detail on page 68.					
Plan type	MP, AA, A	B, C	D	F	BY, CY, DY
Income Insurance Superannuation Plan Income Insurance SMSF Plan	\$60,000 ⁽ⁱ⁾	\$30,000 ^(iv)	\$30,000	\$3,500 ⁽ⁱⁱⁱ⁾	\$30,000 \$6,500 for DY mining
Income Insurance Senior Plan	\$30,000 ^(v)	N/A	N/A	N/A	N/A
Business Expenses Insurance Plan	\$40,000	\$40,000	\$40,000	N/A	N/A

- (i) Amounts in excess of \$30,000 per month will only have a two year benefit period.
(ii) For C rated mining industry occupations, restrictions will apply to the maximum monthly benefit and/or the amount of cover on an agreed value basis.
(iii) Indemnity basis only.
(iv) For C rated mining industry occupations, restrictions will apply to the maximum monthly benefit.
(v) \$6,000 per month for AMP plans (IP Premier plans issued after September 1996) with the right to convert to SeniorGuard.

At what age can the insured person apply?

Life, TPD and Trauma insurance

		Entry age of the insured person			Expiry age of the insured person ⁽ⁱ⁾	Other conditions
Plan or option type		Stepped premiums	Level premiums ⁽ⁱⁱ⁾	Blended premiums ⁽ⁱⁱⁱ⁾		
Life insurance	Life Insurance Plan 	11-70 next birthday	11-65 next birthday	25-50 next birthday	Age 99 Or earlier if selected ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾	For the Life Insurance Superannuation/SMSF Plan, if you cease to be eligible to contribute to superannuation over age 65 due to superannuation age restrictions and your plan is with: – Super Directions with NM Super as the Trustee, your plan will cease. – Wealth Super with NM Super as the Trustee, your cover will continue if there are sufficient funds in your super account to pay the premiums. – an SMSF as the Trustee, your cover will continue if there are sufficient funds in the SMSF to pay the premiums. For further information on making contributions refer to the Holding your plan in super section on page 103.
	Life Insurance Superannuation Plan  				Age 75 Or earlier if selected ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾	
	Life Insurance SMSF Plan					
TPD insurance	TPD insurance plans 	16-60 next birthday	16-60 next birthday	25-50 next birthday	Age 99 Or earlier if selected ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾	FlexiLink TPD and the PremierLink TPD option will end at age 75 if linked to a Life Insurance Superannuation Plan, Life Insurance SMSF Plan, TPD Insurance Superannuation Plan or TPD Insurance SMSF Plan. On the first renewal date after age 65 only the specific loss, future care and significant cognitive impairment definitions apply.
	TPD options 					

		Entry age of the insured person			Expiry age of the insured person ⁽ⁱ⁾	Other conditions	
Plan or option type		Stepped premiums	Level premiums ⁽ⁱⁱ⁾	Blended premiums ⁽ⁱⁱⁱ⁾			
	TPD insurance plans	 			Age 75 Or earlier if selected ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾	On the first renewal date after age 65 only the specific loss, future care and significant cognitive impairment definitions apply.	
	TPD options						
	ADL TPD		16-65 next birthday	16-60 next birthday	25-50 next birthday	Age 99 Or earlier if selected ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾	N/A
	ADL TPD option	 				Age 75 Or earlier if selected ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾	N/A
Trauma insurance	Trauma Insurance Plan		16-65 next birthday	16-60 next birthday	25-50 next birthday	Age 99 Or earlier if selected ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾	On the first renewal date after age 70 only the Loss of capacity for independent living Trauma condition applies. When FlexiLinked to the Life Insurance Superannuation Plan/Life Insurance SMSF Plan, this option expires at age 75.
	Trauma insurance option						
	Trauma Insurance Plus Plan		16-60 next birthday				
	Trauma insurance plus option						

- (i) Plan expires on the date of the insured person's birthday at the expiry ages set out in the above table.
- (ii) For Life, TPD and Trauma insurance plans and options on level premiums, the level premiums will change to stepped premiums from the first **renewal date** after age 70 or after an earlier age requested by you.
- (iii) For Life, TPD and Trauma insurance plans and options on blended premiums, the blended premiums will change to stepped premiums from the first **renewal date** after age 60.

Income insurance and Business expenses insurance

		Entry age of the insured person	Expiry age of the insured person ⁽ⁱ⁾	Other conditions
Plan or option type		Stepped premiums	Level premiums	
Income insurance	Income Insurance Premier Plan	NS		
	Income Insurance Plus Plan	NS		
	Income Insurance Plan	NS	Where an age 60 benefit is selected: 18-55 next birthday	Age 70, Age 65, or Age 60 (depending on the benefit period selected)
	Income Insurance Superannuation Plan	S	Where an age 65, age 70, 2 year or 5 year benefit period is selected: 18-60 next birthday	Refer notes below
	Income Insurance SMSF Plan	SMSF		
	PremierLink IP option StandardLink IP option	Ø		
	Income Insurance Senior Plan	NS	Only available as a conversion from eligible plans	Age 70 N/A
Business expenses insurance	Business Expenses Insurance Plan	NS	18-60 next birthday	Age 65 N/A

(i) Plan expires on the date of the insured person's birthday at the expiry ages set out in the above table.

Notes:

Under **income insurance plans** for the Age 70 **benefit period**:

- Only available to occupation categories MP, AA and A.
- For the Income Insurance Superannuation Plan, your plan may expire earlier if you cease to be eligible to contribute to superannuation over age 65 due to superannuation age restrictions, or there are insufficient funds in your superannuation account to pay your premiums. For further information on eligibility to make contributions please refer to the **Holding your plan in super** section on page 103.

Eligibility criteria for options

The options described below can only be purchased with specific **plans**. Please refer to the **Options you can add** table for each insurance type in **AMP Elevate insurance in detail** starting on page 37. The options can be added to your plan for an additional premium.

Options for Life, TPD and Trauma insurance

Options		Entry age of the insured person	Expiry age of the insured person	Minimum sum insured	Maximum sum insured which may be purchased
Business solutions option – Life ⁽ⁱ⁾	S NS SMSF	18-60 next birthday	65	\$50,000	The lower of: – four times the Life insurance sum insured, and – \$15,000,000 less the total sums insured under any life insurance plans held with us or another company under which you are covered.
Business solutions option – TPD ⁽ⁱ⁾	S NS SMSF Ⓞ	18-60 next birthday	65	\$50,000	The lower of: – four times the TPD insurance sum insured, and – \$5,000,000 less the total sums insured under any TPD insurance plans or TPD options held with us or another company under which you are covered.

Options		Entry age of the insured person	Expiry age of the insured person	Minimum sum insured	Maximum sum insured which may be purchased
Business solutions option – Trauma ⁽ⁱ⁾	NS ⓘ	18-60 next birthday	65	\$50,000	The lower of: – four times the Trauma insurance sum insured , and – \$2,000,000 less the total sums insured under any trauma insurance plans or trauma options held with us or another company under which you are covered.
Premium waiver ⁽ⁱ⁾	S NS SMSF	16-60 next birthday	65 or when the plan ends, whichever is earlier	N/A	N/A
TPD option ⁽ⁱ⁾ FlexiLink TPD ⁽ⁱ⁾	S NS SMSF ⓘ	16-60 next birthday	99 ⁽ⁱⁱ⁾	\$50,000	\$5,000,000 ⁽ⁱⁱⁱ⁾
Double TPD option ⁽ⁱ⁾	S NS SMSF	16-60 next birthday	99 ⁽ⁱⁱ⁾	\$50,000	\$5,000,000 ⁽ⁱⁱⁱ⁾
Life buy back – TPD option ⁽ⁱ⁾	S NS SMSF ⓘ	16-60 next birthday	65	\$50,000	\$5,000,000 ⁽ⁱⁱⁱ⁾
PremierLink TPD option ⁽ⁱ⁾	ⓘ	16-60 next birthday	99 ⁽ⁱⁱ⁾	The sum insured must be the same amount as the TPD any occupation option, TPD Insurance Superannuation Plan or TPD Insurance SMSF Plan to which it is linked.	
Activities of Daily Living (ADL) TPD option ⁽ⁱ⁾	S NS SMSF	16 next birthday to: – 60 next birthday for level premiums – 65 next birthday for stepped premiums.	99 ⁽ⁱⁱ⁾	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Trauma option ⁽ⁱ⁾ FlexiLink Trauma ⁽ⁱ⁾	NS ⓘ	16 next birthday to: – 60 next birthday for level premiums – 65 next birthday for stepped premiums.	99 ⁽ⁱⁱ⁾	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Double trauma option ⁽ⁱ⁾	NS	16 next birthday to: – 60 next birthday for level premiums – 65 next birthday for stepped premiums.	99	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Trauma Plus option ⁽ⁱ⁾ FlexiLink Trauma Plus ⁽ⁱ⁾	NS ⓘ	16-60 next birthday	99 ⁽ⁱⁱ⁾	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Double Trauma Plus option ⁽ⁱ⁾	NS	16-60 next birthday	99	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Life buy back – Trauma option ⁽ⁱ⁾	NS ⓘ	16-60 next birthday	65	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Trauma reinstatement option ⁽ⁱ⁾	NS ⓘ	16-60 next birthday	70	\$50,000	\$2,000,000 ⁽ⁱⁱⁱ⁾
Children's trauma option	NS ⓘ	3-16 next birthday	21	\$10,000	\$200,000

(i) For blended premiums, the minimum entry age is 25 next birthday and the maximum entry age is 50 next birthday.

(ii) When linked to the Life Insurance Superannuation Plan/Life Insurance SMSF Plan, this option expires at age 75.

(iii) The maximum **sum insured** which may be purchased at commencement but may increase with Automatic inflation (page 48).

Options for Income insurance and Business expenses insurance

Options		Entry age	Expiry age	Minimum monthly benefit	Maximum monthly benefit
Accelerated accident option	  	18-60 next birthday ⁽ⁱ⁾	The expiry age of the plan	N/A	N/A
Accident lump sum option	 	18-60 next birthday ⁽ⁱ⁾	The expiry age of the plan	\$1,000	\$250,000
Cover boost option ⁽ⁱⁱ⁾	  	18-52 next birthday	The earlier of: – age 55, and – having utilised the maximum number of increase dates.	N/A	N/A
Increasing claim option	  	18-60 next birthday ⁽ⁱ⁾	The expiry age of the plan	N/A	N/A
Occupationally acquired HIV, Hepatitis B and C option ⁽ⁱⁱⁱ⁾	 	18-60 next birthday ⁽ⁱ⁾	The expiry age of the plan	\$50,000	The lower of: – 60 times the monthly benefit , and – \$500,000.
Superannuation contributions option	  	18-60 next birthday ⁽ⁱ⁾	The expiry age of the plan	N/A	N/A
PremierLink IP option		Refer to At what age can the insured person apply section on page 26.		The monthly benefit must be the same amount as the income insurance plan to which it is linked.	
StandardLink IP option		Refer to At what age can the insured person apply section on page 26.		The monthly benefit must be the same amount as the income insurance plan to which it is linked.	

(i) Where the benefit period selected is age 60, the maximum entry age is 55 next birthday.

(ii) Occupation categories MP, AA and A only.

(iii) Only available to medical occupation categories MP or AA.

Cost of insurance

AMP Elevate Insurance offers different ways to structure your insurance costs and protect your cover from inflation.

What are insurance premiums?

Your insurance premiums are the cost you pay for your insurance cover and depend on many factors. You need to pay your insurance premiums by the due date from when your cover starts until it stops.

There are fees, charges and discounts that may apply to your plan. Please see page 31 for further detail.

When you apply for insurance cover, you will have a choice regarding how to structure your insurance premium. AMP Elevate offers stepped, level and blended premium structures, providing you with flexibility and control. Each premium structure works differently and will likely result in you paying a different amount overall.

There are also different ways to pay your insurance premium and how often you'd like to pay it. You can find the full details on page 110.

How we work out your insurance premium

We work out your insurance premium based on what cover you select, the **sums insured** you've chosen and other factors, including but not limited to:

- age
- gender
- smoking status
- medical history
- occupation
- general health
- premium structure and payment frequency selected
- stamp duty

Depending on your circumstances, each of these factors may affect the amount you need to pay.

For **income insurance plans** and the Business Expenses Insurance Plan, your premium is also affected by the **waiting period** and **benefit period** you choose.

We may review premium rates from time to time, full details can be found on page 32.

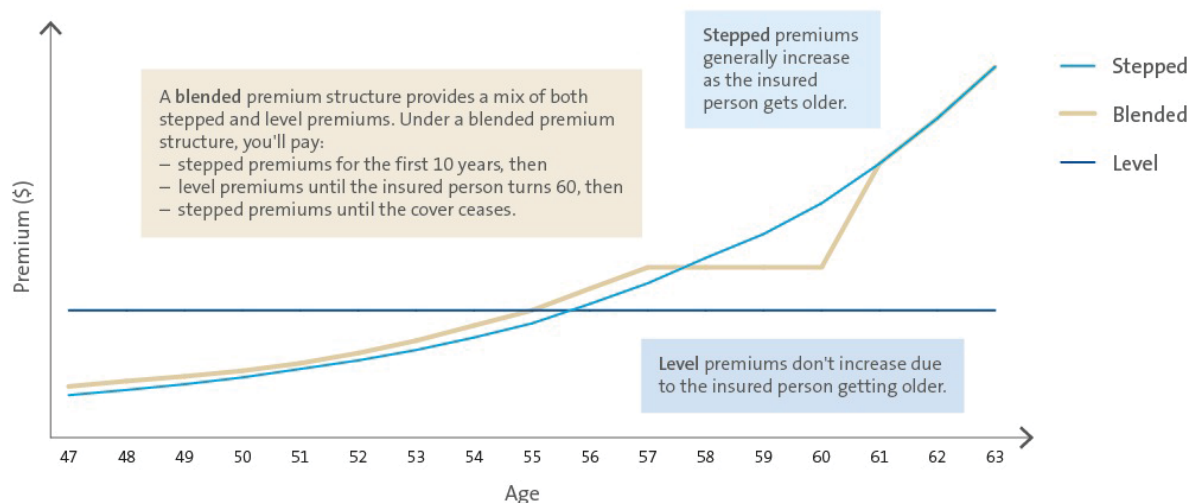
You can get a copy of our standard premium rate tables by contacting your **financial adviser** or our Customer Contact Centre on 131 267.

Premium structures

Depending on the plan you purchase, there are up to three premium structures available to you – stepped, level and blended.

The figure below shows how the premium changes as the **insured person's** age increases under each of the premium structures. You should consider this section carefully before applying for a plan.

Stepped vs Level vs Blended



Note: Stepped premiums increase each year according to the **insured person's** age, whereas level premiums start off more expensive and generally stay constant. This example does not include plan fees and does not take into account premium changes due to automatic inflation increases of the **sum insured**.

Please note, the above diagram is for illustrative purposes only and will vary with individual circumstances.

Stepped premiums

Stepped premiums change every year on the plan **renewal date** according to the **insured person's** age. Generally, premiums increase as the **insured person** gets older. This is in addition to premium changes due to automatic inflation increases.

From time to time we may perform a general review of our premium rates, and any changes that we make will apply to all owners of a similar type of plan. For more details, please refer to **Variations** on page 32. You can also choose to freeze your premiums at any time. If you do this your **sum insured** will reduce each year accordingly. Refer to **Premium freeze** on pages 55 and 91.

Level premiums

Level premiums don't increase each year as the **insured person** gets older, and as such they generally stay the same for each layer of cover¹ during the term of your plan. However, they are not guaranteed. For example, level premiums will increase if you selected to keep up with increases in inflation or you increase the **sum insured**.

From time to time we may perform a general review of our premium rates, and any changes that we make will apply to all owners of a similar type of plan. For more details, please refer to **Variations** on page 32.

When you apply for Life, Trauma and TPD insurance cover, you can select a premium switch age, which is the age at which your level premium will move to a stepped premium (see **Stepped premiums** section above). Your premium switch age may be less than your cover cease age, which determines when your plan expires. Your premiums will switch automatically from level premiums to stepped at the switch age you have chosen. Your **insurance schedule** will show the age you've selected to switch the premium structure as well as the overall cover cease age.

The level premium rate charged will be based on the **insured person's** age when each layer of cover starts.

For our Life, Trauma and TPD insurance plans, level premiums will only change if:

- the **insured person** is over age 70 (or the nominated switch age you have chosen). When this happens, we'll change your level premiums to stepped premiums on the **renewal date** after the **insured person** turns 70 or their switch age (whichever occurs first), or earlier if requested. This is known as the level premium cease age.
- you ask us to change your **sum insured** (including by exercising an option) or make an alteration to the plan which impacts the premium,

1 A layer of cover is made up of your initial **sum insured** plus any increases you apply for or increases due to Automatic inflation (page 48).

- you choose to have your **sum insured** increased to keep up with increases in inflation, or
- we review the premium rates for all plans of this type. See **Variations** on page 32.

For our **income insurance plans** and the Business Expenses Insurance Plan, level premiums will only change if:

- you ask us to change your **monthly benefit** or make an alteration to the plan which impacts the premium
- you choose to have your **monthly benefit** increased to keep up with increases in inflation
- we review the premium rates for all plans of this type, see **Variations** on page 32, or
- we review the **insured person's** occupation category.

Blended premiums

(Available on Life, TPD and Trauma insurance plans only)

Under a blended premium structure, you'll pay stepped premiums for the first 10 years followed by level premiums until the **insured person** turns 60, and then stepped premiums until the cover cease age.

For each layer of cover¹, we adjust your premiums each year for the first 10 years of your cover according to the **insured person's** age, just like stepped premiums. During this time, the premium will normally increase each year as the **insured person** gets older.

Following the first 10 years and until age 60, your premiums won't change according to the **insured person's** age, like level premiums. After he or she turns 60, the premiums switch back to stepped premiums.

During the time that level premiums apply, premiums will only change if:

- you ask us to change your **sum insured** (including by exercising an option) or make an alteration to the plan which impacts the premium,
- you choose to have your **sum insured** increased to keep up with increases in inflation,
- we review the premium rates for all plans of this type.

Combining stepped and level premiums for different options

If you purchase a **life insurance plan**, you have the flexibility to choose between stepped and level premium structures across your plan and the different options you've chosen.

For example, you can purchase a Life Insurance Plan on level premiums with a linked **TPD option** on stepped premiums.

These options include Trauma, Trauma Plus, Double Trauma, Double Trauma Plus, TPD, Double TPD, ADL TPD, FlexiLink Trauma, FlexiLink Trauma Plus and FlexiLink TPD.

If your plan is on a blended premium, these options must also be on a blended premium structure.

Fees, charges and discounts

Minimum premium

A minimum yearly premium of \$250 applies. This includes the plan fee and other charges.

The minimum premium applies to the sum of premiums for:

- an individual's linked plans (please refer to **We may waive the plan fee if you have additional plans** section below for more information), and
- plans linked by way of family relationship and/or business partner relationship.

Fees and charges

All charges (other than the cost of providing the insurance) for the plan are described in this section. We won't apply any other charges without your consent.

Plan fee

The plan fee pays for the establishment and administration of your plan.

In certain circumstances only one plan fee will be applicable. The conditions for this are outlined in the **We may waive the plan fee if you have additional plans** section below.

The plan fee as at 10 June 2017 for each particular payment frequency is outlined below.

Plan fee payments

Payment frequency	Plan fee per payment (\$)
Fortnightly	2.82
Monthly	5.88
Quarterly	17.64
Half-yearly	35.28
Yearly	67.56

On the **renewal date** following 1 January each year, the plan fee will rise by any increase in the Consumer Price Index (CPI or Index). For the purpose of calculating increases in CPI, we use the last published Index for the 12 months ending 30 September each year. However, we may use the Index published for a more recent 12 month period and/or another index or rate which we believe more fairly and accurately reflects changes in the cost of living.

The increase we make will normally be based on the Australian National All Groups Consumer Price Index weighted average of eight capital cities combined.

We may waive the plan fee if you have additional plans

If you have other plan(s) from this **PDS** or from another insurance product series, these may be considered as linked plans. We may waive the plan fee on these linked plans. We may also waive the plan fee in instances where your spouse or other family member, or your business partner, has a plan with us.

If you do not nominate a plan, we will determine which plan the plan fee waiver will apply to.

The plan fee waiver provides you with only one plan fee and reduced minimum premiums for linked plans. The plan fee waiver is available for a maximum of 19 plans.

The **insurance schedule** shows which plan is a primary plan and which plan(s) have had the plan fees waived.

Instalment loading

An instalment loading applies if you pay more frequently than yearly; this is in addition to the plan fee payments described above. As at 10 June 2017, the instalment loading is 3.5% of the annual premium for half-yearly payments and 7% for all other premium payment frequencies.

Government stamp duty

A government stamp duty is imposed on most of the plans and options outlined in this document, based on the state in which the **insured person** lives. The stamp duty rates and how they are charged vary from state to state and depend on the type of insurance cover that has been purchased.

The stamp duty will be included in, or in addition to, the insurance premium. If the stamp duty is charged in addition to the insurance premium, it will be shown as a separate item on the **insurance schedule**.

State governments may change the rate of stamp duty or method of calculation from time to time, and any change may affect the amount you pay.

Discounts

Business rewards discount

This discount is available where two or more clients are in a business relationship and submit new business to AMP. A 5% discount is available on the premiums for Life, TPD and Trauma insurance **plans/options** and on the plan fee. If you are replacing an existing AMP insurance policy, this discount is not available. To see whether you qualify for the discount please contact your **financial adviser**.

Trauma overlap discount

Where TPD (including **ADL TPD**) insurance is purchased as an option on a plan that includes Trauma cover, a 7.5% discount is applied to the premium of the **TPD option**.

Large case discount

We may apply discounts to the premiums for Life insurance, TPD insurance, Trauma insurance, Income insurance and Business expenses insurance plans based on the size of the **sum insured** or **monthly benefit**. These discounts are not guaranteed. To see whether you qualify for the large case discount please contact your **financial adviser**.

Multi plan discount

We may apply a discount to the Life insurance, TPD insurance and Trauma insurance premium depending on the number of **plans** and/or **options** you have with us. The amount of discount will vary from time to time.

To be eligible for a multi plan discount:

- you must hold Life, TPD or Trauma insurance with an **income insurance plan** and/or the Business Expenses Insurance Plan, and
- the start date for at least one of the **plans** and/or **options** must be on or after 23 November 2015, subject to the following minimum **sum insured**:
 - \$2,000 per month for **income insurance plans** or the Business Expenses Insurance Plan
 - \$350,000 for Life insurance
 - \$200,000 for TPD insurance
 - \$100,000 for Trauma insurance.

Additional eligibility criteria and some exclusions apply. To see if you qualify for this discount please contact your **financial adviser**.

Other discounts

We reserve the right to apply discounts to selected **plans** and/or **options** at our discretion.

Variations

We can change your premium

We work out premiums based on a number of factors (see page 29), including by reference to our standard premium rate tables. Those tables show, for each premium structure, factors and premium rates for each age, based on a person's gender, occupation and smoking status. We reserve the right to change the standard premium rate tables. Any such changes will apply to all owners of **plans** or **options** of the same type. If we do this, we'll notify you in writing before the changes come into effect.

We can change the fees and charges

We can change the fees or charges which apply to the plan.

If there's a material change to fees and charges, we'll tell you before the change takes place as required by law at the time. All other changes, including those due to automatic inflation or market variations, will be advised in writing following the change.

Taxation

We can change the standard premium tables, fees or charges at any time to reflect any change to taxation or revenue laws.

Our approach to claims

We'll be there to help you live the best life you can, should something happen

Our commitment to you

We recognise that your situation is unique. We'll work with you and your loved ones transparently, fairly, and with respect and empathy.

Providing more than financial support

We provide more than just financial assistance. We partner with you and a range of specialists to help you return to work and your usual lifestyle, wherever we can.

Offering tailored solutions

We'll help develop the best solution for you based on your individual situation, providing the right support and management, at the right time.

Claims expertise

Our highly experienced claims teams are supported by internal and third party expertise, best-in-class tools and an ongoing focus on professional development.

Our customers' claims experiences

'I had initially forgotten I had income protection when I fell ill, and I didn't think it would cover my rheumatoid arthritis, but my financial adviser reminded me I had income protection. ... It was the support of AMP that impressed me. AMP kept true to the aims of its policies to help me when I really needed it. I was very impressed.'

Darren, storeman.

'My case was handled very promptly. I was made to feel very valued as a customer and was given a great deal of support.'

Janice, architect.

'Your claims officer was very good at explaining the whole process and got back to me promptly with queries, making the whole process quite easy. And the payment for claim came through when promised, making things a lot less stressful, especially as I'm self employed! Cheers.'

Fiona, fencer.

'Your representative, Alicia, was polite, professional and extremely knowledgeable and helpful in all our correspondence. ... she always returned calls and emails without fail. Alicia is extremely well mannered and is someone you should be very proud to have on your staff. Her ability to solve any questions I had regarding my claim is a credit to her and her training.'

Robert, truck driver.

Note: Names have been changed.

How to claim

We understand you will be going through a difficult time if you need to claim. So we've made the claiming process as simple as we can.

1	Notify us as soon as it happens	Tell us about your event/situation as soon as possible. We'll explain what you need to do and what will happen next. If there is a delay in making your claim or providing information, this may delay the payment of your benefit or we may reduce the amount we pay (which may be to nil) to the extent that we have been prejudiced by the delay.
2	Help us understand your situation	Everyone's situation is unique. When you contact AMP, our specialist claim intake team will ask you for information to start your claim.
3	Your case manager will contact you	A dedicated case manager will be in touch to talk you through the claims process, and let you know about any further information we need to progress your claim.
4	Information required	You must provide us with information that is reasonably necessary for the assessment of your claim. This may include medical, financial, occupational and functional information. We'll explain why we need the information we request. In some cases, we may ask you to see a medical or rehabilitation professional or speak with you in person to better understand your situation. We may also review previous medical history and financial information to ensure the information we had at the commencement of your plan was accurate. Therefore it's important for you to complete the application form and Personal Statement accurately as this may impact your eligibility for benefits later on.
5	Arranging help as quickly as possible	If appropriate, we'll arrange short-term help while we assess your claim.
6	We'll review your claim, keeping you informed along the way	
7	We'll let you know the outcome of your claim	Based on your situation and plan we'll let you know the outcome of your claim. If your claim is accepted, payment will be made. Where a death benefit is payable under a super plan, we'll pay the sum insured to the Trustee. – If this is NM Super, the proceeds of the plan will be paid to one or more of your dependants or to your legal personal representative. – If this is a trustee of an SMSF or small APRA Super Fund, this will be managed as per the trust deed. As such, nominations of preferred dependants are unavailable. For any other claim under a super plan, the Trustee will need to be satisfied that you've met the condition of release before making any payment to you.
8	Supporting your recovery where possible	Your case manager and recovery specialist will discuss recovery options with you and, if appropriate, develop a tailored recovery plan. Research has shown that there are many benefits to recovering in a safe and supportive workplace. AMP will help you return to work with the necessary support in place.

Contact us

- Call Access AMP on 1300 366 214 (Monday to Friday 8.30am – 5.00pm AEST) for help or to notify us of a claim.
- Contact your dedicated case manager for information on your claim.

Customer satisfaction and complaint resolution

We're here to help

If you have any questions, please contact your **financial adviser** or our Customer Contact Centre on:
131 267 Monday to Friday, 8.30am to 7.00pm

Complaint resolution

We aim to provide products and services that exceed your expectations. We hope to resolve any issues straight away. If we can't, we'll acknowledge receipt of your complaint and then aim to give you a response as soon as possible and within the time limits as set out below.

The way that complaints must be dealt with differs depending on whether the complaint relates to a plan that is held outside or through super. This is because the owner of the plan is different and the external body who you may contact in relation to a complaint is different. Each external body has a different set of rules with which we and you must comply.

For non-superannuation and SMSF plans For superannuation plans

If you have a complaint please write to our Customer Contact Centre, stating what your complaint is about and the name and number of the plan.

To contact our Customer Contact Centre:
Phone 131 267
Fax 1800 674 684
Email askamp@amp.com.au
Address AMP Customer Service
PO Box 14330
MELBOURNE VIC 8001

We'll confirm in writing that we received your complaint. We'll also do this for any complaint received over the telephone, unless we can quickly resolve it for you.

We'll review your complaint and send you our response within **45 days** from when we received it.

If after 45 days, you're not satisfied with the way your enquiry or complaint was handled or with our response, you can contact the Financial Ombudsman Service (FOS). The FOS is governed by an independent council that reports directly to the Federal Minister for Consumer Affairs.

You can contact the FOS on 1800 367 287 or write to:
Financial Ombudsman Service
GPO Box 3
MELBOURNE VIC 3001
Fax: (03) 9613 6399
Email: info@fos.org.au
Website: fos.org.au
All correspondence to the FOS should include the reference A-164

If you have a complaint, please write to the Trustee, stating what your complaint is about and the name and number of the plan.

To contact our Customer Contact Centre:
Phone 131 267
Fax 1800 674 684
Email askamp@amp.com.au
Address AMP Customer Service
PO Box 14330
MELBOURNE VIC 8001

The Trustee has a formal process to deal with any enquiries and complaints.

We'll confirm in writing that we received your enquiry or complaint. We'll also do this for any complaint received over the telephone, unless we can quickly resolve it for you.

The Trustee will review your inquiry or complaint and send you their response within **90 days** from when they received it. If after 90 days, you're not satisfied with the way your enquiry or complaint was handled or with the response you received, you can contact the Superannuation Complaints Tribunal (SCT). The SCT is an independent body set up by the Federal Government to help members or dependants to resolve superannuation complaints. Time limits apply to certain complaints to the SCT. So if you're not satisfied with our response, you should contact the SCT immediately to find out if a time limit applies.

You can contact the SCT on 1300 884 114 or write to:
Superannuation Complaints Tribunal
Locked Bag 3060
MELBOURNE VIC 3001
Email: info@sct.gov.au
Website: sct.gov.au

AMP Elevate insurance in detail

In this section we'll discuss:

- **More about AMP Elevate Life, TPD, Trauma insurance**
Life, TPD, Trauma insurance benefits and features in detail
- **More about AMP Elevate Income insurance and Business expenses insurance**
Income insurance and Business expenses insurance benefits and features in detail

AMP Elevate insurance in detail – Life, TPD & Trauma insurance

This section outlines the features, benefits and options of AMP Elevate insurance plans. This section contains terms and conditions which apply to your contract of insurance. The cover that is available under your contract of insurance is limited to the selected **plan** and, if applicable, any **options** linked to that **plan**, as shown in your **insurance schedule**. It's important you read this section carefully.

About AMP Elevate Life insurance

Protecting your life

Life insurance is intended help your loved ones adjust to, and manage, life without you if something unexpected occurs. AMP Elevate Life insurance can pay a lump sum benefit if the insured person dies or if they're diagnosed with a terminal illness.

Life insurance as a plan

Life insurance can be purchased as a plan only. The three plans available are:

- Life Insurance Plan
- Life Insurance Superannuation Plan
- Life Insurance SMSF Plan.

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included for each plan at no additional cost. Full detail of these benefits can be found on the pages indicated below.

Included benefits and features	Page	Life Insurance Plan NS	Life Insurance Superannuation Plan S	Life Insurance SMSF Plan SMSF
Life benefit	50	✓	✓	✓
Terminal illness benefit	50	✓	✓	✓
Automatic inflation	48	✓	✓	✓
Future insurability benefit	48	✓	✓	✓
Accommodation benefit	50	✓		
Advancement of funeral expenses	51	✓		
Financial plan benefit	51	✓		
Premium freeze ⁽ⁱ⁾⁽ⁱⁱ⁾	55	✓	✓	✓
Upgrade of benefits	55	✓	✓	✓
24-hour worldwide cover	55	✓	✓	✓

(i) Not available for blended premiums.

(ii) Not available on **FlexiLink plans**, PremierLink TPD option or the **plan/options** to which they are linked.

Life Insurance Superannuation Plan/Life Insurance SMSF Plan

S

SMSF

You should be aware that should you choose to purchase an insurance product through super, any benefit payment is made to the **Trustee**. The **Trustee** can then release the benefit to you or your dependants in accordance with superannuation law.

For the Life Insurance Superannuation Plan, please refer to the **Holding your plan in super** section on page 103 for more information on:

- Plan membership
- Taxation Information
- Eligibility to make contributions
- Cancelling your plan
- Nomination of dependant.

Options you can add

The following table outlines the options that can be added to the plan at an additional cost. Full detail of these benefits can be found on the pages indicated below.

An option only applies if it's specified in the **insurance schedule**. Where an **option** or **FlexiLink plan** is specified in the **insurance schedule**, the **option** and/or **FlexiLink plan** forms part of the **plan** to which it is linked.

Options	Page	Life Insurance Plan NS	Life Insurance Superannuation Plan S	Life Insurance SMSF Plan SMSF
Business solutions option – Life	55	✓	✓	✓
Premium waiver option	57	✓	✓	✓
Total and permanent disability (TPD) option	51 (TPD benefit)	✓	✓	✓
Double TPD option	57	✓	✓	✓
Life buy back - TPD option	58	✓	✓	✓
Business solutions option – TPD	55	✓	✓	✓
PremierLink TPD option ⁽ⁱ⁾	58	⊗	⊗	⊗
FlexiLink TPD ⁽ⁱⁱ⁾	61	⊗	⊗	⊗
Life buy back - TPD option	58	⊗	⊗	⊗
Business solutions option – TPD	55	⊗	⊗	⊗
Children's trauma option	60	⊗	⊗	⊗
Activities of Daily Living (ADL) TPD option	51 (TPD benefit)	✓	✓	✓
Trauma option	53 (Trauma benefit)	✓		
Double trauma option	59	✓		
Life buy back – Trauma option	59	✓		
Trauma reinstatement option	59	✓		
Business solutions option – Trauma	55	✓		

Options	Page	Life Insurance Plan NS	Life Insurance Superannuation Plan S	Life Insurance SMSF Plan SMSF
FlexiLink Trauma⁽ⁱⁱ⁾	61			
Life buy back - Trauma option	59			
Trauma reinstatement option	59			
Business solutions option - Trauma	55			
Children's trauma option	60			
Children's trauma option	60			

- (i) Can be linked to a **TPD any occupation** benefit under any of the **life insurance plans** or **TPD insurance plans** through super.
- (ii) **FlexiLink plans** and **options** can be linked to the Life Insurance Superannuation Plan or Life Insurance SMSF Plan; however, they will be held on a separate plan outside super.

We guarantee to continue your cover

We guarantee to continue your cover until it ends (page 99) or you cancel it, regardless of changes to your health, occupation or pastimes, as long as the premiums are paid on time. Refer to page 98 for further detail.

Claiming under a linked option may impact other cover

If we pay a benefit under a linked **option**, the **sum insured** of each remaining linked cover (**plans** and **options**) for that **insured person** is reduced by the amount we pay, unless we state otherwise in this **PDS**. If the **life insurance plan** is reduced to nil, the plan will cease.

About AMP Elevate Total and Permanent Disability insurance

Protection in the event of permanent disability

The AMP Elevate Total and Permanent Disability (TPD) insurance plans provide a lump sum benefit to help you cope financially if you are unlikely to work again, suffer a specific loss, require future care, are unlikely to perform domestic work or suffer significant cognitive impairment (see pages 119 to 120 for the definitions).

TPD insurance

AMP Elevate has the following TPD insurance types:

- TPD own occupation
- TPD any occupation
- Activities of Daily Living TPD (ADL TPD).

TPD insurance as a plan

S **NS** **SMSF**

The TPD (own and any occupation) and ADL TPD insurance can be purchased independently of Life insurance through the TPD Insurance Plan and the ADL TPD Insurance Plan outside super.

The TPD Insurance Superannuation Plan and TPD Insurance SMSF Plan allows you to purchase TPD (any occupation) independently of Life insurance.

TPD insurance as an option

S **NS** **SMSF**

TPD insurance (own and any occupation) can be purchased as an option linked to Life insurance or Trauma insurance. ADL TPD insurance can only be purchased as an option on Life insurance.

FlexiLink TPD



FlexiLink TPD (own and any occupation) can be linked to Life insurance. FlexiLink TPD works in a similar way to a TPD insurance option with regards to how they are priced and how they function.

Certain parameters of the FlexiLink TPD Insurance Plan must match the **life insurance plan** to which it is linked. For example, where automatic inflation increases are accepted on one plan, this increase must be accepted on the linked plan(s).

PremierLink TPD option



The PremierLink TPD option (own occupation) can be linked to a **TPD any occupation** option held on any of the **life insurance plans**, or linked to a TPD Insurance Superannuation Plan or TPD Insurance SMSF Plan. The PremierLink TPD option has the same structure as the linked **TPD any occupation** insurance. For example, they will have the same **sum insured**, which cannot exceed the **sum insured** of the **life insurance plan** or **TPD insurance plan** to which they are linked. The PremierLink TPD option has the same premium structure and the same **renewal date** as the **TPD any occupation** option. If an increase or reduction is made to the **TPD any occupation** insurance, the alteration will automatically be applied to the PremierLink TPD option.

TPD types

The definition of TPD varies according to the type of plan you have. You may want to consider how specialised your occupation is and how important it is to you to return to the same role.

TPD insurance can be purchased as one of the following types:

TPD types		What you need to consider
TPD own occupation	NS	The insured person will be assessed against their ability to return to their own occupation, which is a narrower set of criteria.
TPD any occupation	S NS SMSF	The insured person will be assessed against their ability to return to any occupation within their education, training or experience, which includes jobs other than what they were doing before becoming disabled.
Activities of Daily Living TPD (ADL TPD)	S NS SMSF	The insured person will be assessed against how their disability has resulted in the inability to perform key activities of daily living or whether significant cognitive impairment requires them to be under continuous supervision.

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included at no additional cost. Full detail of these benefits can be found on the pages indicated below.

Included benefits and features	Page	TPD insurance				ADL TPD insurance	
		TPD Insurance Plan TPD option	TPD Insurance Superannuation or SMSF Plan TPD option	FlexiLink TPD	PremierLink TPD option	ADL TPD Insurance Plan ADL TPD option	ADL TPD option
		NS	S SMSF	⌘	⌘	NS	S SMSF
TPD benefit (Any and Own occupation)	51	✓	✓ (Any only)	✓	✓ (Own only)		
ADL TPD	51 (TPD benefit)					✓	✓
Day One TPD	52	✓	✓	✓	✓		
Partial TPD benefit	52	✓		✓	✓ (i)		
Automatic inflation	48	✓	✓	✓	✓	✓	✓
Future insurability benefit	48	✓	✓	✓	✓	✓	✓
Accommodation benefit	50	✓		✓	✓ (i)		
Financial plan benefit	51	✓		✓	✓ (i)	✓	
Death benefit	53		✓ (ii)				
12-month Life buy back ⁽ⁱⁱⁱ⁾	53	✓	✓	✓			
Premium freeze ^{(iv)(v)}	55	✓	✓			✓	✓
Upgrade of benefits	55	✓	✓	✓	✓	✓	✓
24-hour worldwide cover	55	✓	✓	✓	✓	✓	✓

(i) When a PremierLink TPD option is linked to **TPD any occupation** insurance, this benefit will be paid under the PremierLink TPD option only.

(ii) Only available on the TPD Insurance Superannuation Plan or the TPD Insurance SMSF Plan.

(iii) Only available when a **TPD option** or **FlexiLink TPD plan** is linked to a **life insurance plan**.

(iv) Not available for blended premiums.

(v) Not available on a **FlexiLink TPD plan**/PremierLink TPD option and the **plans/options** to which they are linked.

Options you can add

The following table outlines the options that can be added to the plan at an additional cost. Full detail of these benefits can be found on the pages indicated below.

An option only applies if it's specified in the **insurance schedule**. Where an option or **FlexiLink plan** is specified in the **insurance schedule**, the option and/or **FlexiLink plan** forms part of the plan to which it is linked.

There are no options available for ADL TPD.

Options	Page	TPD Insurance Plan	TPD option	TPD Insurance Superannuation or SMSF Plan	TPD option	FlexiLink TPD
		NS	NS	S SMSF	S SMSF	Ⓢ
Business solutions option - TPD	55	✓	✓	✓	✓	✓
Double TPD option	57		✓ (i)		✓ (i)	
Life buy back – TPD option	58		✓ (ii)		✓	✓
PremierLink TPD	58		Ⓢ	Ⓢ	Ⓢ	
Business solutions option - TPD	55		Ⓢ (iii)	Ⓢ (iii)	Ⓢ (iii)	
Life buy back – TPD option	58		Ⓢ (iii)		Ⓢ (iii)	
Children's trauma option	60	✓	(iv)			✓

- (i) The Double TPD option is not available on a **FlexiLink TPD plan**/PremierLink TPD option or the **plans/options** to which they are linked.
- (ii) This option is not available where TPD insurance is purchased as an **option** on a **trauma insurance plan**.
- (iii) If this option is purchased under the **TPD any occupation** option or plan to which the PremierLink TPD option is linked, it will automatically be applied to the PremierLink TPD option as well but will only be paid out once.
- (iv) Children's trauma may be purchased as an **option** on a **life insurance plan** or on a **trauma insurance plan** to which the TPD option is linked.

We guarantee to continue your cover

We guarantee to continue your cover until it ends (page 99) or you cancel it, regardless of changes to your health, occupation or pastimes, as long as the premiums are paid on time. Refer to page 98 for further detail.

Claiming under a linked option may impact other cover

If we pay a benefit under a linked **option**, the **sum insured** of each remaining linked cover (**plans** and **options**) for that **insured person** is reduced by the amount we pay, unless we state otherwise in this **PDS**. The plan will cease if it's reduced to nil.

About AMP Elevate Trauma insurance

Protection in the event of serious illness or injury

Most of us know someone who has suffered a life-changing trauma – heart attacks and cancer can affect the healthiest people we know. While you may be covered for the loss of income if you've purchased income insurance, what about the extra costs you may face for your treatment, rehabilitation and recovery?

AMP Elevate Trauma insurance pays a lump sum amount if you suffer one of a list of defined serious illnesses or injuries.

The conditions we cover under Trauma insurance are listed on pages 44 to 46 and full details of can be found in the **Glossary of medical conditions** starting on page 120. These definitions generally describe the severity of a condition and any specific criteria for relevant treatments or procedures.

Our definitions for medical conditions can be different to the clinical definitions that doctors use to make a diagnosis and determine treatment options. That's because our definitions take into account the time it may take you to recover and how you may be financially affected.

Trauma insurance

AMP Elevate has the following types of Trauma insurance available:

- Trauma Insurance
- Trauma Insurance Plus, which provides cover for up to an extra 11 conditions.

Trauma insurance as a plan

NS

Trauma insurance can be purchased independently of a **life insurance plan** through the Trauma Insurance Plan and Trauma Insurance Plus Plan.

Trauma insurance as an option

NS

Trauma insurance can be purchased as an option linked to a **life insurance plan** through the Trauma insurance option or the Trauma insurance plus option.

FlexiLink Trauma

Ⓢ

The FlexiLink Trauma Insurance Plan and FlexiLink Trauma Insurance Plus Plan can be linked to a **life insurance plan**. These **FlexiLink Trauma plans** work in a similar way to a **trauma option** with regards to how they're priced and how they function. Certain rules of the **FlexiLink Trauma plan** must match the **life insurance plan** to which it's linked. For example, where automatic inflation is accepted on one plan, automatic inflation must also be accepted on the linked plan(s).

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included at no additional cost. Full detail of these benefits can be found on the pages indicated below.

Trauma Insurance and Trauma Insurance Plus				
Included benefits and features	Page	Trauma Insurance Plan Trauma Insurance Plus Plan	Trauma option	FlexiLink Trauma
		NS	NS	Ⓢ
Trauma conditions	44-46 and 53	✓	✓	✓
Automatic inflation	48	✓	✓	✓
Future insurability benefit	48	✓	✓	✓
Accommodation benefit	50	✓	✓	✓
Financial plan benefit	51	✓	✓	✓
Premium freeze ⁽ⁱ⁾	55	✓	✓	
Upgrade of benefits	55	✓	✓	✓
24-hour worldwide cover	55	✓	✓	✓

(i) Not available for blended premiums, **FlexiLink plans** or the plan to which FlexiLink is linked.

Options you can add

The following table outlines the options that can be added to the plan at an additional cost. Full detail of these benefits can be found on the pages indicated below.

An option only applies if it's specified in the **insurance schedule**. Where an option or **FlexiLink plan** is specified in the **insurance schedule**, the option and/or **FlexiLink plan** forms part of the plan to which it is linked.

Trauma Insurance and Trauma Insurance Plus				
Options	Page	Trauma Insurance Plan Trauma Insurance Plus Plan	Trauma option	FlexiLink Trauma
		NS	NS	Ⓜ
Business Solutions option – Trauma	55	✓	✓	✓
Double trauma option	59		✓	
Life buy back – Trauma option	59		✓	✓
Trauma reinstatement option	59	✓	✓	✓
Total and permanent disability (TPD) option	51 (TPD benefit)	✓		
Business Solutions option – TPD	55	✓		
Children's trauma option	60	✓	(i)	✓

(i) Children's trauma may be purchased as an **option** on a **life insurance plan** to which the **trauma option** is linked.

We guarantee to continue your cover

We guarantee to continue your cover until it ends (page 99) or you cancel it, regardless of changes to your health, occupation or pastimes, as long as the premiums are paid on time. Refer to page 98 for further detail.

Claiming under a linked option may impact other cover

If we pay a benefit under a linked **option**, the **sum insured** of each remaining linked cover (**plans** and **options**) for that **insured person** is reduced by the amount we pay, unless we state otherwise in this **PDS**. The plan will cease if it's reduced to nil.

Trauma conditions

Trauma Insurance

Trauma insurance covers the **trauma conditions** as set out in the tables below. However, from the first **renewal date** after age 70, only the **trauma condition** for Loss of capacity for independent living will apply.

In the event that a claim is payable, the following **trauma conditions** pay the **sum insured** in full. The definitions for the trauma conditions can be found in the **Glossary of medical conditions** starting on page 120.

Benefit (full payment) Provides a full benefit if you suffer from one of the following trauma conditions	Definition is based on diagnosis, or the insured person must meet certain criteria	Definition is based on severity, impairment, or permanent loss
Heart related conditions		
Cardiac arrest	✓	
Cardiomyopathy		✓
Coronary artery bypass surgery ⁽ⁱ⁾	✓	
Heart attack ⁽ⁱ⁾	✓	
Heart valve surgery	✓	
Primary pulmonary hypertension	✓	
Surgery of the aorta	✓	
Triple vessel angioplasty	✓	
Cancer and other tumour conditions		
Benign brain tumour		✓
Cancer ⁽ⁱ⁾		✓
Neurological and degenerative disorders		
Alzheimer's disease and other dementias		✓
Coma	✓	
Encephalitis		✓
Major head injury		✓
Motor neurone disease	✓	
Multiple sclerosis	✓	
Muscular dystrophy	✓	
Parkinson's disease		✓
Stroke ⁽ⁱ⁾	✓	

(i) Subject to a 90 day qualifying period. Refer to **When trauma insurance starts** on page 54 for further detail.

Benefit (full payment) Provides a full benefit if you suffer from one of the following trauma conditions	Definition is based on diagnosis, or the insured person must meet certain criteria	Definition is based on severity, impairment, or permanent loss
Organ related conditions		
Chronic kidney failure		✓
Chronic liver disease		✓
Chronic lung disease		✓
Major organ transplant	✓	
Pneumonectomy	✓	
Mobility and sensory conditions		
Blindness		✓
Deafness		✓
Diplegia		✓
Hemiplegia		✓
Paraplegia		✓
Quadriplegia (also defined as tetraplegia)		✓
Loss of limbs		✓
Loss of limbs and sight		✓
Loss of speech		✓
Severe rheumatoid arthritis		✓
Diabetes		
Advanced diabetes		✓
Other		
Aplastic anaemia		✓
Loss of capacity for independent living ⁽ⁱ⁾		✓
Medically acquired HIV infection	✓	
Occupationally acquired HIV infection	✓	
Severe burns		✓

- (i) On the first **renewal date** after age 70, only the Loss of capacity for independent living trauma condition will apply. You may be covered for loss of capacity for independent living which occurs before you turn 99.

In the event that a claim is payable, the following **trauma conditions** pay a partial payment of the **sum insured**. The definitions for the trauma conditions can be found in the **Glossary of medical conditions** starting on page 120.

Benefit (partial payment) Provides a partial benefit if you suffer from one of the following trauma conditions	Definition is based on diagnosis, or the insured person must meet certain criteria	Definition is based on severity, impairment or permanent loss
Heart related conditions		
Angioplasty	✓	
Mobility and sensory conditions		
Blindness	✓	
Deafness	✓	
Diabetes		
Adult insulin dependent diabetes ⁽ⁱ⁾	✓	
Other		
Medical condition requiring life support	✓	

- (i) Subject to a 90 day qualifying period. Refer to **When trauma insurance starts** on page 54 for further detail.

Trauma Insurance Plus

The definitions for the **trauma conditions** can be found in the **Glossary of medical conditions** starting on page 120.

Trauma Insurance Plus covers the following trauma conditions in addition to the events covered by Trauma Insurance (as set out above):

Benefit	Definition is based on diagnosis, or the insured person must meet certain criteria	Definition is based on severity, impairment or permanent loss
Provides a benefit if you suffer from one of the following trauma conditions		
Cancer and other tumours		
Cancer early payment ⁽ⁱ⁾		
– Melanomas – Prostate tumours – Carcinoma in situ of: – the penis – one or both testes – the perineum – the breast – vulva, vagina, or fallopian tube – the cervix – the ovary – the uterus		
Mobility and sensory conditions		
Partial payment		
– Loss of a limb⁽ⁱⁱ⁾		

- (i) Subject to a 90 day qualifying period. Refer to **When trauma insurance starts** on page 54 for further detail.
- (ii) In the event you are eligible to claim under both a **TPD option** and Trauma Insurance Plus and they are linked to the same plan, we will only pay the higher of:
- Partial TPD, or
 - Loss of a limb.

In the event that a payment is made under any of the partial payment trauma conditions, your plan will not end. However, the Trauma insurance sum insured will be reduced by the amount we pay.

About AMP Elevate Children's trauma option

Protection for an insured child on your plan

AMP Elevate's Children's trauma option can be added to the Life, TPD and Trauma insurance plans at an additional cost.

This option allows you to cover up to five of your children for any amount between \$10,000 and \$200,000.

The Children's trauma option provides cover for:

- death,
- terminal illness, and
- if the insured child suffers from one of the **trauma conditions** listed below.

This option is explained in detail on pages 60 to 61.

Trauma conditions for the nominated child

The **trauma conditions** covered by the Children's trauma option are listed in the table below. The definitions for the **trauma conditions** can be found in the **Glossary of medical conditions** starting on page 120.

Benefit (full payment)	Definition is based on diagnosis, or the insured person must meet certain criteria	Definition is based on severity, impairment or permanent loss
Provides a full benefit if you suffer from one of the following trauma conditions		
Heart related conditions		
Cardiac arrest	✓	
Cardiomyopathy		✓
Coronary artery bypass surgery ⁽ⁱ⁾	✓	
Heart attack ⁽ⁱ⁾	✓	
Heart valve surgery	✓	
Primary pulmonary hypertension	✓	
Surgery of the aorta	✓	
Triple vessel angioplasty	✓	

- (i) Subject to a 90 day qualifying period. Please refer to **When Trauma insurance starts** on page 54 for more information.

Benefit (full payment) Provides a full benefit if you suffer from one of the following trauma conditions	Definition is based on diagnosis, or the insured person must meet certain criteria	Definition is based on severity, impairment or permanent loss
Cancer and other tumours		
Benign brain tumour		✓
Cancer ⁽ⁱ⁾⁽ⁱⁱ⁾		✓
Neurological and degenerative disorders		
Alzheimer's disease and other dementias		✓
Coma	✓	
Encephalitis		✓
Major head injury		✓
Motor neurone disease	✓	
Multiple sclerosis	✓	
Muscular dystrophy	✓	
Parkinson's disease		✓
Stroke ⁽ⁱ⁾	✓	
Subacute sclerosing panencephalitis ⁽ⁱ⁾	✓	
Viral encephalitis ⁽ⁱ⁾		✓
Organ related conditions		
Chronic kidney failure		✓
Chronic liver disease		✓
Chronic lung disease		✓
Major organ transplant ⁽ⁱ⁾	✓	
Pneumonectomy	✓	
Mobility and sensory conditions		
Blindness ⁽ⁱⁱ⁾		✓
Deafness ⁽ⁱⁱⁱ⁾		✓
Diplegia		✓
Hemiplegia		✓
Paraplegia		✓
Quadriplegia (also defined as tetraplegia)		✓
Loss of limbs		✓

Benefit (full payment) Provides a full benefit if you suffer from one of the following trauma conditions	Definition is based on diagnosis, or the insured person must meet certain criteria	Definition is based on severity, impairment or permanent loss
Loss of limbs and sight		✓
Loss of speech		✓
Severe rheumatoid arthritis		✓
Other		
Aplastic anaemia ⁽ⁱ⁾		✓
Medically acquired HIV infection	✓	
Occupationally acquired HIV infection	✓	
Severe burns		✓

- (i) Subject to a 90 day qualifying period. Please refer to **When Trauma insurance starts** on page 54 for more information.
- (ii) Early payments for these **trauma conditions** are not available for this option.

The **nominated child** under this option is not eligible for any other options.

Life, TPD and Trauma insurance benefits and features in detail

Please take the time to read the details about the benefits the **plans** provide. This section will provide you with the terms and conditions of each benefit and is an important part of this **PDS**. Your **insurance schedule** will show you which **plan(s)** and **option(s)** apply to you. Please contact us or speak to your **financial adviser** if you would like any of the details explained to you.

Please use the symbols below to assist you in identifying which benefits are available for the different **plans** and **options**.

Benefits available under:	Symbol
Life insurance plans	
TPD insurance plans and TPD options	
Trauma insurance plans and Trauma options	
Benefits available under the following options can be identified by:	
FlexiLink TPD or PremierLink TPD option	 AND 
FlexiLink Trauma	 AND 

Automatic inflation

To protect your benefit against the effects of inflation, up until age 65 your **sum insured** is automatically increased each year on the **renewal date** by the greater of 5% or the increase in the Consumer Price Index (CPI).

Your premium will increase as a result of this increase in the **sum insured**. You may decline the increase in the **sum insured** for any particular year or for all years by writing to us.

The increase to your **sum insured** only applies to a claim you make under the **plan** that happens after the date of the increase.

If you hold the Life Insurance Superannuation Plan or Life Insurance SMSF Plan and the premiums are paid by your employer you must get agreement from your employer to allow Automatic inflation to be applied to your plan.

We won't increase the **sum insured**:

- after the **insured person's** 65th birthday, or
- where a loading exceeding 100% is applied to your premium, or
- on a Business solutions option (page 55), or
- on a Children's trauma option (page 60), or
- while Premium freeze (page 55) or the Premium waiver option (page 57) is exercised.

For all TPD options, trauma options and FlexiLink plans

We won't increase the **sum insured** for a **TPD option**, **trauma option** or **FlexiLink plan** by any amount which would cause the **sum insured** to exceed that of the **plan** or **option** to which these **options** are linked.

Any **revised terms** applicable to your **plan** will also apply to increases exercised under this benefit.

The CPI information we use

The increase we make to the **sum insured** will normally be based on the Australian National All Groups Consumer Price Index weighted average of eight capital cities combined. We use the last published Index for the 12 months ending 30 September each year. Any increase will be applied on the next **renewal date** on or after 1 January of the following year. However, we may use the Index published for a more recent 12 month period and/or another index or rate which we believe more fairly and accurately reflects changes in the cost of living.

This benefit is not available where the **plan** is established by the exercise under another **plan** of a:

- 12-month Life buy back (page 53), or
- Life buy back - TPD option (page 58), or
- Life buy back - Trauma option (page 59), or
- Trauma reinstatement option (page 59).

Future insurability benefit

This benefit allows you to increase your **sum insured** once in any 12 month period without the need to provide further health evidence when one or more specified personal or business events occurs.

You must apply for the increase within 12 months after the date the specified event occurs.

You will be required to provide evidence that is acceptable to us and supports the increase to your **sum insured**.

How much additional cover you can purchase

The maximum amount of increase for any one event will be limited to the lowest of:

- 25% of the **sum insured**
- \$200,000
- where the increase relates to a mortgage, the amount of the mortgage or the increase to the mortgage, or
- where the increase relates to a promotion or commencement of a new employment arrangement, 10 times the salary increase.

The maximum amount of increase in the **sum insured** in total over the life of the plan for each cover type is the original **sum insured**, up to a maximum of \$1,000,000.

You'll need to provide certified copies of evidence of one of the following events:

Events covered under specified personal events:	Examples of evidence needed (certified copies)
The insured person gets married or registers a de facto relationship	– Marriage certificate

Events covered under specified personal events:	Examples of evidence needed (certified copies)
	- Registration certificate of a de facto relationship - Signed Statutory Declaration confirming the de facto relationship
On the first anniversary of a de facto relationship where that anniversary occurs on or after the date the insured person was covered by this plan	- Registration certificate of a de facto relationship - Signed Statutory Declaration confirming the insured person is in a de facto relationship where the first anniversary occurs on or after the commencement date shown in the insurance schedule.
Divorce or registering a separation from a marriage or registered de facto relationship	- Divorce order - Separation certificate of a marriage or a de facto relationship - Signed Statutory Declaration confirming the marriage or de facto relationship separation
On the first anniversary of separating from a marriage or de facto relationship where that anniversary occurs on or after the date the insured person was covered by this plan	- Separation certificate of a marriage or a de facto relationship - Signed Statutory Declaration confirming the first anniversary of the separation from the marriage or the de facto relationship occurred on or after the commencement date shown in the insurance schedule
Death of a spouse or de facto partner	- Death certificate - Marriage certificate - Relationship certificate
Effecting a mortgage for the first time or increasing a mortgage	- Mortgage papers - Bank confirmation of settlement
Completing first undergraduate degree at an Australian University recognised by us	Degree certificate
Birth or adoption of a child	Birth certificate
The insured person's child first starts secondary school	Certificate of enrolment
Becoming a carer for the first time	- Statutory Declaration confirming the carer status and date commenced - Centrelink carer's card
Promotion or commencement of a new employment arrangement where the insured person's base	Pay slips showing previous income and letter of offer from employer or letter of

Events covered under specified personal events:	Examples of evidence needed (certified copies)
salary (excluding salary packaging arrangements) increases by at least \$10,000 or 10%	salary increase or new employment contract

Events covered under specified business events:	Examples of evidence needed (certified copies)
Business succession planning – increase in the value of the business or in the insured person's shareholding	- Partnership agreement - Executive package letter showing increase
Key person insurance – increase in the value of the key person to the business	Letter from the business' accountant
Loan guarantee – increase in business loans	- Loan documentation - Revaluation certificate

If the following events occur with the same person, you are only eligible to apply for one increase:

- marriage, or
- divorce or **separation** from a marriage, or
- entering into a **de facto relationship**, or
- **separation** from a **de facto relationship**.

When the Future insurability benefit does not apply

The Future insurability benefit cannot be exercised if at the time of your application:

- the **insured person** has previously been accepted by us with a medical loading greater than 50% under a plan held with us, or
- the **insured person** is currently entitled to make, or has made, a claim for a terminal illness, TPD or Trauma benefit under a plan held with us.

Restrictions on the increased sum insured

For the first six months from the date of the increase, we will only pay the amount of the increase in the **sum insured** in the event of:

- accidental death,
- accidental total and permanent disability (caused by violent, accidental, external and visible means), or
- the **insured person** suffering an accidental **trauma condition**.

This benefit will expire on the **insured person's** 55th birthday. The specified event for which you are applying for an increase must occur prior to the **insured person's** 55th birthday.

Any **revised terms** applicable to your plan will also apply to increases exercised under this benefit.

How to exercise the Future insurability benefit

You can exercise the Future Insurability benefit by completing the "Future Insurability Benefit for Life, Total and Permanent Disability (TPD) and Trauma insurance" form with the evidence required for the specified event as listed in this section.

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Life benefit

LIFE NS S SMSF

If the **insured person** dies we'll pay the Life insurance **sum insured**. This amount is paid once only as a lump sum. The Life insurance **sum insured** is specified on the **insurance schedule**.

Terminal illness benefit

LIFE NS S SMSF

If the **insured person** becomes terminally ill, you may ask us to pay the Life insurance **sum insured**. This amount is paid once only as a lump sum and is an advance payment of the Life benefit (see above). The Life insurance **sum insured** is specified on the **insurance schedule**.

We'll only pay if the **insured person** becomes terminally ill:

- after this plan commences,
- before this plan ends, and
- before the **insured person** reaches the benefit expiry age for the plan.

The Terminal illness benefit is not payable under a **plan** which has lapsed, been cancelled or is otherwise not in force prior to the date the **insured person** becomes terminally ill.

- NS For the Life Insurance Plan, terminally ill means:
- a **medical practitioner** has certified that the **insured person** suffers from an illness, or has incurred an injury, that is likely to result in the **insured person's** death within 12 months, and
 - we agree with that prognosis.

- S SMSF For the Life Insurance Superannuation Plan or Life Insurance SMSF Plan,
- terminally ill means:
 - two **medical practitioners** have certified, jointly or separately, that the **insured person** suffers from an illness, or has incurred an injury, that is likely to result in the **insured person's** death within 12 months of the date of certification
 - at least one of the **medical practitioners** is a specialist practising in an area related to the illness or injury, and
 - for each of the certificates, the certification period has not ended.
 - If a terminal illness claim is admitted, we'll pay the **sum insured** to the **Trustee**. If the **Trustee** is satisfied that the **insured person's** situation meets the condition of release, they will make the proceeds available to you.

We may ask you to provide additional evidence that we require in order to agree with the prognosis. This may include providing information through **medical practitioners** we choose.

The amount of the Terminal illness benefit we'll pay is the amount of the Life insurance **sum insured** that applies when the **insured person** becomes terminally ill. On payment of the Terminal illness benefit, the Life benefit will cease.

The certifying **medical practitioner** cannot be the **insured person's** family member, business partner, your employee or employer.

A Terminal illness benefit is only payable if the **insured person** holds a **life insurance plan**.

Accommodation benefit

LIFE TPD TRAUMA NS

We'll pay for the accommodation costs of the **insured person's immediate family member**, if we pay 100% of the **sum insured** under the Terminal illness benefit (page 50), TPD benefit (page 51) or Trauma benefit (page 53), and a **medical practitioner** certifies that the **insured person** must remain confined to bed due to the reason for which we paid the Terminal illness/TPD/Trauma benefit, and:

- the **insured person** is more than 100km from his or her home, or needs to travel to a place that is more than 100km from his or her home for **medical treatment**, and an **immediate family member** is required to stay with the **insured person**, or
- an **immediate family member** is required to stay with the **insured person** and must travel more than 100km from his or her home to do so.

We'll pay up to a maximum of \$150 per day for each day that the **insured person** remains confined to bed and his or her **immediate family member** remains away from their home, for a maximum of 14 days.

This benefit must be claimed within six weeks from when we pay the Terminal illness/TPD/Trauma benefit. You must send us evidence that the **insured person** is confined to bed and payment of the accommodation costs which is acceptable to us.

The Accommodation benefit will only be paid once across all **plans** or **options** you have with us under which the **insured person** is covered.

The amount we pay under the Accommodation benefit won't reduce any other benefit that's payable under your **plan**.

If a **TPD any occupation** plan/option and PremierLink TPD option are both purchased, this benefit will be paid under the PremierLink TPD option held outside of superannuation.

This benefit is not payable under the Partial TPD benefit (page 52) or any of the Partial payment **trauma conditions** (page 54).

Advancement of funeral expenses benefit

LIFE NS

This benefit provides an advance payment for funeral expenses on receipt of the death certificate or other proof of death of the **insured person** which is acceptable to us.

The amount payable is the Life insurance **sum insured**, up to a maximum of \$20,000.

If we pay this benefit, then the Life insurance **sum insured** will be reduced by the amount we pay.

This benefit is not payable if the **insured person's** death is due to suicide within the first 13 months from the commencement or reinstatement of cover.

Any payment of this benefit is not an admission of liability to pay the full Life benefit (page 50). Please note that nominating a beneficiary may enhance the timeliness with which this benefit can be paid.

Financial plan benefit

LIFE TPD TRAUMA NS

If we pay 100% of the **sum insured**, we'll reimburse the recipient of the benefit, up to \$2,000 for the cost of financial planning advice.

The advice must be received within six months of us paying the **sum insured**. The advice must be from a representative of an Australian Financial Services Licensee.

We'll only pay the Financial plan benefit once regardless of the number of plans or options held with us under which the **insured person** is covered.

If a **TPD any occupation** and PremierLink TPD option are both purchased, this benefit will be paid under the PremierLink TPD option held outside of superannuation.

The payment of the Financial plan benefit will not reduce any other benefit payable under the plan.

TPD benefit

TPD NS S SMSF

If the **insured person** is totally and permanently disabled (TPD), we'll pay the TPD insurance **sum insured** as specified on the **insurance schedule**. The definition of TPD varies according to the type of **plan** you have and whether your **TPD plan** is **TPD own occupation**, **TPD any occupation** or **TPD ADL**.

If we pay a TPD benefit under a **TPD option**, the **sum insured** of the linked plan and any linked trauma insurance will be reduced by the amount we pay.

The definitions below need to be considered with the TPD definitions in the **Glossary of Total and Permanent Disability (TPD) insurance definitions** (pages 119 to 120).

For TPD any occupation

The **insured person** is totally and permanently disabled if he or she:

- A. is unlikely to work (any occupation), or
- B. suffers a specific loss, or
- C. requires future care, or
- D. is unlikely to perform domestic work and the **TPD insurance plan** or **TPD option** is held outside super, or
- E. suffers significant cognitive impairment.

For TPD own occupation

The **insured person** is totally and permanently disabled if he or she:

- A. is unlikely to work (own occupation), or
- B. suffers a specific loss, or
- C. requires future care, or
- D. is unlikely to perform domestic work, or
- E. suffers significant cognitive impairment.

For TPD ADL Plan or TPD ADL option

The **insured person** is totally and permanently disabled if he or she:

- C. requires future care, or
- E. suffers significant cognitive impairment.

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Specific rules for TPD definitions

There are specific rules for each of the definitions. These should be read in conjunction with **Glossary of Total and Permanent Disability (TPD) insurance definitions** on pages 119 to 120.

For TPD definitions:	Specific rules
A (unlikely to work) and D (unlikely to perform domestic work)	The definitions A and D only apply until the first renewal date after the insured person turns 65, or until the plan ends, whichever occurs first. Definition D does not apply to TPD insurance plans and TPD options held through super.
B (suffers a specific loss) and C (requires future care)	The definitions B and C only apply until the insured person turns: – 99 for TPD insurance plans and TPD options held outside super, or – 75 for TPD insurance plans and TPD options held through super, or until the plan ends, whichever occurs first. If the TPD insurance plans or TPD option is held through super, the insured person is also required to be considered as suffering from permanent incapacity .
E (suffers significant cognitive impairment)	The definition E only applies from the first renewal date after the insured person turns 65 until he or she turns: – 99 for TPD insurance plans and TPD options held outside super, or – 75 for TPD insurance plans and TPD options held through super, or until the plan ends, whichever occurs first. If the TPD insurance plan or TPD option is held through super, the insured person is also required to be considered as suffering from permanent incapacity .

Survival period

If a **TPD option** is linked to a **life insurance plan** or a **FlexiLink TPD plan**, there is no survival period requirement. We'll pay the TPD benefit as soon as the **insured person** meets the definition of total and permanent disability.

If you purchase a:

- TPD Insurance Plan (Any or Own)
- TPD Insurance Superannuation Plan (Any), or
- TPD Insurance SMSF Plan (Any), or
- **TPD option** linked to a **trauma insurance plan**, or
- **Double TPD option**,

and the **insured person** is classified as totally and permanently disabled, an eight day survival period applies. We'll only pay the TPD benefit upon the **insured person's** survival of eight days from the date the **insured person** becomes eligible for a TPD benefit.

Day one TPD benefit

TPD S NS ⓘ SMSF

If the **insured person** has been diagnosed by a **medical practitioner** as suffering from one of the listed medical conditions below, we'll waive the requirement to be unable to work for three months when assessing a claim made under:

- definition A - unlikely to work
- definition D - unlikely to perform domestic work (only available for **TPD insurance plans** and **TPD options** held outside super)

outlined in the TPD benefit (page 51).

The medical conditions are:

- Alzheimer's disease and other dementias
- Blindness (Full payment)
- Cardiomyopathy
- Chronic lung disease
- Deafness (Full payment)
- Diplegia
- Hemiplegia
- Loss of speech
- Major head injury
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy
- Paraplegia
- Parkinson's disease
- Primary pulmonary hypertension
- Quadriplegia (also defined as tetraplegia)
- Severe rheumatoid arthritis

Each of the listed medical conditions are defined in **Glossary of medical conditions** starting on page 120.

Partial TPD benefit

TPD NS ⓘ

We'll pay part of the TPD benefit (page 51) if the **insured person** suffers the total and permanent loss of the use of:

- one hand, or
- one foot, or
- the entire sight in one eye.

We'll only pay once under this benefit.

The Partial TPD benefit is not available if TPD is purchased as an option on the Life Insurance Superannuation Plan or Life Insurance SMSF Plan.

How much we will pay

We'll pay 25% of the TPD insurance **sum insured**, up to a maximum of \$500,000.

Any payment made under the Partial TPD benefit won't be considered a payment of the TPD benefit (page 51).

If you have purchased both TPD Insurance and Trauma Insurance Plus on the same **plan** (or they are linked through a **FlexiLink plan** or PremierLink TPD option), and if you're eligible to claim under both benefits, we'll only pay the higher of:

- the Partial TPD benefit under this benefit, or
- the benefit for Loss of a limb under the Trauma Insurance Plus Plan.

What happens to the balance of the TPD benefit?

In the event that a payment is made under the Partial TPD benefit, your plan will not end, however the TPD insurance **sum insured** will be reduced by the amount we pay. If you have purchased a **TPD option** (excluding the **Double TPD option**) or **FlexiLink TPD plan**, the **sum insured** of the remaining linked cover (**plans** and **options**) for that **insured person** is reduced by the amount we pay.

Death benefit

TPD S SMSF

We'll pay the Death benefit if the **insured person** dies. This benefit must be claimed within 12 months of the **insured person's** death.

We'll pay the TPD insurance **sum insured**, up to a maximum of \$10,000.

This benefit is not payable if:

- you make a fraudulent claim, or
- the **insured person** commits suicide within 13 months of the commencement date or the date the plan was restored.

The Death benefit is only available if the **insured person** does not have Life insurance cover under this plan or any other plan where AMP Life is the insurer.

12-month Life buy back

TPD NS S SMSF

If we pay 100% of the **TPD benefit** under the **TPD option**, and this leads to a decrease in the Life benefit on the **life insurance plan**, you may choose to buy another plan providing life insurance on the life of that **insured person** (the new plan). The new plan can be purchased without the need to provide us with any health or other evidence.

How to exercise this option

You can buy the new plan by submitting to us the required form, plus the appropriate premium, one year after the TPD benefit was paid. If we do not hear from you within 30 days of that date, you will lose the right to buy the new plan and this option will cease.

How much cover can I apply for?

The maximum amount of life insurance you can apply for under the new plan is the lower of:

- the **sum insured** of the **TPD option**, and
- the amount of the decrease in the Life benefit that occurred under the **life insurance plan** due to any TPD benefit payment.

The new plan must be an equivalent plan that AMP is issuing at the time the feature is available to exercise. If we have a number of **life insurance plans** on-sale, we'll decide which plan or plans are available for purchase under this option.

The premium payable for the new plan will be based on the premium rates and plan terms and conditions applicable at the time the new plan is applied for. The new plan will be subject to any **revised terms** such as exclusions and loadings that applied to the original plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the new plan will be regarded as having applied from the time of taking out the original plan.

Increases to the **sum insured** under Automatic inflation (page 48) and the Future insurability benefit (page 48) will not be available on the new **life insurance plan**. This option can only be exercised once.

If you have exercised Life buy back - TPD option (page 58) or Double TPD option (page 57), then you cannot exercise this option.

This benefit cannot be exercised if a benefit for Terminal Illness has been paid previously for that **insured person**.

This option will expire if not exercised prior to **insured person's** 65th birthday.

Trauma benefit

TRAUMA NS

We'll pay the Trauma insurance **sum insured** if the **insured person** suffers a **trauma condition**. The **trauma conditions** covered are listed on pages 44 to 46 and defined in the **Glossary of medical conditions** starting on page 120.

If we pay a Trauma benefit under a **trauma option**, the **sum insured** of the linked plan and any linked TPD insurance will be reduced by the amount we pay.

Specific rules

- The **trauma condition** (except loss of capacity for independent living) must have occurred before the first **renewal date** after the **insured person** turns 70. After the **insured person** turns 70, they may be covered for loss of capacity for independent living which occurred before they turn 99.
- Where the **trauma condition** definition refers to a diagnosis, the diagnosis must be based on clinical, radiological, histological and laboratory evidence which is acceptable to us. A suitable **medical practitioner** must make the diagnosis.
- Where the **trauma condition** definition refers to a **25% impairment** of whole body function, we'll rely on the latest published edition of American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment. Assessment must be carried out by a **medical practitioner** accredited in the evaluation of permanent impairment.

How much we'll pay

In the case of all **trauma conditions**, except those listed in the **Partial payment trauma conditions** section below, we'll pay 100% of the Trauma insurance **sum insured** as it appears in the **insurance schedule**.

Partial payment trauma conditions

Partial payment trauma conditions	Partial payment amount and special rules
Adult insulin dependent diabetes partial payment	We'll pay 10% of the Trauma insurance sum insured , up to a maximum of \$25,000.
Angioplasty partial payment	We'll pay a benefit for angioplasty on more than one occasion provided that the procedures occur at least six months apart. We'll pay 25% of the Trauma insurance sum insured , up to a maximum of \$100,000.
Blindness partial payment	We'll pay 10% of the Trauma insurance sum insured , up to a maximum of \$25,000.
Cancer early payment (only applicable under trauma plus)	In the case of cancer early payment conditions eligible for a partial payment, we'll pay 20% of the Trauma insurance sum insured or \$10,000, whichever is the higher (up to a maximum of \$100,000). We'll pay a partial benefit once only for each cancer early payment condition. We will however, make subsequent partial payments for cancer early payment conditions, as long as we have not already made a payment for the same condition. The total of all claim payments must not exceed the Trauma insurance sum insured . The following are excluded: – tumours that occur within the 90 day qualifying period, and – tumours that recur outside the 90 day qualifying period unless the recurrence can be shown to be unrelated.
Deafness partial payment	We'll pay 10% of the Trauma insurance sum insured , up to a maximum of \$25,000.
Loss of a limb partial payment (only applicable under trauma plus)	We'll pay 25% of the Trauma insurance sum insured , up to a maximum of \$100,000. If both TPD insurance and Trauma Insurance Plus are purchased on the same plan (or they're linked through a FlexiLink plan or PremierLink TPD option), and if you're eligible to claim under both benefits, we'll only pay the higher of: – the Partial TPD benefit (page 52) under TPD insurance, or – this Loss of a limb partial payment benefit.
Medical condition requiring life support partial payment	We'll pay 10% of the Trauma insurance sum insured , up to a maximum of \$25,000.

When trauma insurance starts

For most of the **trauma conditions** covered, Trauma insurance starts upon commencement of your plan. However, some of the **trauma conditions** are subject to a qualifying period. These are identified in the tables on pages 44 to 46.

For trauma conditions that are not subject to a qualifying period

Trauma insurance starts on:

- The commencement date of the **trauma insurance plan** or **trauma option** specified on the **insurance schedule**
- The date the **trauma insurance plan** or **trauma option** is restored
- The effective date of any increase in your Trauma insurance **sum insured** (except for any increases under the Business solutions option on page 55 and Automatic inflation on page 48).

For trauma conditions that are subject to a 90 day qualifying period

Trauma insurance starts 90 days after:

- The commencement date of the **trauma insurance plan** or **trauma option** specified on the **insurance schedule**
- The date the **trauma insurance plan** or **trauma option** is restored
- The effective date of any increase in your Trauma insurance **sum insured** (except for any increases under the Business solutions option on page 55 and Automatic inflation on page 48).

Further to the above, we won't pay a Trauma benefit if the **insured person** develops evidence of, or sees a **medical practitioner** for, that condition within 90 days of any of the following:

- The commencement date of the **trauma insurance plan** or **trauma option** specified on the **insurance schedule**
- The date the **trauma insurance plan** or **trauma option** is restored
- The effective date of any increase in your Trauma insurance **sum insured** (except for any increases under the Business solutions option on page 55 and Automatic inflation on page 48).

The trauma conditions table on pages 44 to 46 lists all of the **trauma conditions** and specifies which conditions are subject to a qualifying period.

If you're paid a Trauma benefit

If we pay 100% of the Trauma insurance **sum insured** for a **trauma insurance plan**, the **trauma insurance plan** and any linked **options** will cease and you won't be entitled to any more benefits.

If we pay 100% of the Trauma insurance **sum insured** for a **trauma option** or **FlexiLink trauma plan** (other than where a **Double trauma option** has been purchased):

- the **trauma option** or **FlexiLink trauma plan** and any **options** linked to them will cease, and
- the benefit of any **plan** that the **trauma option** or **FlexiLink trauma plan** is linked (including linked **TPD option** or **FlexiLink TPD plan**) will be reduced by the benefit we pay for trauma.

If the **sum insured** of that **plan** is reduced to nil by this, that **plan** and all linked **options** will cease and you won't be entitled to any more benefits, otherwise that **plan** will continue with the reduced **sum insured**.

If a payment is made under a partial payment **trauma condition**, including cancer early payment, the plan won't end, however the Trauma insurance **sum insured** and any linked TPD insurance will be reduced by the amount we pay.

Where the **insurance schedule** shows a **Double trauma option** (page 59) and 100% of the Trauma insurance **sum insured** is paid, any **life insurance plan** to which this option is linked won't reduce. However, any linked **TPD option** or **FlexiLink TPD plan** will be reduced by the benefit we pay for Trauma insurance.

Where the **insurance schedule** shows a Children's trauma option (page 60) and a benefit is paid, the Children's trauma option will cease but it won't reduce the **sum insured** of the plan it is linked to or the **sum insured** for any other Children's trauma option.

Survival period

If you purchase a **trauma option** linked to a **life insurance plan**, or a **FlexiLink trauma** insurance plan, and you suffer a **trauma condition** (outlined in the trauma conditions table on pages 44 to 46) and the **insured person** meets the definition, there is no survival period requirement.

If you purchase a:

- **trauma insurance plan**, or
- **Double trauma option**, and

the **insured person** suffers a **trauma condition** (outlined in the trauma conditions table on pages 44 to 46) and meets the definition, a 14 day survival period applies from the date the **insured person** becomes eligible for a Trauma benefit.

Premium freeze

LIFE **TPD** **TRAUMA** **S** **NS** **SMSF**

This option is only available for stepped premiums.

Exercising this option allows you to maintain your current premium at the time this option is exercised. Your **sum insured** will reduce each year that this option is applied.

If you choose to cancel Premium freeze, your **sum insured** current at that time will not reduce anymore and Automatic inflation (page 48) will recommence without further health evidence. Premiums will then increase each year according to your age.

You can request to exercise Premium freeze or cancel it at any time, which will take effect from the next **renewal date** of the **plan**.

If you wish to request a Premium freeze, you must let us know in writing. Any special conditions such as exclusions and loadings will still apply.

Automatic inflation (page 48) will not apply while Premium freeze is exercised. Premium freeze is not available on a **FlexiLink plan**, PremierLink TPD option or the plans/options to which they are linked.

Upgrade of benefits

LIFE **TPD** **TRAUMA** **S** **NS** **SMSF** 

If we make future improvements to your **plan**, and such improvements would not result in an increase in premium rates, we'll pass these changes on to you without you having to provide us with any medical evidence or evidence regarding the **insured person's** occupation, pastimes or place of residence.

Upgrades provide improvements to your **plan** including additional benefits and improved definitions. You will still retain your existing terms, conditions and premium rates for your **plan**.

Any improvements and/or changes to your plan definitions will always be reviewed at claim time to ensure the **insured person** is assessed using the definition that benefits them the most. This means that should a definition or benefit from the original **plan** be more beneficial, you'll still be eligible to claim under your original plan definitions.

If the **insured person** is suffering a **pre-existing condition** at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that **pre-existing condition**.

24-hour worldwide cover

LIFE **TPD** **TRAUMA** **S** **NS** **SMSF** 

We'll cover the **insured person** 24 hours a day anywhere in the world, subject to the terms and conditions of the plan. If he or she is sick or injured outside Australia or New Zealand, we may require additional medical documentation and/or medical examinations by a **medical practitioner** chosen by us to support the claim.

Options

This section outlines the options that can be added to the plan at an additional cost. An option only applies if it's specified in your **insurance schedule**.

Business solutions option – Life, TPD or Trauma

LIFE **TPD** **TRAUMA** **S** **NS** **SMSF** 

Unless otherwise specified, all parts of this section apply to the following options:

- Business solutions option – Life
- Business solutions option – TPD
- Business solutions option – Trauma (this option is not available on plans through super)

General

This option allows you to apply each year for an increase to your **sum insured** in line with:

- the **value** of the **insured person's business**, or
- the **value of the insured person to the business**, or
- the **value of the relevant business loan** at the time of the increase.

During the initial application the **insured person** will be fully medically underwritten for the potential **sum insured**. This option is only available to lives that are accepted for cover on standard premium rates, terms and conditions. Financial requirements at application stage will be based on the initial **sum insured** and the reason for cover.

If you choose to exercise this option, we'll require financial evidence and possibly other additional information that supports the increase to the benefit. The amount we pay will be inclusive of the total of the sums insured under any plans held by us or another insurer on the **insured person** that provide the cover.

How much cover can I purchase?

Type of Business solutions option	Maximum sum insured that can be purchased
Business solutions option - Life	The maximum sum insured that may be purchased is the lower of: – four times the Life insurance sum insured benefit amount before the increase, or – \$15,000,000 less the total sums insured under any other plans held with us or another company that provides cover for life insurance.
Business solutions option – TPD	The maximum sum insured that may be purchased is the lower of: – four times the TPD insurance sum insured before the increase, or – \$5,000,000 less the total sums insured under any other plans held with us or another company that provides cover for TPD insurance.
Business solutions option – Trauma	The maximum sum insured that may be purchased is the lower of: – four times the Trauma insurance sum insured benefit amount before the increase, or – \$2,000,000 less the total sums insured under any other plans held with us or another company that provides cover for trauma insurance.

Conditions that apply

The following conditions apply:

- The **sum insured** will not be increased by Automatic inflation (page 48) under any **plans** or **options** covered by this option.
- The maximum increase to the **sum insured** allowed under this option is the amount shown in the **insurance schedule**.
- Any increase applied for must meet our minimum and maximum **sum insured** increase requirements.
- The **sum insured** cannot be increased to an amount that exceeds the **value** of the **business**, **value of the insured person to the business** or the **value of the relevant loan** at the time of the increase.
- If the original **sum insured** was less than 100% of the **value** of the **business**, the **value of the insured person to the business** or the **value of the relevant loan** at that time, then the **sum insured** can only be increased under this option to an equivalent percentage of the **value** of the **business**, the **value of the insured person to the business** or the **value of the relevant loan** at the time of the application to increase the **sum insured**.

How to apply for an increase

You must complete and forward to us the current Application form. Your **financial adviser** will be able to assist in completing this form. You are required to provide details of the **insured person's** occupation, pastimes, residence, travel and any other insurance.

You must provide us with financial and supporting evidence to our satisfaction. The person providing the evidence cannot be you or the **insured person** or a family member, business partner, employee or employer of you or the **insured person**.

When is medical evidence required when applying for an increase?

You won't be required to provide medical evidence about the **insured person's** health when you apply for an increase in the **sum insured** unless you've received, are receiving or are eligible to receive any benefit for the **insured person** under a **plan** held by us or another company.

When does the option end?

In addition to the circumstances detailed in the section for **When the plan will end** (page 99), this option will also end as soon as:

- a claim has been made, or there is an entitlement to make a claim, under the **plan** to which this option is linked,
- when the insured person turns 65,
- the **sum insured** has increased to the maximum amount permitted under this option, or
- the start of any period for which you haven't paid premiums for the **plan** to which this option is linked.

Refer to the **Eligibility criteria for options** table on pages 26 to 27 for entry requirements, expiry age and maximum limits on this option.

Premium waiver option

LIFE NS S SMSF

We'll waive your premiums while the **insured person** is:

- totally disabled, or
- **involuntarily unemployed**.

Premium waiver while totally disabled

If the **insured person** is totally disabled for greater than 90 consecutive days, you won't have to pay any further premium for the **life insurance plan** (including the plan fee and any linked **options** or **FlexiLink plans**) while the **insured person** remains totally disabled until he or she reaches age 65.

For the purpose of this option only, the **insured person** is totally disabled if, because of an injury or sickness, he or she is:

- not capable of doing the **important duties** of his or her occupation
- not working in any occupation (whether paid or unpaid), and
- under **medical care**.

We won't waive any premium if the **insured person's** total disability was caused directly or indirectly by the **insured person** or you performing an act or omission with the intention or likely outcome of causing harm to the **insured person**.

Premium waiver while involuntarily unemployed

If the **insured person** becomes **involuntarily unemployed** and you let us know in writing within three months of the date this took place, you don't have to pay your premium for the **life insurance plan** (including the plan fee and any linked **options** or **FlexiLink plans**) for three months from the date the **insured person** became **involuntarily unemployed** or until the **insured person** is employed, whichever is shorter. This option only applies if:

- your plan has been in force for six months in a row at the time the **insured person** becomes **involuntarily unemployed**,
- the **insured person** registers with an employment agency approved by AMP within 30 days of becoming **involuntarily unemployed**, and
- the **insured person** demonstrates that he or she is actively seeking employment.

Under this option, we'll waive premiums due or paid for all involuntary unemployment periods for a cumulative period of up to 12 months during the life of the plan.

We won't increase the benefit under Automatic inflation while premiums are waived

While we waive premiums under this option, we won't increase any benefits by Automatic inflation (page 48).

However, if we're no longer waiving premiums under this option and you're required to resume premium payments, we'll recommence increases to the benefits under Automatic inflation (page 48).

Not included in the premium waived

The premium waived does not include:

- any premium increases, as a result of an increase in the **sum insured**, purchasing a new **option** or increasing the **sum insured** of an **option** linked to the **life insurance plan**. An exception to this is due to a change in the **insured person's** age after the commencement of the premium waiver, or
- any part of the premium that is applicable to changes in the benefit resulting from you exercising an option after the commencement of the premium waiver.

Refer to the **Eligibility criteria for options** table on pages 26 to 27 for entry requirements, expiry age and maximum limits on this option.

Double TPD option

TPD NS S SMSF

Until the first **renewal date** after the **insured person** turns 65, this option has all the benefits of the relevant **TPD option**, plus the following additional benefits.

If we pay a TPD benefit

If we pay 100% of the TPD benefit (page 51) under this option, the **sum insured** of the **life insurance plan** this option is linked to won't reduce. However, the **sum insured** of any linked **option** or **FlexiLink plan** (if applicable) will be reduced the TPD benefit (page 51) we pay. If the **sum insured** reduces to nil, these **options/plans** will cease.

If we a TPD benefit (page 51) under this option that is equal to the Life benefit (page 50) under the **life insurance plan** to which this option is linked, you won't be required to pay any future premiums for the **life insurance plan** or any linked **options** or **FlexiLink plans**.

Where we pay a TPD benefit (page 51) that is less than the Life benefit (page 50), you won't be required to pay the proportionate amount of future premiums for the **life insurance plan** plus any linked **options** or **FlexiLink plans**.

Additionally, you won't be required to pay the **plan fee**.

Where we're waiving future premiums, increases under Automatic inflation (page 48) and the Future insurability benefit (page 48) will not be available on the **life insurance plan** and any linked **options**.

After the first **renewal date** after the **insured person** turns 65, the additional benefits of this Double TPD option no longer applies.

Refer to the Eligibility criteria for options table on pages 26 to 27 for entry requirements, expiry age and maximum limits on this option.

Life buy back – TPD option

TPD NS S SMSF

If we pay 100% of the **sum insured** for a TPD benefit (page 51) under a **TPD option**, and this leads to a decrease in the Life insurance **sum insured**, this option allows you to buy another plan providing life insurance on the life of the **insured person** (the new plan) without the need to provide us with any health or other evidence.

How to exercise this option

You can buy the new plan by submitting to us the required form, plus the appropriate premium, immediately from the date the TPD benefit (page 51) was paid. If we do not hear from you within 60 days of that date, you will lose the right to buy the new plan and this option will cease.

How much cover can I apply for?

The maximum amount of life insurance you can apply for under the new plan is the lower of:

- the **sum insured** of the **TPD option**, and
- the amount of the decrease in the Life insurance **sum insured** that occurred due to any payments for TPD.

The new plan must be a plan on-sale from us at that time and must be of a similar design and benefit structure to the **life insurance plan** whose benefit was decreased. Where we have a number of life insurance plans on-sale, we'll decide which plan or plans are available for purchase under this option.

The premium payable for the new plan will be based on the premium rates and plan terms and conditions applicable at the time the new plan is applied for. The premium payable and conditions for the new plan will include any **revised terms** such as exclusions and **loadings** that applied to the original plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the new plan will be regarded as having applied from the time of taking out the original plan.

Increases to the **sum insured** under Automatic inflation (page 48) and the Future insurability benefit (page 48) will not be available on the new life insurance plan. This option can only be exercised once.

Refer to the **Eligibility criteria for options** table on pages 26 to 27 for entry requirements, expiry age and maximum limits on this option.

PremierLink TPD option

TPD

If this option is selected, a **TPD own occupation** option will be issued with ownership outside of super.

This option links a **TPD own occupation** benefit to:

- a **TPD any occupation option** held on a Life Insurance Superannuation Plan or Life Insurance SMSF Plan, or
- a TPD Insurance Superannuation Plan (Any) or TPD Insurance SMSF Plan (Any).

If a TPD claim is lodged, it will be assessed against a **TPD any occupation** definition in the first instance. If the **insured person** meets this definition, the benefit will be paid to the relevant **Trustee**. If the **insured person** does not meet the **TPD any occupation** definition, they will be assessed under the **TPD own occupation** definition under the **PremierLink TPD option**. If the **insured person** meets this definition, the benefit will be paid directly to you. The definitions for **TPD any occupation** and **TPD own occupation** can be found in the **Glossary of Total and Permanent Disability (TPD) insurance definitions** on pages 119 to 120.

If you're also eligible for the Accommodation benefit (page 50) and/or the Financial plan benefit (page 51), then these benefits will be paid to you directly under the **PremierLink TPD option** held outside of super.

If you're eligible for the Partial TPD benefit (page 52), this will be paid directly to you under the **PremierLink TPD option**.

If we pay a benefit under this option it will reduce the **sum insured** of the **life insurance plan** or **TPD insurance plan** to which it is linked, the linked **TPD any occupation** benefit and any other linked **options** by the amount we pay. Similarly, if we pay a benefit under any **plan** or **option** to which the **PremierLink TPD option** is linked, the **sum insured** under the PremierLink TPD option will reduce.

General

- This option is held on a separate **insurance schedule** to the **life insurance plan** or **TPD insurance plan**, and **TPD any occupation** benefit to which it is linked.
- When both a **TPD any occupation option** or **plan** and **PremierLink TPD option** are purchased, they will have the same **sum insured** (which cannot exceed the **sum insured** of the **life insurance plan** or **TPD insurance plan** to which they are linked).
- If an increase or reduction is made to the **TPD any occupation option** or **plan**, the alteration will automatically be applied to the **TPD own occupation** cover held under the **PremierLink TPD option**.
- A payment of 100% of the **TPD benefit** under either the **TPD any occupation option** or **plan**, or the **PremierLink TPD option** will automatically cancel both options.
- If you cancel the **TPD any occupation option** or **plan**, the **PremierLink TPD option** will automatically be cancelled. However, if you cancel the **PremierLink TPD option**, the **TPD any occupation option** or **plan** can continue.
- If the Business solutions option - TPD (page 55) and/or the Life buy back - TPD option (page 58) are purchased they will be applied to both the **TPD any occupation option** or **plan** and the **PremierLink TPD option**. If they are cancelled, they will be cancelled from both the **TPD options/plans**.
- When the **PremierLink TPD option** is purchased, **FlexiLink TPD plans** and **Double TPD options** won't be available on the **life insurance plan** and any other linked **options**.

For further information on the PremierLink TPD option, refer to **How PremierLink TPD works** section on page 19.

Refer to the **Eligibility criteria for options** table on pages 26 to 27 for entry requirements, expiry age and maximum limits on this option.

Double trauma option

TRAUMA NS

Until the first **renewal date** after the **insured person** turns 70, this option has all the benefits of the trauma insurance option or trauma insurance plus option (as appropriate), plus the following additional benefits.

If we pay a trauma benefit

If we pay 100% of the Trauma benefit (page 53) under this option, the **sum insured** of the **life insurance plan** this option is linked to won't reduce. However, any benefit under any linked **option** or **FlexiLink plan** (if applicable) will be reduced by the Trauma benefit (page 53) we pay. If this reduces the **sum insured** to nil, these **options/plans** will cease.

The Future insurability benefit (page 48) will not be available on the **life insurance plan** or any linked **TPD option** once the Double trauma option has been activated.

If we pay a Trauma benefit (page 53) under this option that is equal to the Life benefit (page 50) under the **life insurance plan** to which this option is linked, you won't be required to pay any future premiums for the **life insurance plan** or any **options** linked to the **life insurance plan** (including a **FlexiLink plan**).

Where we have paid a Trauma benefit (page 53) that is less than the Life benefit (page 50), you won't be required to pay the proportionate amount of future premiums for the **life insurance plan** or any linked **options**.

Additionally, you won't be required to pay the **plan fee**.

Where we're waiving future premiums, increases under Automatic inflation (page 48) will no longer be applied to the **sum insured** of the **life insurance plan** and any linked **options**.

After the first **renewal date** after the **insured person** turns 70, the additional benefits of this Double trauma option no longer apply.

Refer to the **Eligibility criteria for options** table on pages 26 to 27 for entry requirements, expiry age and maximum limits on this option.

Life buy back – Trauma option

TRAUMA NS

If we pay 100% of the **sum insured** for a Trauma benefit (page 53) under a **trauma option**, and this leads to a decrease in the Life insurance **sum insured**, you may choose to buy another plan providing life insurance on the life of the **insured person** (the new plan) without the need to provide us with any health or other evidence.

How to exercise this option

This benefit can only be exercised from the later of:

- 12 months after we receive the trauma insurance claim form, or
- the date the claim is paid.

To exercise this benefit, you'll need to submit to us the required form plus the appropriate premium. You'll still be eligible even if the **trauma option** expires, as long as trauma insurance claim is lodged before the **insured person's** 65th birthday.

From the date you are eligible to exercise this benefit, you have 60 days to apply for the new life insurance cover. If we don't hear from you within 60 days of that date, the right to exercise this benefit will cease.

How much cover can I apply for?

The maximum amount of life insurance you can apply for under the new plan is the lower of:

- the **sum insured** of the **trauma option**, and
- the amount of the decrease in the Life insurance **sum insured** due to any payments for trauma.

The new plan must be a plan on-sale from us at that time and must be of a similar design and benefit structure to the **life insurance plan** whose benefit was decreased.

Where we have a number of life insurance plans on-sale, we'll decide which plan or plans are available for purchase under this option.

The premium payable for the new plan will be based on the premium rates and plan terms and conditions applicable at the time the new plan is applied for. The premium payable and conditions for the new plan will include any **revised terms** such as exclusions and **loadings** that applied to this plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the new plan will be regarded as having applied from the time of taking out the original plan.

Increases to the **sum insured** under Automatic inflation (page 48) and the Future insurability benefit (page 48) won't be available on the new life insurance plan. This option can only be exercised once.

Refer to the **Eligibility criteria for options** table on pages 26 to 27 for entry requirements, expiry age and maximum limits on this option.

Trauma reinstatement option

TRAUMA NS

If we pay 100% of the **sum insured** for a Trauma benefit (page 53), you may choose to buy another plan providing trauma insurance for the **insured person** (the new plan) without the need to provide us with any health or other evidence. The option to buy a new plan may be exercised once only.

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When the claim is for a related trauma condition

We'll pay a reduced benefit for a cancer or heart attack **trauma condition** that is related to the original claim under the plan. In this case we'll pay 10% of the Trauma insurance **sum insured** under the new plan, up to a maximum of \$50,000.

For all **trauma conditions** other than cancer or heart attack, we won't pay a benefit under the new plan for a **trauma condition** that is related to, or caused by, the medical condition resulting in the original claim under the original **plan**.

How to exercise this option?

This benefit can only be exercised from the later of:

- 12 months after we receive the trauma insurance claim form, or
- the date the claim is paid.

To exercise this benefit, you'll need to submit to us the required form plus the appropriate premium. You'll still be eligible even if the **trauma option** expires, as long as you lodge your trauma insurance claim before the **insured person's** 70th birthday.

From the date you're eligible to exercise this benefit, you have 60 days to apply for the new trauma insurance cover. If we don't hear from you within 60 days of that date, the right to exercise this benefit will cease.

How much cover can I apply for?

The amount of trauma insurance you can have under the new plan can be up to the **sum insured** under the **trauma insurance plan**, as shown in the **insurance schedule**.

The new plan must be a plan on-sale from us at that time. Where we have a number of trauma insurance plans on-sale, we'll decide which plan or plans are available for purchase under this option.

The premium payable for the new plan will be based on the premium rates and plan terms and conditions applicable at the time the new plan is applied for. The premium payable and conditions for the new plan will also include any **revised terms** such as exclusions and **loadings** that applied to the plan.

Increases to the **sum insured** under Automatic inflation (page 48) and the Future insurability benefit (page 48) will not be available on the new trauma plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the new plan will be regarded as having applied from the time of taking out the original plan.

Refer to the **Eligibility criteria for options** table on pages 26 to 27 for entry requirements, expiry age and maximum limits on this option.

Children's trauma option

LIFE TPD TRAUMA NS

Any references to **insured person** in the definitions of **trauma conditions** covered under this option relate to the **nominated child**, for the purposes of this option.

If a nominated child dies or suffers a trauma condition

If a **nominated child** dies or suffers one of the **trauma conditions** listed on pages 46 to 47, we'll pay you the benefit. The death or **trauma condition** must have occurred before the earlier of:

- the **nominated child's** 21st birthday, and
- the first **renewal date** after the **policy owner** turns 65.

Where the **trauma condition** definition refers to a diagnosis, the diagnosis must be based on clinical, radiological, histological and laboratory evidence which is acceptable to us. A **medical practitioner** must make the diagnosis.

Where the **trauma condition** definition refers to a **25% impairment** of whole body function, we will place reliance on the latest published edition of American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment. Assessment must be carried out by a **medical practitioner** accredited in the evaluation of permanent impairment.

If a nominated child becomes terminally ill

We'll only pay the benefit if a **nominated child** becomes terminally ill:

- after this option commences
- before this option ends, and
- before the nominated **child's** 21st birthday.

For this option, terminally ill means:

- a **medical practitioner** has certified that the **nominated child** suffers from an illness, or has incurred an injury, that is likely to result in the **nominated child's** death within 12 months, and
- we agree with that prognosis. We may require additional evidence in order to agree with the prognosis. This may include providing information through **medical practitioners** we choose.

No benefit will be paid if this option has lapsed, been cancelled, or is otherwise not in force prior to the date the **nominated child** becomes terminally ill.

How much we'll pay

The maximum we'll pay under this option for each **nominated child** is 100% of the Children's trauma **sum insured** as it appears in the **insurance schedule**. On payment of 100% of the Children's trauma benefit, this option will cease.

Payment of this benefit will not reduce the **sum insured** on any **plan** that this option is linked to.

Automatic Inflation (page 48) does not apply to the **sum insured** of this option.

When we'll pay

Subject to any qualifying period, we'll pay you the amount as soon as possible after we are satisfied that a death, terminal illness or **trauma condition** has occurred. The date the death or **trauma condition** occurs is the date medical evidence, acceptable to us, shows it to have occurred.

When we won't pay

We won't pay a benefit if:

- the **nominated child's** death, terminal illness or **trauma condition** is attributable to or consequential upon intentional self-injury, or
- the **nominated child's** death, terminal illness or **trauma condition** was caused directly or indirectly by the **insured person** or you on purpose.

In some cases, a qualifying period applies

For the **trauma conditions** listed on pages 46 to 47 which are subject to a qualifying period, we won't pay if the **trauma condition** occurs within 90 days of either of the following dates:

- the commencement date of this option, or
- the date the **plan** is restored.

If the **trauma condition** occurs within 90 days from the date of any increase in the **sum insured** of the Children's trauma option, we won't pay the amount of that increase.

When the option ends

In addition to the circumstances detailed in **When the plan will end** (page 99), this option will also end for each **nominated child** as soon as:

- the **nominated child** turns 21, or
- the **insured person** or the **nominated child** dies, or
- we pay you the full benefit under this option because the **nominated child** dies, has a terminal illness or suffers a **trauma condition**, or
- the cover is continued for the **nominated child** under a new **plan**.

You can take out a new plan for your nominated child between ages 16 and 21

You can continue your **nominated child's** trauma cover, if he or she is between the ages of 16 and 21, by purchasing any of the following **plans** without the need to provide us with any health evidence:

- Trauma Insurance Plan
- Life Insurance Plan, Life Insurance Superannuation Plan or Life Insurance SMSF Plan
- Life Insurance Plan with Trauma Insurance Option, or
- Life Insurance Plan, Life Insurance Superannuation Plan or Life Insurance SMSF Plan with FlexiLink Trauma Insurance Plan.

You must complete and forward to us the current Application form. You are required to provide details of the **nominated child's** occupation, smoking status, sports and pastimes, residence and travel details and any other insurance. Your **financial adviser** will be able to assist you in completing this form.

The maximum amount of cover you can apply for under the new plan is the **sum insured** for that **nominated child** under this Children's trauma option. The new plan must meet the minimum premium requirements on-sale from us at that time.

The premium payable for the new plan will be based on the premium rates and plan terms and conditions applicable at the time the new plan is applied for. The premium payable and conditions for the new plan will include any **revised terms** such as exclusions and **loadings** that applied to this option.

FlexiLink



If you purchase a **FlexiLink plan**, it is linked to a **life insurance plan** but held on a separate **insurance schedule**. Changes to the benefits in the **life insurance plan** can affect the benefits of the **FlexiLink plan**. If the **life insurance plan** to which the **FlexiLink plan** is linked is cancelled, the **FlexiLink plan** will automatically be cancelled.

FlexiLink TPD plan

FlexiLink TPD links TPD insurance to a **life insurance plan**. It works similarly to a **TPD option**, except that it enables you to have a different plan owner than the **plan** to which it is linked.

Where TPD insurance is purchased as **FlexiLink TPD plan** linked to a **life insurance plan**, the TPD insurance will operate as an **option** linked to that **plan**. Therefore, the Life insurance **sum insured** will be reduced by the amount of any TPD insurance we pay.

FlexiLink Trauma plan

FlexiLink Trauma links Trauma insurance to a **life insurance plan**. It works similarly to a **trauma option**, except that it enables you to have a different plan owner than the **plan** to which it is linked.

Where trauma insurance is purchased as **FlexiLink trauma plan** linked to a **life insurance plan**, the trauma insurance will operate as an **option** linked to that **plan**. Therefore the Life insurance **sum insured** will be reduced by the amount of any Trauma insurance we pay.

For further information on FlexiLink, refer to **How FlexiLink works** section on page 18.

Refer to the **Eligibility criteria for options** table on pages 26 to 27 for entry requirements, expiry age and maximum limits on this option.

When we pay

LIFE TPD TRAUMA NS S SMSF

Type of insurance	When we pay
Life insurance	We'll pay a benefit for claimable events that are applicable for the life insurance plan . We only pay a benefit under Life insurance if the claimable event happens after the plan starts and before it ends.
Total and Permanent Disability (TPD) insurance	We'll pay a benefit for claimable events that are applicable for the TPD insurance plan and/or TPD option . We only pay a benefit under TPD insurance if the claimable event happens after the plan starts and before it ends.
Trauma insurance	We'll pay a benefit for claimable events that are applicable for the trauma insurance plan and/or trauma option . We only pay a benefit under Trauma insurance if the claimable event happens after cover starts and before cover ends, and subject to any qualifying period. We'll pay the benefit as soon as possible after we are satisfied that a trauma condition has occurred. The date the trauma condition occurs is the date medical evidence, acceptable to us, shows it to have occurred.

We won't pay a benefit under Life, TPD or Trauma insurance in some circumstances as set out in When we won't pay (pages 62 to 64). Also, you must satisfy our claim requirements before we pay a benefit (page 34).

When we won't pay

LIFE TPD TRAUMA NS S SMSF

If the insured person had a medical condition, injury or sickness before the plan began

We won't pay a benefit for a medical condition, injury or sickness that occurred before the Commencement date unless you or the **insured person** told us in writing about the medical condition, **injury** or **sickness**, and we agreed to accept it, when you or the **insured person** applied:

- for the **plan**, or
- to have the **plan** increased (except where the increase was due to exercising an option), or
- to have the **plan** restored under **Restoring the plan** on page 101.

For the purposes of this clause only, the **insured person** had a medical condition, injury or sickness if:

- a medical practitioner or other health professional gave the **insured person**, or recommended that he or she receive advice, care or treatment, or
- the **insured person** had symptoms of a medical condition, injury or sickness for which a reasonable person would have tried to receive advice, care or treatment from a **medical practitioner** or other health professional unless:
 - the **insured person** was not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of,

the medical condition, injury or sickness at the time.

Medical practitioner means a registered medical practitioner who is appropriately qualified to treat the **insured person** for a medical condition, injury or sickness. For the purposes of this clause only, the medical practitioner can be you or the **insured person** or a family member, business partner, employee or employer of you or the **insured person**. For all other clauses in this plan, the definition of **medical practitioner** is contained in **Glossary of general terms** starting on page 115.

Other health professional means a physiotherapist, chiropractor, occupational therapist, practitioner of Chinese medicine, herbal therapies or any other such person.

Where this plan has been set up by exercising an option

For the purpose of this clause only, where this plan has been set up by exercising an option under another plan through a:

- Life buy back - TPD option (page 58), or
- Life buy back - Trauma option (page 59), or
- Trauma reinstatement option (page 59),

then the Commencement date is that of the other plan.

When we won't pay if you have Life, TPD or Trauma insurance

Type of insurance	When we won't pay
Life insurance	We won't pay a benefit or an increase in the benefit if the insured person dies as a result of suicide within 13 months of: - the Commencement date, - the date the plan was restored (page 101), or - the date of any increase, in which case we'll only pay the amount of the benefit in place before the increase (this does not include any increases due to Automatic inflation as set out on page 48). Replacement plans, conversions and takeover from us or another insurer Subject to the how the 13 month suicide exclusion applies below, we'll waive the 13 month suicide exclusion if: - we've agreed to replace a previous life benefit held by either us or another insurer (via takeover terms, conversions or subject to full underwriting), - the previous life benefit was subject to a suicide exclusion, and - the previous life benefit was terminated at the commencement date of this plan How the 13 month suicide exclusion applies - If the period for the suicide exclusion of the plan being replaced has not expired, any remaining months of the suicide exclusion period will apply to this plan, to a maximum of 13 months. - If the life benefit being replaced has been restored or increased within 13 months of the replacement, and the suicide exclusion period of the plan being replaced has not expired, any remaining months of the suicide exclusion period will apply to this plan, to a maximum of 13 months. - Where the life benefit under this plan exceeds the life benefit being replaced, the 13 month suicide exclusion applies to the excess amount. - Where the life benefit being replaced is not subject to a suicide exclusion, the 13 month suicide exclusion period will apply to this plan.
Total and permanent disability (TPD) insurance	We won't pay a benefit if: - the insured person's total and permanent disability was caused directly or indirectly by the insured person or you on purpose, or - for all TPD insurance plans, Double TPD options and TPD options (only applies to TPD options purchased on a trauma plan outside super), the insured person dies within eight days from the date the insured person becomes eligible for a total and permanent disability (TPD) benefit.
Trauma insurance	We won't pay a benefit if: - the insured person's trauma condition was caused directly or indirectly by the insured person or you on purpose, or - for all trauma insurance plans and Double trauma options, the insured person dies within 14 days from the date the insured person becomes eligible for a Trauma benefit, or - any trauma conditions event covered under the 90 day qualifying period, and the trauma condition occurs within 90 days of the commencement date, the date the plan is restored, or - any trauma conditions covered under the 90 day qualifying period, and the trauma condition occurs within 90 days of any increase in the benefit, not including any Automatic inflation (page 48) increases or from the exercise of a Business solutions option – Trauma (page 55), we won't pay the amount of that increase. Replacement plans, conversions and takeover from us or another insurer We'll waive the 90 day qualifying period on trauma conditions that were covered under the trauma plan or option being replaced if: - we've agreed to replace an existing trauma insurance plan or trauma option held by either us or another insurer, - the trauma conditions were subject to a 90 day or longer qualifying period, - the previous trauma plan or options was terminated at the commencement date of this plan, and - the trauma benefit has not increased under this plan. We won't waive the 90 day qualifying period if: - any trauma conditions on this plan were not covered under the trauma plan or option being replaced. In this circumstance, this plan will be subject to a 90 day qualifying period. - the 90 day qualifying period of the trauma plan or option being replaced has not expired. In this circumstance, any remaining days of the qualifying period will apply to this plan, to a maximum of 90 days.

Type of insurance	When we won't pay
	– the trauma plan or option being replaced has been reinstated or increased within 90 days of the replacement, and the 90 day qualifying period of the trauma plan or option being replaced has not expired. In this circumstance, any remaining days of the qualifying period will apply to this plan, to a maximum of 90 days. – the trauma benefit under this plan exceeds the trauma benefit being replaced. In this circumstance, the 90 day qualifying period for trauma conditions applies to the excess amount. – the trauma plan or option being replaced is not subject to a qualifying period. In this circumstance, the 90 day qualifying period will apply to this plan.

If a fraudulent claim is made

If you or the **insured person** makes a fraudulent claim, we may refuse to pay the claim.

If the insured person has an exclusion(s)

We won't pay a benefit if the **insured person** has a medical condition, injury or sickness that has been excluded based on their health, pastimes or occupation. These additional exclusions will be specified on the **insurance schedule**.

Delay in claim reporting

The sooner we're notified of the **insured person's** death, illness or injury the more effectively we'll be able to assess the claim. If we're not notified of the **insured person's** death, illness or injury as soon as reasonably possible, we may reduce the amount of any benefit paid, to the extent that we've been prejudiced by this delay.

AMP Elevate insurance in detail – Income & Business expenses

About AMP Elevate Income insurance

Protect your income

Your income is your financial lifeblood. AMP Elevate Income insurance can help you to keep paying your living expenses and look after your commitments, while you look after your recovery and hopefully your return to work. AMP can work with you to help you get there.

Elevate your income protection

AMP Elevate Income insurance offers a range of plans:

Plan name	Ownership	Description
Income Insurance Premier Plan	NS	Our premium plan which has all the features of our Income Insurance Plus Plan with more flexible criteria when assessing your ability to work.
Income Insurance Plus Plan	NS	All the benefits of our entry level plan, with added features to help the insured person on the path to recovery, such as nursing care, a rehabilitation program and family carer's income.
Income Insurance Plan	NS	Our entry level Income Insurance Plan held outside super. This provides a benefit if you become ill or injured and can't work.
Income Insurance Senior Plan (only available as a conversion from eligible plans)	NS	You can convert eligible AMP Elevate income insurance plans to an Income Insurance Senior Plan at a later stage of your working life to ensure you have some Total disability insurance cover up to age 70.
Income Insurance Superannuation Plan	S	Our entry level Income insurance taken through super.
Income Insurance SMSF Plan	SMSF	

PremierLink IP option and StandardLink IP option



The PremierLink IP option or StandardLink IP option can be linked to the Income Insurance Superannuation Plan or the Income Insurance SMSF Plan. The PremierLink IP and StandardLink IP options have the same structure as the linked **income insurance plan**. For example, they will have the same **monthly benefit**, **waiting period** and **benefit period**. The PremierLink IP and StandardLink IP option have the same premium structure and the same **renewal date** as the **income insurance plan**. The Income Insurance Superannuation Plan and the Income Insurance SMSF Plan operate on an indemnity basis; however, the PremierLink IP option can be agreed value or indemnity, and the StandardLink IP option can only be agreed value. If an alteration, increase or reduction is made to the Income Insurance Superannuation Plan or the Income Insurance SMSF Plan, the alteration, increase or reduction will automatically be applied to the PremierLink/StandardLink IP option.

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included at no additional cost. Full detail of these benefits can be found on the pages indicated below.

Included benefits and features	Page	Income Insurance Premier Plan	Income Insurance Plus Plan	Income Insurance Plan	Income Insurance Superannuation or SMSF Plan	PremierLink IP option	StandardLink IP option	Income Insurance Senior Plan
		NS	NS	NS	S SMSF	Ø	Ø	NS
Total disability – hours, income and duties based	73	✓				✓		
Total disability – duties based	73		✓	✓	✓		✓	✓
Partial disability – hours and duties based	75	✓				✓		
Partial disability – duties based	75		✓	✓	✓		✓	
Automatic inflation	72	✓	✓	✓	✓	✓	✓	
Leave without pay continuation ⁽ⁱ⁾	86	✓	✓	✓	✓	✓	✓	
Premium freeze ⁽ⁱⁱ⁾	91	✓	✓	✓	✓			✓
Recurring disability	86	✓	✓	✓	✓	✓	✓	
Right to convert 730 day waiting period to 90 day waiting period	87	✓	✓	✓	✓	✓	✓	
Right to take out an Income Insurance Senior Plan ⁽ⁱⁱⁱ⁾	87	✓	✓	✓	✓			
Attempted return to work during waiting period	84	✓	✓	✓	✓	✓	✓	
Elective or cosmetic surgery ^(iv)	85	✓	✓	✓		✓	✓	
Return to work bonus	87	✓	✓	✓		✓	✓	
Rehabilitation expenses	86	✓	✓	✓		✓	✓	
Specific injuries and sicknesses	88	✓	✓	✓		✓	✓	
Unemployment continuation benefit ⁽ⁱ⁾	90	✓	✓	✓		✓	✓	
Death	85	✓	✓			✓		
Family carer's income	85	✓	✓			✓		
Family member's accommodation	85	✓	✓			✓		
Home coming costs	85	✓	✓			✓		
Nursing care	86	✓	✓			✓		
Rehabilitation program	87	✓	✓			✓		
Special care	88	✓	✓			✓		
Unemployment premium waiver	90	✓	✓			✓		

Included benefits and features	Page	Income Insurance Premier Plan	Income Insurance Plus Plan	Income Insurance Plan	Income Insurance Superannuation or SMSF Plan	PremierLink IP option	StandardLink IP option	Income Insurance Senior Plan
		NS	NS	NS	S SMSF	⊕	⊕	NS
Full benefit where no appropriate work is available ^(v)	84	✓				✓		
Upgrade of benefits	91	✓	✓	✓	✓	✓	✓	✓
Waiver of premium	91	✓	✓	✓	✓	✓	✓	✓
24-hour worldwide cover	91	✓	✓	✓	✓	✓	✓	✓

- (i) Not available for occupation category F.
(ii) Not available for PremierLink IP, StandardLink IP or the plan to which it is linked.
(iii) Occupation categories MP, AA and A only.
(iv) Not available for occupation categories BY, CY and DY.
(v) Not available for C rated mining industry occupations.

Options you can add

The following table outlines the options that can be added to the plan at an additional cost. Full detail of these benefits can be found on the pages indicated below.

An option only applies if it's specified in the **insurance schedule**. Where an option is specified in the **insurance schedule**, it forms part of the plan it's linked to.

Options	Page	Income Insurance Premier Plan	Income Insurance Plus Plan	Income Insurance Plan	Income Insurance Superannuation or SMSF Plan	PremierLink IP option	StandardLink IP option	Income Insurance Senior Plan
		NS	NS	NS	S SMSF	⊕	⊕	NS
Accelerated accident option	91	✓	✓	✓	✓	✓	✓	
Cover boost option ⁽ⁱ⁾	92	✓	✓	✓	✓	✓	✓	
Increasing claim option	93	✓	✓	✓	✓	✓	✓	
Indemnity	71	✓	✓	✓ (ii)	Indemnity only	✓	✓	Indemnity only
Superannuation contributions option	94	✓	✓	✓	✓	✓	✓	
Accident lump sum option	92	✓	✓	✓		✓ (iii)	✓ (iii)	
Occupationally acquired HIV, Hepatitis B or C ^(iv)	93	✓	✓			✓ (iii)		
PremierLink IP option ^(v)	93			⊕	⊕			
StandardLink IP option	93			⊕	⊕			

- (i) Occupation categories MP, AA and A only.
(ii) Mandatory for StandardLink IP and occupation categories F, BY, CY and DY.
(iii) Only available if the PremierLink or StandardLink IP option is linked to the Income Insurance Superannuation or SMSF Plan.
(iv) Only available to medical occupation categories MP or AA.
(v) Available for occupation categories MP, AA, A, B and C only.

Occupation categories

The following table shows the occupation category that applies to each occupation type.

Occupation classification is determined by the duties performed not the occupation title. This information will help you identify whether the **insured person** is eligible for certain AMP Elevate Income insurance products.

Occupation category	Description
MP	Selected medical professionals.
AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists. This also includes individuals who are in an office-based management role only and are earning in excess of \$130,000 per annum and are: – Degree qualified, or – Individuals who are not degree qualified but have been in their current role for at least two years.
A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
B	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
BY ⁽ⁱ⁾	Blue or white collar workers whose duties involve a moderate level of manual work with an extra risk to B occupations.
C	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk.
CY ⁽ⁱ⁾	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with an extra risk to C occupations.
D	Predominantly manual labour, physically strenuous work with significant accident/health risks.
DY ⁽ⁱ⁾	Predominantly manual labour, physically strenuous work with an extra risk to D occupations.
F	Farmers who own and work full-time farming on their own properties or full-time share farmers. They must have been well established in this manner for at least three years.

- (i) These occupations are subject to the terms as outlined in Cancellable plans on page 95.

Waiting periods (days)

A waiting period is the period of time that needs to have passed before a benefit is paid. The waiting period starts from the date we agree the **insured person** is totally or partially disabled from. Other eligibility criteria will apply in the event of a claim.

Type of plan	Occupation category					
	MP, AA, A	B, C	D	F	BY, CY, DY	
Income Insurance Premier Plan PremierLink IP option	NS 30, 60, 90, 180, 365, 730	30, 60, 90, 180, 365, 730	N/A	N/A	N/A	N/A
Income Insurance Plus Plan	NS 30, 60, 90, 180, 365, 730	14, 30, 60, 90, 180, 365, 730	30, 60, 90, 180, 730	N/A	N/A	N/A
Income Insurance Plan StandardLink IP option	NS 30, 60, 90, 180, 365, 730	14, 30, 60, 90, 180, 730	30, 60, 90, 180, 730	14, 30, 60, 90, 180, 730	14, 30, 60, 90, 180, 730	14, 30, 60, 90, 180, 730 only
Income Insurance Superannuation or SMSF Plan	S 30, 60, 90, 180, 365, 730	14, 30, 60, 90, 180, 365, 730	30, 60, 90, 180, 730	14, 30, 60, 90, 180, 730	14, 30, 60, 90, 180, 730	14, 30, 60, 90, 180, 730 only
Income Insurance Senior Plan	NS 30, 60	N/A	N/A	N/A	N/A	N/A
Business Expenses Insurance Plan	NS 30, 60, 90	14, 30, 60, 90	30, 60, 90	N/A	N/A	N/A

Benefit periods

Type of plan	Occupation category				
	MP, AA, A	B, C	D	F	BY, CY, DY
Income Insurance Premier Plan PremierLink IP option NS Ⓢ	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60 ⁽ⁱ⁾ , to age 65 ⁽ⁱ⁾	N/A	N/A	N/A
Income Insurance Plus Plan NS	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60 ⁽ⁱ⁾ , to age 65 ⁽ⁱ⁾	2 years, 5 years	N/A	N/A
Income Insurance Plan StandardLink IP option NS Ⓢ	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60 ⁽ⁱ⁾ , to age 65 ⁽ⁱ⁾	2 years, 5 years	2 years, 5 years, to age 60, to age 65	1 year, 2 years
Income Insurance Superannuation or SMSF Plan S SMSF	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60 ⁽ⁱ⁾ , to age 65 ⁽ⁱ⁾	2 years, 5 years	2 years, 5 years, to age 60, to age 65	1 year, 2 years
Income Insurance Senior Plan NS	1 year	N/A	N/A	N/A	N/A
Business Expenses Insurance Plan NS	1 year	1 year	1 year	N/A	N/A

(i) Not available for some C rated mining industry occupations.

Please note for the **benefit period** to age 70, if a claim is paid after age 65, the benefit payable will be reduced each year up to age 70 as set out on page 96.

The above **waiting periods** and **benefit periods** are available; however, there may be instances when not all combinations are available. For eligibility and maximum **monthly benefit** amounts you should contact your **financial adviser**.

Working in Australia on a temporary visa

NS

Occupation categories MP, AA and A only

The Income Insurance Plus Plan and Income Insurance Plan are available to be purchased while working under a temporary visa. The PremierLink IP option and StandardLink IP option is not available as an option on the Income Insurance Plan in this instance.

However, due to immigration laws and restrictions placed on working visas, limitations apply to these contracts.

Please consult your **financial adviser**.

About AMP Elevate Business expenses insurance

Cover for your business expenses

AMP Elevate Business expenses insurance will help to keep your business working, even if you are unable to. We'll pay some of the fixed costs of running your business if you suffer a sickness or injury that leaves you disabled.

Plan name	Ownership	Description
Business Expenses Insurance Plan	NS	Cover some of your business expenses if you're unable to work due to injury or sickness. Insure up to 100% of your average insurable expenses (see below). This will be on an indemnity basis. See more details on page 70 for included expenses.

Benefits and features at a glance

Included benefits and features

The following table outlines the benefits that are included at no additional cost. Full detail of these benefits can be found on the pages indicated below.

Included benefits and features	Page	Business Expenses Insurance Plan NS
Total disability benefit – duties based	73	✓
Partial disability benefit – duties based	75	✓
Automatic inflation	72	✓
Premium freeze	91	✓
Recurring disability	86	✓
Attempted return to work during waiting period	84	✓
Elective or cosmetic surgery ⁽ⁱ⁾	85	✓
Death	85	✓
Upgrade of benefits	91	✓
Waiver of premium	91	✓
24-hour worldwide cover	91	✓

(i) Not available for occupation categories BY, CY and DY.

The business expenses we pay for

The expenses that we pay for are those that are actually incurred in the operation of the **business** during the period of the claim and which are essential to producing the income of that **business**. We will pay:

- property rates and taxes
- rent or the regular instalment payment of any loan or mortgage which solely relates to the conduct of the **business**
- electricity, gas and water rates, general insurance premiums, cleaning, laundry, heating and telephone accounts, leasing of equipment or motor vehicles, dues to professional bodies
- salaries of employees who do not contribute directly to the **insured person's earnings** or the **earnings** of his or her **business** and costs directly related to those salaries (eg superannuation)
- net cost of a medical locum (where fees incurred for the locum exceed the income generated by the locum), and
- other fixed expenses which are normal and customary in the conduct and operation of the **insured person's business**.

What we won't pay for

We won't pay for:

- goods, wares or merchandise or stock in trade, or
- depreciation of real estate, or
- remuneration, however paid, to the **insured person** or to any other person who directly contributes to the earnings of the **insured person** or **earnings** of the **business** (unless it is for the net cost of a locum detailed above), or
- remuneration, however paid, to members of the **insured person's** family unless they were full-time employed at least 30 days prior to the **insured person's** total disability and they did not directly contribute to the earnings of the **insured person** or **earnings** of the **business**, or
- any expenses which are not regularly paid or payable, or
- taxes levied in respect of the expenses or outgoings of **business**, (including taxes levied pursuant to the Income Tax Assessment Act), or in respect of benefits payable under the plan.

Joint business expenses

If the **insured person** is a co-owner of the **business**, we'll calculate, at our discretion, a fair and reasonable share of the business expenses. We will have regard to the ordinary manner in which profits and any losses of the **business** are allocated between **insured person** and the other co-owners.

Selecting your level of Income insurance and Business expenses insurance

	AMP Elevate Income insurance and Business expenses insurance	AMP Elevate Income Insurance Superannuation Plan and Income Insurance SMSF Plan
	NS	S SMSF
Agreed value or indemnity	Whether Income insurance is purchased as an agreed value plan or indemnity plan determines the way the Total disability benefit and the Partial disability benefit are calculated. Agreed value If you purchase an agreed value plan, in the event of a claim we'll pay an amount based on the monthly benefit on your insurance schedule. Agreed value is not available for occupation categories BY, CY, DY, F, the Income Insurance Senior Plan and the Business Expenses Insurance Plan. Indemnity will automatically be offered for these categories/plans. Indemnity If you purchase an indemnity plan, in the event of claim we'll calculate your benefit by taking into account your pre-disability income. The indemnity plan has a lower premium than agreed value plans. The Income Insurance Superannuation Plan, the Income Insurance SMSF Plan and the Income Insurance Senior Plan are indemnity plans only. The Business Expenses Insurance Plan is an indemnity plan. Therefore, in the event of a claim we'll calculate your benefit by taking into account your actual business expenses incurred.	Agreed value Agreed value is not available for the Income Insurance Superannuation Plan or Income Insurance SMSF Plan.
Waiting period	The waiting period determines how long the insured person must have been disabled before we start paying you a benefit. Depending on the plan you choose and the insured person's occupation classification, you can choose from a waiting period of 14 to 730 days. See page 68 for further detail.	The waiting period determines how long the insured person must have been disabled before we start paying the Trustee a benefit. Depending on the plan you choose and the insured person's occupation classification, you can choose from a waiting period of 14 to 730 days. See page 68 for further detail.
Benefit period	The benefit period determines how long the claim can be paid for as long as the insured person is totally or partially disabled. Depending on the plan you choose and the insured person's occupation category, you could choose from a benefit period of 1 year up to a benefit period to age 70. See page 69 for further detail.	
Occupation category	The insured person's occupation category will impact the type of plan you can apply for, the premiums you will pay, the benefit period, waiting period and the amount of cover you can apply for. In considering which plan is most suitable for you, it is important to note that not all plans are available for all occupations. You will be advised of our occupation classification which will be determined during the application process. The key features of the plan that will change based on the insured person's occupation category are: – The total and partial disability definition – Your eligibility for a Partial disability benefit – How the Partial disability benefit is calculated – Offset amounts – When your benefit is reduced – Unemployment and leave without pay provisions. Where the operation of this plan differs depending on the occupation category, the difference will be specified.	
Premium structure	AMP's Income insurance products may be purchased with a stepped premium structure or a level premium structure, with the exception of the Income Insurance Senior Plan which is only available with a stepped premium structure. For further information on premium structures refer to the Cost of insurance section on page 29.	

Applying for
cover

Cost

Claims

Customer
service and
complaintsLife, TPD,
TraumaIncome &
Business
expenses

Super

Key information

Glossary

Interim cover
certificate

Income insurance and Business expenses insurance benefits and features in detail

Please take the time to read the details about the benefits your **income insurance plan** or Business Expenses Insurance Plan provides. This section will provide you with the terms and conditions of each benefit and is an important part of this **PDS**. Your **insurance schedule** will show you which plan and option(s) apply to you. Please contact us or speak to your **financial adviser** if you would like any of the details explained to you.

Please use the symbols below to assist you in identifying which benefits are available for the different terms and conditions.

Benefits available under:	Symbol
Income Insurance Premier Plan	PREMIER
Income Insurance Plus Plan	PLUS
Income Insurance Plan	PLAN
Income Insurance Superannuation Plan	S AND
Income Insurance SMSF Plan	SMSF
Income Insurance Senior Plan	SENIOR
Business Expenses Insurance Plan	BUSINESS EXPENSES

Benefits available under the following options can be identified by:

PremierLink IP option	PREMIER	AND	
StandardLink IP option	PLAN	AND	

Included benefits

The benefits explained in this section are included in your plan at no additional cost. A summary is set out in **Benefits and features at a glance** on page 66 for **income insurance plans** and on page 70 for the Business Expenses Insurance Plan.

Automatic inflation

PREMIER **PLUS** **PLAN** **BUSINESS EXPENSES** **NS** **S** **SMSF** 

To protect your benefit against the effects of inflation, up until age 65, your **monthly benefit** is automatically increased each year on the **renewal date** by the greater of 3% or the Consumer Price Index (CPI).

Your premium will increase as a result of this increase in the **monthly benefit**. You may decline the **monthly benefit** increase for any particular year or for all years by writing to us.

The increase to the monthly benefit on the schedule only applies to a claim you make under the plan that happens after the date of the increase. If **insured person** suffers the **injury** or **sickness** before the increase, or are on a claim at the time of the increase, the **monthly benefit** on the **insurance schedule** at the start of the claim will apply.

The increased **monthly benefit** on the **insurance schedule** will only apply for any later and separate claims. The increased **monthly benefit** will be reflected in your premiums.

These increases only occur until the **insured person's** 65th birthday.

Automatic inflation will not be permitted where a loading exceeding 100% is applied to your premium. Any **revised terms** applicable to your policy will also apply to increases exercised under this benefit.

For Income Insurance Superannuation Plans and Income Insurance SMSF plans

If your premiums are paid by your employer, you must get agreement from your employer to allow indexation to be applied to your plan.

The CPI information we use

The increase we make to the monthly benefit on the schedule will normally be based on the Australian National All Groups Consumer Price Index weighted average of eight capital cities combined. We use the last published Index for the 12 months ending 30 September each year. Any increase will be applied on the next **renewal date** on or after 1 January the following year. However, we may use the Index published for a more recent 12 month period and/or another index or rate which we believe more fairly and accurately reflects changes in the cost of living.

Total disability benefit

PREMIER PLUS PLAN SENIOR BUSINESS EXPENSES S NS SMSF

If the **insured person** is totally disabled (defined below), we'll pay the Total disability benefit.

The **Total disability benefit amount** is calculated and paid monthly. If a **Total disability benefit amount** is paid, we'll pay half in arrears and half in advance. If a benefit is paid under the Business Expenses Insurance, we'll pay the **Total disability benefit amount** at the end of each month in arrears.

What it means to be totally disabled depends on which **plan** you hold. Except in relation to the Income Insurance Senior Plan and the Business Expenses Insurance Plan, the definition of totally disabled also depends on the occupation category (see page 68).

The **insured person** must meet the requirements for making a claim as set out in How to claim on page 34.

Plan or option	Total disability definition
Income Insurance Premier Plan PremierLink IP option	Total disability – Hours, income and duties based definition For all occupations except C rated mining industry occupations The insured person is totally disabled if, because of an injury or sickness, he or she is: – under medical care, and – not working in any occupation (whether paid or unpaid), and – unable to do one or more duties that are important and essential in producing income of his or her occupation, or – unable to do the duties that are important and essential in producing income of his or her occupation for more than 10 hours per week, or – unable to generate more than 20% of his or her pre-disability income. OR – under medical care, and – working less than 10 hours per week and unable to do the duties that are important and essential in producing income of his or her occupation for more than 10 hours per week. For C rated mining industry occupations The insured person is totally disabled if, because of an injury or sickness, he or she is: – under medical care, and – not working in any occupation (whether paid or unpaid), and – not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or – not capable of doing the duties that are important and essential in producing income of his or her occupation for more than 10 hours per week, or – not capable of generating more than 20% of his or her pre-disability income. OR – under medical care, and – working less than 10 hours per week and not capable of doing the duties that are important and essential in producing income of his or her occupation for more than 10 hours per week.
Income Insurance Plus Plan Income Insurance Plan Income Insurance Senior Plan Income Insurance Superannuation Plan Income Insurance SMSF Plan StandardLink IP option	Total disability – duties based definition Occupation categories MP, AA, A, B, C, BY, CY and DY The insured person is totally disabled if, because of an injury or sickness, he or she is: – under medical care, and – not working in any occupation (whether paid or unpaid), and – not capable of doing one or more duties that are important and essential in producing income of his or her occupation. Occupation category D For the first two years of a claim the insured person is totally disabled if, because of an injury or sickness, he or she is: – under medical care, and – not working in any occupation (whether paid or unpaid), and – not capable of doing one or more duties that are important and essential in producing income of his or her occupation. After the first two years of a claim, the insured person is totally disabled if, because of an injury or sickness, he or she is: – under medical care, and – not working in any occupation (whether paid or unpaid), and – not capable of performing any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience.

Plan or option	Total disability definition
	Occupation category F For the first two years of a claim the insured person is totally disabled if, because of an injury or sickness, he or she is: – under medical care, and – not working in any occupation (whether paid or unpaid), and – not capable of doing normal farming duties. After the first two years of a claim, the insured person is totally disabled if, because of an injury or sickness, he or she is: – under medical care, and – not working in any occupation (whether paid or unpaid), and – not capable of performing any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience.
Business Expenses Insurance Plan	A benefit will only be paid if the insured person owns a business immediately before and during his or her total disability, and he or she was actively managing that business immediately before his or her total disability. The insured person is totally disabled if, because of an injury or sickness, he or she is: – under medical care, and – not working in any occupation (whether paid or unpaid), and – not capable of doing one or more duties that are important and essential in producing income of his or her occupation.

How much we pay for Total disability

The amount we pay depends on the **plan**, the plan type and occupation category (see page 68) specified in the **insurance schedule**.

Please note for the **benefit period** to age 70, and if the **insured person** is age 65 and above, the **monthly benefit** will reduce each year as set out in the section for **If your benefit period is to age 70** on page 96.

Plan or option	Plan type	Total disability benefit amount
Income Insurance Premier Plan Income Insurance Plus Plan Income Insurance Plan PremierLink/StandardLink IP option	Agreed value	The Total disability benefit amount is the monthly benefit as set out in the insurance schedule. The Total disability benefit amount may be adjusted if you receive income from other sources (page 74). Agreed value is not available for income insurance plans through super, unless it is selected through the plan held outside super issued under the PremierLink IP or StandardLink IP option (page 93).
Income Insurance Premier Plan Income Insurance Plus Plan Income Insurance Plan Income Insurance Senior Plan Income Insurance Superannuation Plan Income Insurance SMSF Plan PremierLink IP option	Indemnity	For all occupation categories except for F The Total disability benefit amount is the lower of: – the monthly benefit set out in the insurance schedule, and – 75% of the insured person's pre-disability income. Occupation category F The Total disability benefit amount is the lower of: – the monthly benefit set out in the insurance schedule, and – 30% of the insured person's pre-disability income.
Business Expenses Insurance Plan	Indemnity	The Total disability benefit amount is the lower of: – the monthly benefit amount set out in the insurance schedule, and – the insured person's share of the business expenses actually incurred while on claim in the operation of their business. We'll pay the insured person's business expenses (page 70) up to the Total disability benefit amount for which he or she is insured. The amount we pay is also subject to the maximum Total disability benefit amount limits applicable at the time you applied for this plan. The maximum we pay is 12 times the Total disability benefit amount. Whenever payment in any particular month during the benefit period is less than the Total disability benefit amount, we'll extend the benefit period at the end of the 12 month period until we have paid a total amount equal to 12 times the Total disability benefit amount. For part of a month, we pay 1/30th of the Total disability benefit amount for each day you are entitled to be paid.

Rehabilitation expenses under the Income Insurance Superannuation Plan and the Income Insurance SMSF Plan

If the **insured person** is totally disabled for at least the **waiting period**, we may require the **insured person** to undergo, at our expense (up to a maximum amount of six times the **Total disability benefit amount**), **rehabilitation** that is designed to assist the **insured person** in returning to full-time work provided that a **medical practitioner** states in writing that they have the capacity to participate in the **rehabilitation**.

Partial disability benefit

PREMIER PLUS PLAN BUSINESS EXPENSES NS S SMSF

If the **insured person** is partially disabled, we may pay a reduced benefit as a Partial disability benefit. We'll pay monthly in arrears.

What it means to be partially disabled depends on the **plan**, plan type and the occupation category (see page 68).

Plan or option	Partial disability definition
Income Insurance Premier Plan PremierLink IP option	Hours and duties based definition For all occupations except C rated mining industry occupations The insured person is partially disabled if, immediately after being totally or partially disabled during the entire duration of the waiting period, he or she has returned to work and, solely because of injury or sickness, he or she is: - not able to do one or more duties that are important and essential in producing income of his or her occupation, or - able to do one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, AND - earning less than: - his or her pre-disability income (for an agreed value plan), or 75% of his or her pre-disability income (for an indemnity plan), AND - under medical care. If he or she meets the above definition and is unable to work for more than 10 hours per week, we'll pay a benefit equal to the Total disability benefit amount (page 74). For C rated mining industry occupations The insured person is partially disabled if, immediately after being totally or partially disabled during the entire duration of the waiting period, he or she has returned to work or is capable of returning to work as determined by us based on medical evidence and, solely because of injury or sickness, he or she is: - not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or - capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, AND - earning less than: - his or her pre-disability income (for an agreed value plan), or 75% of his or her pre-disability income (for an indemnity plan), AND - under medical care. If he or she meets the above definition and is not capable of working for more than 10 hours per week, we'll pay a benefit equal to the Total disability benefit amount (page 74).
Income Insurance Plus Plan Income Insurance Plan Income Insurance Superannuation Plan ⁽ⁱ⁾ Income Insurance SMSF Plan ⁽ⁱ⁾ StandardLink IP option	Duties based definition Occupation categories MP, AA and A The insured person is partially disabled if, immediately after being totally disabled for at least 7 out of a consecutive 12 days, he or she returned to work or was capable of returning to work as determined by us based on medical evidence, and, because of the disability, he or she is: - not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or - capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, AND - earning an income less than: - his or her pre-disability income (for an agreed value plan), or 75% of his or her pre-disability income (for an indemnity plan),

Plan or option	Partial disability definition
	AND – under medical care. Occupation categories B and C The insured person is partially disabled if, immediately after being totally disabled for at least 14 days, he or she returned to work or was capable of returning to work as determined by us based on medical evidence, and, because of the disability, he or she is: – not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or – capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, AND – earning an income less than: – his or her pre-disability income (for an agreed value plan), or – 75% of his or her pre-disability income (for an indemnity plan), AND – under medical care. Occupation category D The insured person is partially disabled if, immediately after being totally disabled for at least 14 days, he or she returned to work or was capable of returning to work as determined by us based on medical evidence, and, because of the disability: – for the first two years of the claim, the insured person is: – not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or – capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, AND – after the first two years of a claim, the insured person is: – not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, or – capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, but in a reduced capacity, AND – earns an income less than: – his or her pre-disability income (for an agreed value plan), or – 75% of his or her pre-disability income (for an indemnity plan), AND – under medical care. Occupation categories BY, CY and DY The insured person is partially disabled if, immediately after being totally disabled for at least 14 days, he or she returned to work or was capable of returning to work as determined by us based on medical evidence, and, because of the disability, he or she is: – not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or – capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, AND – earning less than 75% of his or her pre-disability income, and – under medical care. Occupation category F The insured person is partially disabled if, immediately after being totally disabled for at least the waiting period, he or she returned to work and because of the disability is: – unable to perform at least 25% of his or her normal farming duties, or – working in an occupation other than farming and earns an income less than 75% of the pre-disability income, AND – under medical care.
Business Expenses Insurance Plan	Occupation categories MP, AA and A

Plan or option	Partial disability definition
	The insured person is partially disabled if, immediately after being totally disabled for a period of at least 7 out of a consecutive 12 days of the waiting period, he or she has returned to work or was capable of returning to work as determined by us based on medical evidence and, solely because of injury or sickness, he or she is: – not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or – capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, AND – under medical care. We'll, at our discretion, consider the opinion of the insured person's medical practitioner and medical practitioners nominated by us. Occupation categories B, C and D The insured person is partially disabled if, immediately after being totally disabled for a period of at least 14 days of the waiting period, he or she has returned to work or was capable of returning to work as determined by us based on medical evidence, and, solely because of injury or sickness, he or she is: – not capable of doing one or more duties that are important and essential in producing income of his or her occupation, or – capable of doing one or more duties that are important and essential in producing income of his or her occupation, but in a reduced capacity, AND – under medical care. We'll, at our discretion, consider the opinion of the insured person's medical practitioner and medical practitioners nominated by us.

(i) For Income Insurance Superannuation Plan or Income Insurance SMSF Plan, only the indemnity plan type is available.

How much we pay for partial disability

How much we pay depends on the **plan**, the plan type, and the occupation category.

Plan or option	Plan type	How much we pay for partial disability
Income Insurance Premier Plan PremierLink IP option	Agreed value	The amount we pay is worked out by applying the formula: $\frac{(A - B)}{A} \times C$ Where: A equals the insured person's pre-disability income. B is the insured person's average monthly income during the period for which he or she is partially disabled. B will equal zero if income is a loss. C is the monthly benefit specified on the insurance schedule. Important note: For all occupation categories except C rated mining industry If the insured person satisfies the Partial disability definition and is unable to work more than 10 hours per week, B will equal zero. For all C rated mining industry occupations If the insured person satisfies the Partial disability definition and is not capable of working more than 10 hours per week, B will equal zero. For the purposes of B in the formula, if the insured person satisfies the Partial disability definition and has not returned to work but medical evidence shows that he or she is capable of returning to work, income is the amount the insured person would be capable of earning as determined by us.
Income Insurance Plus Plan Income Insurance Plan StandardLink IP option	Agreed value	Occupation categories MP, AA, A, B, C or D The amount we pay is worked out by applying the formula: $\frac{(A - B)}{A} \times C$ Where: A equals the insured person's pre-disability income. B is the insured person's average monthly income during the period for which he or she is partially disabled. B will equal zero if income is a loss. C is the monthly benefit specified on the insurance schedule. For the purpose of B, if the insured person has not returned to work but medical evidence shows he or she is capable of returning to work, income is the amount that the insured person would be capable of earning as determined by us.
Income Insurance Premier Plan PremierLink IP option	Indemnity	The amount we pay for each month that the insured person is partially disabled is the lower of: – A – B, or – C – B. Where: A equals 75% of the insured person's pre-disability income. B is the insured person's average monthly income during the period for which he or she is partially disabled. B will equal zero if income is a loss. C is the monthly benefit specified on the insurance schedule. Important note: For all occupation categories except C rated mining industry occupations If the insured person satisfies the Partial disability definition and is unable to work more than 10 hours per week, B will equal zero. For all C rated mining industry occupations If the insured person satisfies the Partial disability definition and is not capable of working more than 10 hours per week, B will equal zero. For the purposes of B in the formula, if the insured person satisfies the Partial disability definition and has not returned to work but medical evidence shows that he or she is capable of returning to work, income is the amount that the insured person would be capable of earning as determined by us.

Plan or option	Plan type	How much we pay for partial disability
Income Insurance Plus Plan Income Insurance Plan Income Insurance Superannuation Plan Income Insurance SMSF Plan	Indemnity	Occupation categories MP, AA, A, B, C, D, BY, CY and DY The amount we pay for each month that the insured person is partially disabled is the lower of: – A – B, or – C – B. Where: A equals 75% of the insured person's pre-disability income. B is the insured person's average monthly income during the period for which he or she is partially disabled. B will equal zero if income is a loss. C is the monthly benefit specified on the insurance schedule. Where C is more than the insured person's pre-disability income, we'll use his or her pre-disability income for the Income Insurance Superannuation Plan and Income Insurance SMSF Plan. For the purpose of B, if the insured person has not returned to work but medical evidence shows he or she is capable of returning to work, income is the amount that the insured person would be capable of earning as determined by us. Occupation category F The amount we pay is 25% of the Total disability benefit amount for each month that the insured person is partially disabled.

For the Business Expenses Insurance Plan

Plan	Plan type	How much we pay for partial disability
Business Expenses Insurance Plan	Indemnity	The amount we pay will be determined on a daily basis and will be paid monthly in arrears. It will be the lower of the: – Total disability benefit amount, and – the insured person's share of the business expenses actually incurred which relate to the period the insured person is partially disabled less: – any amounts that are reimbursed from elsewhere, and – the insured person's share of the business turnover for that period. Business turnover for a period will be the gross income of the business for the period of partial disability. The insured person's share of business expenses actually incurred, or of business turnover, will be determined in line with the usual manner of apportioning profits and/or losses of the business between the insured person and any co-owners of the business. When the insured person is partially disabled and is not working but is capable of returning to work, business turnover will be determined by us based on his or her capacity to return to work based on medical and other evidence. The maximum we pay is 12 times the Total disability benefit amount. Whenever payment in any particular month during the benefit period is less than the Total disability benefit amount, we'll extend the benefit period at the end of the 12 month period until we have paid a total amount equal to 12 times the Total disability benefit amount.

If the insured person has been totally disabled but is capable of returning to work in a partial capacity

Only applies to the Income Insurance Plus Plan, Income Insurance Plan, Income Insurance Superannuation Plan, Income Insurance SMSF Plan

Depending on the **insured person's** occupation category, a reduced benefit may be payable where the **insured person** does not return to work. The amount we pay will be worked out applying the formula as set out in the **How much we pay for partial disability** section above.

Occupation categories MP, AA and A

If the **insured person** has been totally disabled for at least 7 out of a consecutive 12 days, and does not return to work but medical evidence demonstrates a capacity to work, we may pay a Partial disability benefit based on the **insured person's** capacity to return to work.

Occupation categories B, C, D, BY, CY, DY and F

If the **insured person** has been totally disabled for at least 14 days, and does not return to work but medical evidence demonstrates a capacity to work, we may pay a Partial disability benefit based on the **insured person's** capacity to return to work.

When your benefit is reduced

PREMIER PLUS PLAN SENIOR NS S SMSF

An **offset amount** is the amount which we may reduce your benefit due to any sum of money that you or the **insured person** receive from any other source. The **offset amount** depends on the **plan** that applies and your occupation category (see page 68). However, we won't pay more than the **Total disability benefit amount** in all situations.

If we're paying a benefit under the **plan**, your benefit may be reduced to nil because of the **offset amounts**. In this case, we'll be deemed to be paying you a benefit, even though no money is paid by us.

Offset amounts

Occupation category and plan	We'll reduce the benefit we pay if you or the insured person receives any of the following:
NS Occupation categories MP, AA and A	We'll reduce the Total disability benefit amount or Partial disability benefit amount we pay by any amount that is paid (whether by lump sum, periodic payment or otherwise) for any injury or sickness under any other disability income, sickness or accident plan with another company which commenced, or had been applied for, by or on behalf of the insured person before this plan and was not disclosed to us before this plan commenced.
NS Occupation categories B, C, D, BY, CY, DY and F, or if you've purchased the Income Insurance Senior Plan	We'll reduce the Total disability benefit amount or Partial disability benefit amount we pay by any amount that is paid (whether by lump sum, periodic payment or otherwise) for any injury or sickness : - under legislation, or - by way of any other disability income, sickness or accident plan with another company which commenced or had been applied for prior to this plan and was not disclosed to us before this plan commenced.
S SMSF Income Insurance Superannuation Plan Income Insurance SMSF Plan	We'll reduce the Total disability benefit amount or Partial disability benefit amount we pay by any amount that is paid or payable (whether by lump sum, periodic payment or otherwise) for any injury or sickness : - under legislation, or - by way of any other disability income, sickness or accident plan, or - under common law, and/or - from any employer paid leave (including sick leave, annual leave and long service leave). It is a requirement under superannuation law that you cannot receive more than 100% of the pre-disability income (excluding any increases due to Automatic inflation on

Occupation category and plan	We'll reduce the benefit we pay if you or the insured person receives any of the following:
	page 72) from all sources. Therefore we may reduce the benefit we pay accordingly. Therefore, we'll limit your benefit so that the total amounts received: - from income, or - under legislation, or - at common law, or - by way of any other disability income, sickness or accident plan, or - from any employer paid leave (including sick leave, annual leave and long service leave), or - from any other offset amounts, and/or - this plan do not exceed 100% of the insured person's pre-disability income at the time he or she became ill or injured.

When income is received as a lump sum

If an **offset amount** is paid as a lump sum, we'll only reduce what we pay by the portion of the lump sum relating to **income** for the same period.

If the amount relating to **income** is not easy to identify within the lump sum, we'll agree to an **offset amount** with you. If we cannot agree, we will determine the amount of the lump sum relating to **income**.

When we won't reduce your benefit

Occupation category and plan	When your benefit is not reduced
NS Occupation categories MP, AA and A	We do not reduce what we pay by any amounts paid to you: - from a disability income, sickness or accident plan that commenced after this plan commenced, or - by way of lump sum total and permanent disablement benefits, or any business overheads disability plan benefits indemnifying you against business expenses, or - by way of superannuation benefits (excluding insurance), or - by way of social security benefits, or - by way of any payment made under legislation, or - by way of any employer paid leave (including sick leave, annual leave and long service leave).
NS Occupation categories B, C, D, BY, CY, DY and F	We do not reduce what we pay by any amounts paid to you: - from a disability income, sickness or accident plan with any company that commenced after this plan commenced, or - by way of lump sum total and permanent disablement benefits,

Occupation category	When your benefit is not reduced and plan
	or any business overheads disability plan benefits indemnifying you against business expenses, or – by way of superannuation benefits (excluding insurance), or – by way of social security benefits, or – by way of any employer paid leave (including sick leave, annual leave and long service leave).
NS Income Insurance Senior Plan	We do not reduce what we pay by any amounts paid to you: – by way of lump sum total and permanent disablement benefits, or any business overheads disability plan benefits indemnifying you against business expenses, or – by way of superannuation benefits (excluding insurance), or – by way of social security benefits, or – by way of any employer paid leave (including sick leave, annual leave and long service leave).
S Income Insurance Superannuation Plan SMSF Income Insurance SMSF Plan	We do not reduce what we pay by any amounts paid to you: – by way of superannuation benefits (excluding insurance), or – by way of social security benefits.

How the Total disability benefit amount is reduced

We won't pay more than the **Total disability benefit amount** in all situations.

If you have a claim under the plan, your benefit may be reduced to nil because of these **offset amounts**. In this case, we'll be deemed to be paying a benefit, even though you receive no money from us.

Plan type	How your Total disability benefit is reduced
Agreed value	If the insured person is totally disabled and 75% of their pre-disability income is higher than the Total disability benefit amount , the amount we pay is worked out by applying the formula: $(0.75 \times A) - D$ Where: A equals the insured person's pre-disability income . D is the sum of the offset amounts . If the insured person is totally disabled and 75% of their pre-disability income is lower than the Total disability benefit amount , the amount we pay is worked out by applying the formula: $C - D$ Where: C is the Total disability benefit amount . D is the sum of the offset amounts .

Plan type	How your Total disability benefit is reduced
Indemnity	For all occupation categories except for F We'll only reduce the Total disability benefit amount if the offset amounts , plus the Total disability benefit amount payable to you under this plan, total more than 75% of the insured person's pre-disability income . If this applies, we'll reduce the Total disability benefit amount under this plan to an amount which, when added to the offset amounts , equals 75% of the insured person's pre-disability income . Occupation category F We'll only reduce the Total disability benefit amount if the offset amounts , plus the Total disability benefit amount payable to you under this plan, total more than 30% of the insured person's pre-disability income . If this applies, we'll reduce the Total disability benefit amount under this plan to an amount which, when added to the offset amounts , equals 30% of the insured person's pre-disability income .

How the partial disability benefit is reduced

We won't pay more than the **Total disability benefit amount** in all situations.

If you have a claim under the plan, your benefit may be reduced to nil because of these **offset amounts**. In this case, we will be deemed to be paying a benefit, even though you receive no money from us.

Plan type	How your Partial disability benefit is reduced
Agreed value	If the insured person is partially disabled, the amount we pay is worked out by applying the formula: $A - B - D$ Where: A equals the insured person's pre-disability income . If you've purchased the Income Insurance Premier Plan or PremierLink IP option, B is: For all occupations except C rated mining industry occupations the insured person's average monthly income during the period for which he or she is partially disabled. If income is a loss or, during the first six months of receiving a benefit, the insured person is unable to work more than 10 hours per week and earns less than his or her pre-disability income , then B will equal zero.

Plan type	How your Partial disability benefit is reduced
	For all C rated mining industry occupations the insured person's average monthly income during the period for which he or she is partially disabled. If income is a loss or, during the first six months of receiving a benefit, the insured person is not capable of working more than 10 hours per week and earns less than his or her pre-disability income, then B will equal zero. If you've purchased the Income Insurance Plus Plan or Income Insurance Plan, B equals: the insured person's average monthly income during the period for which he or she is partially disabled. If income is a loss, then B will equal zero. D is the sum of any offset amounts. However, we won't pay more than the Total disability benefit amount. The benefit can only be reduced to the extent that the benefit payable when added to all other income received, no longer exceeds 100% of your pre-disability income.
Indemnity	For all occupation categories except F We'll only reduce the Partial disability benefit amount if the offset amounts, plus the benefit payable under this plan, total more than 75% of the insured person's pre-disability income. If this applies, we'll reduce the benefit to an amount which, when added to the offset amounts, equals 75% of the insured person's pre-disability income. For occupation category F We'll only reduce the Partial disability benefit amount if the offset amounts, plus the benefit payable under this plan, total more than 30% of the insured person's pre-disability income. If this applies, we'll reduce the benefit to an amount which, when added to the offset amounts, equals 30% of the insured person's pre-disability income.

We may recover any offset amounts

If you receive any **offset amounts** you must promptly inform us in writing and provide us with full details of the amounts you have received. We may then reduce the benefit or recover the amount of any benefits overpaid to you, which should have been reduced by any offset amounts.

We may also require you to sign a written undertaking, on such terms as we require, enabling us to recover any **offset amount**.

When your benefit is reduced

BUSINESS EXPENSES NS

An **offset amount** is the amount by which we may reduce your benefit due to any sum of money that you or the **insured person** receive from any other source. The **offset amount** depends on your occupation category (see page 68).

Occupation category	We'll reduce the benefit we pay if you or the insured person receives any of the following:
Occupation categories MP, AA and A	We'll reduce the Total disability benefit amount or Partial disability benefit amount we pay by any amount which is paid (whether by lump sum, periodic payment or otherwise) for any injury or sickness under any other business expenses plan with another company which commenced, or had been applied for, by or on behalf of the insured person before this plan and was not disclosed to us before this plan commenced.
Occupation categories B, C and D	We'll reduce the Total disability benefit amount or Partial disability benefit amount we pay by any amount which is paid (whether by lump sum, periodic payment or otherwise) for any injury or sickness under: — legislation, or — any other business expenses plan with another company which commenced or had been applied for by or on behalf of the insured person before this plan and was not disclosed to us before this plan commenced.

Such amounts are defined under this plan as **offset amounts**. We will only do this if the amount paid covers the same or similar business expenses as the plan. If we're paying a benefit under the plan, your benefit may be reduced to nil because of these **offset amounts**. In this case, we'll be deemed to be paying a benefit, even though you receive no money from us.

We may reduce the benefit by the insured person's earnings

If the **insured person** earns money from the **business**, or if the **insured person** is a co-owner and the **insured person's** share of the **business** earns money, during a period for which we are paying a benefit, the amount he or she earns in any month may be deducted from the benefit we pay. If we deduct **earnings**, we'll first reduce them by any costs. That is, any amount paid by the **business** in any way to the replacement, or to any other employee at the **business** who generated those **earnings**.

When will we deduct earnings

In deciding whether we'll deduct **earnings**, we'll calculate the difference between the actual monthly business expenses incurred and the monthly **Total disability benefit amount** for which you're insured.

We'll deduct net earnings (**earnings** less costs) from the **Total disability benefit amount** we pay, if the net earnings in the period we're paying a benefit are more than or equal to that difference.

Examples

Example 1

business expenses	\$10,000	earnings	\$5,000
less Total disability benefit amount	\$7,000	less costs	\$3,000
Difference	\$3,000	net earnings	\$2,000

As the amount of net earnings (\$2,000) is less than the difference between actual business expenses and the **Total disability benefit amount** (\$3,000), we will not deduct **earnings** from the actual monthly business expenses. Therefore, as you're entitled to monthly business expenses up to the **Total disability benefit amount**, we'll pay you \$7,000.

Example 2

business expenses	\$10,000	earnings	\$5,000
less Total disability benefit amount	\$9,000	less costs	\$3,000
Difference	\$1,000	net earnings	\$2,000

As the amount of the net earnings (\$2,000) is more than the difference between the actual business expenses and the **Total disability benefit amount** (\$1,000), we'll deduct the net earnings from the monthly business expenses as follows:

business expenses	\$10,000
less net earnings	\$2,000
net business expenses	\$8,000

As you're entitled to monthly business expenses up to the **Total disability benefit amount**, we'll pay you \$8,000.

We may recover any offset amounts

If you receive any **offset amounts** you must promptly inform us in writing and provide us with full details of the amounts you have received. We may then reduce the benefit or recover the amount of any benefits overpaid to you, which should have been reduced by any **offset amounts**.

We may also require you to sign a written undertaking, on such terms as we require, enabling us to recover any **offset amount**.

Total and Partial disability benefit while unemployed or on leave without pay

PREMIER PLUS PLAN NS S SMSF

Total disability benefit

Not available for occupation categories BY, CY, DY, F or if you've purchased the Income Insurance Senior Plan

If immediately preceding a claim the **insured person** has been:

- unemployed for 15 months or more (not available for **income insurance plans** through super), or
- on leave without pay for 12 months or more,

the **insured person** is totally disabled if, because of an **injury** or **sickness**, he or she is:

- under **medical care**, and
- not working in any occupation (whether paid or unpaid), and
- not capable of performing any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience.

Partial disability benefit

Plan or option	Partial disability benefit while unemployed or on leave without pay
Income Insurance Premier Plan PremierLink IP option	For all occupations except C rated mining industry occupations If immediately preceding a claim the insured person has been unemployed for 15 months or more or on leave without pay for 12 months or more, he or she is partially disabled if immediately after being totally or partially disabled during the entire duration of the waiting period, he or she has returned to work and, solely because of injury or sickness, he or she is: - not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, or - capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, but in a reduced capacity, AND - earning less than his or her pre-disability income, and - under medical care. For C rated mining industry occupations If immediately preceding a claim the insured person has been unemployed for 15 months or more or on leave without pay for 12 months or more, he or she is partially disabled if immediately after being totally or partially disabled during the entire duration of the waiting period, he or she has returned to work or was capable of

Plan or option	Partial disability benefit while unemployed or on leave without pay
	returning to work as determined by us based on medical evidence and, solely because of injury or sickness, he or she is: – not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, or – capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, but in a reduced capacity, AND – earning an income less than his or her pre-disability income, and – under medical care.
Income Insurance Plus Plan Income Insurance Plan Income Insurance Superannuation Plan Income Insurance SMSF Plan	Occupation categories MP, AA, A If immediately preceding a claim the insured person has been: – unemployed for 15 months or more (not available for income insurance plans through super), or – on leave without pay for 12 months or more, he or she is partially disabled if immediately after being totally disabled for at least 7 out of a consecutive 12 days, he or she has returned to work or was capable of returning to work as determined by us based on medical evidence, and because of the disability he or she is: – not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, or – capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, but in a reduced capacity, AND – earning an income less than his or her pre-disability income, and – under medical care. Occupation categories B, C, D If immediately preceding a claim the insured person has been: – unemployed for 15 months or more (not available for income insurance plans through super), or – on leave without pay for 12 months or more,

Plan or option	Partial disability benefit while unemployed or on leave without pay
	he or she is partially disabled if immediately after being totally disabled for at least 14 days, he or she has returned to work or was capable of returning to work as determined by us based on medical evidence, and because of the disability he or she is: – not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, or – capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which he or she is reasonably fitted by education, training or experience, but in a reduced capacity, AND – earning an income less than his or her pre-disability income, and – under medical care.

Full benefit where no appropriate work is available

PREMIER NS

Not available for C rated mining industry occupations

If the **insured person** has been totally or partially disabled for the entire duration of the **waiting period**, and at the end of the **waiting period**, does not return to work but medical evidence demonstrates an ability to work, and no **appropriate work** is available, we won't reduce the **monthly benefit** payable.

Attempted return to work during the waiting period in a partial capacity

PREMIER NS

If the **insured person** is totally or partially disabled for the entire duration of the **waiting period** and is totally disabled at the end of the **waiting period**, the **waiting period** will not be extended by the number of days the **insured person** has returned to work in a partial capacity.

Attempted return to work during the waiting period in a full-time capacity

PREMIER PLUS PLAN BUSINESS EXPENSES NS S SMSF

Where 14 or 30 day waiting periods apply

If the **insured person** returns to work during the **waiting period** in a full-time capacity for five consecutive days or less, we'll extend the **waiting period** by the number of days he or she has returned to work in a full-time capacity. If the **insured person** returns to work during the **waiting period** in a full-time capacity for more than five consecutive days, the **waiting period** starts again.

Where 60, 90, 180, 365 or 730 day waiting periods apply

If the **insured person** returns to work during the **waiting period** in a full-time capacity for 10 consecutive days or less, we'll extend the **waiting period** by the number of days he or she has returned to work in a full-time capacity. If the **insured person** returns to work during the **waiting period** in a full-time capacity for more than 10 consecutive days, the **waiting period** starts again.

Death benefit

PREMIER PLUS BUSINESS EXPENSES NS

If the **insured person** dies while the plan is still current, we'll pay you or your estate a lump sum equal to six times the **Total disability benefit amount**, with a maximum amount payable of \$60,000.

Elective or cosmetic surgery benefit

PREMIER PLUS PLAN BUSINESS EXPENSES NS

We'll pay the Total disability benefit (page 73) if the **insured person's** total disability is caused because he or she had:

- elective surgery either on the advice of a **medical practitioner** or to improve his or her appearance, or
- surgery to transplant part of his or her body to someone else.

This does not apply if, when the **insured person** had the surgery:

- the plan had been in force for less than six months, or
- the plan was restored less than six months ago.

This does not apply to any increases in cover if, when the **insured person** had the surgery there was an increase in cover in the preceding six months, except where the increase in cover was in accordance with Automatic inflation (page 72).

If both an **income insurance plan** and a PremierLink IP option or StandardLink IP option have been purchased, this benefit will be paid under the PremierLink IP option or StandardLink IP option held outside super.

Family carer's income benefit

PREMIER PLUS NS

The Family carer's income benefit is payable if an **immediate family member** of the **insured person** stops earning his or her **income** because he or she stop working due to caring for the **insured person's** total disability. This benefit is paid in addition to the Total disability benefit (page 73).

All of the following conditions must be met:

- we must have paid the Total disability benefit (page 73) for more than 30 days,
- we are continuing to pay the Total disability benefit (page 73) as the **insured person** continues to be totally disabled,
- the **immediate family member** must not have been an employee of you or the **insured person** or an

employee of an entity which you or the **insured person** own or owned, and

- the **immediate family member** must have been earning income from a full-time or permanent part-time occupation.

How much we pay

For each complete month you're entitled to be paid, we'll pay the lowest of the following for up to six months:

- the **Total disability benefit amount**, or
- the amount the **immediate family member** would have earned if the **insured person** had not been totally disabled, or
- \$2,000.

Family member's accommodation benefit

PREMIER PLUS NS

We will pay the accommodation costs of an **immediate family member** of the **insured person** if the **immediate family member** has to stay away from home to be with the **insured person**.

This benefit is payable when the **insured person** is totally disabled for at least the length of the **waiting period** and, on the advice of a **medical practitioner**:

- the **insured person** is more than 100km from his or her home, or needs to travel to a place that is more than 100km from his or her home for medical treatment, and an **immediate family member** is required to stay with the **insured person**, or
- an **immediate family member** is required to stay with the **insured person** and must travel more than 100 km from his or her home to do so.

How much we pay

We'll reimburse you up to \$300 per day for each day the **immediate family member** has to stay away from home after the end of the **waiting period**, to a maximum of \$10,000. The benefit will be paid as soon as is reasonably possible after the expenses are incurred. Before we pay, we must receive receipts for the accommodation costs of the relevant **immediate family member** being claimed.

Home coming costs benefit

PREMIER PLUS NS

We'll pay the **insured person's** actual travel costs in returning home if he or she:

- becomes totally disabled away from home,
- is totally disabled for more than 30 days, and
- returns home while still totally disabled.

The amount we pay will be reduced by any other amounts which anyone else will reimburse. The **waiting period** does not apply to this benefit.

How much we pay

We'll pay the lower of:

- a single standard economy airfare to the nearest airport in Australia where the **insured person** resides or, if necessary, a medical facility in Australia by the most direct route, or
- three times the **Total disability benefit amount**.

The benefit will be paid as soon as is reasonably possible after the expenses are incurred. Before we pay you, we must receive receipts for the travel costs being claimed.

Leave without pay continuation benefit

PREMIER PLUS PLAN NS S SMSF

Not available for occupation category F

You can continue your Income insurance while the **insured person** is on leave without pay.

For occupation categories MP, AA, A, B, C or D

The **insured person** can be on leave without pay for maternity or paternity leave, study leave, compassionate leave or any other leave without pay and continue the **plan** and any linked PremierLink IP option or StandardLink IP option. To continue the **plan** and be eligible to submit a claim, you must keep paying the premium. While the **insured person** is on leave without pay the definition of total disability and partial disability will change as outlined in the Total and partial disability benefit while unemployed or on leave without pay section on page 83.

For occupation categories BY, CY or DY

The **insured person** can be on leave without pay for maternity or paternity leave, study leave or compassionate leave or any other leave without pay and continue the **plan**. To continue the **plan**, you must keep paying the premium. We won't pay benefits while the **insured person** is on leave without pay.

Nursing care benefit

PREMIER PLUS NS

We'll pay a daily amount during the **waiting period** to help with nursing expenses if the **insured person** is totally disabled.

We'll pay a Nursing care benefit where:

- the **insured person** is totally disabled,
- the **insured person** is confined to bed, and
- a **medical practitioner** certifies in writing that the **insured person** needs the full-time care of a registered nurse for more than two days in a row.

The nurse cannot be you or a family member, business partner, employee or employer, of you or the **person insured**.

How much we pay

We'll pay 1/30th of the **Total disability benefit amount** for each day you're entitled to be paid.

If the **waiting period** is greater than 90 days, then we'll only pay you a daily amount for a maximum of 90 days.

Recurring disability benefit

PREMIER PLUS PLAN BUSINESS EXPENSES NS S SMSF

If the **insured person** returns to full-time work for less than 12 months since a total disability or partial disability benefit was last paid, and:

- the plan is still current, and
- the **insured person** has a recurrence of total disability or partial disability from the same cause or a related cause as the original claim,

then we'll treat it as a continuation of the same claim and we won't restart the **waiting period** or **benefit period**.

Medical and other evidence will be used to determine if the disability is from the same or a related cause.

Where the **benefit period** is one year, two years or five years, the disability must recur within six months since the date the total disability or partial disability benefit was last paid.

If the **insured person** can demonstrate that he or she returned to full-time work for longer than 12 months, or six months where the **benefit period** is one year, two years or five years, then the claim will be treated as a separate claim.

For the Business Expenses Insurance Plan

If the **insured person** returns to full-time work for less than 6 months since a total disability benefit was paid, and:

- the plan is still current, and
- the **insured person** has a recurrence of total disability from the same cause or a related cause as the original claim,

then we'll treat it as a continuation of the same claim and we won't restart the **waiting period** or **benefit period**.

Medical and other evidence will be used to determine if the disability is from the same or a related cause. However, the claim will be treated as a separate claim if the **insured person** returns to full-time work for six months or more.

Rehabilitation expenses benefit

PREMIER PLUS PLAN NS

If the **insured person** is totally disabled for at least the **waiting period**, you can ask us to pay the **insured person's** **rehabilitation** expenses. These expenses include **rehabilitation** program fees or buying goods, for example, equipment designed to assist the **insured person** to re-enter the workforce and enrolling in a rehabilitation program.

We'll only pay an amount for rehabilitation expenses that:

- we have approved in writing before you or the **insured person** incurs them,
- a **medical practitioner** states in writing the **insured person** needs to spend, as part of his or her **rehabilitation**, and
- cannot be reimbursed from any other source.

How much we pay

The most we'll pay is an amount equal to six times the **Total disability benefit amount**.

The benefit will be paid as soon as is reasonably possible after the expenses are incurred.

Before we pay, we must receive receipts for the rehabilitation expenses being claimed.

If both an **income insurance plan** and a PremierLink IP option or StandardLink IP option have been purchased, this benefit will be paid under the PremierLink IP option or StandardLink IP option held outside super.

Rehabilitation program benefit

PREMIER PLUS NS

If the **insured person** is totally disabled for at least the **waiting period** and takes part in a **rehabilitation** program, we'll pay an amount towards the cost of the **rehabilitation** program.

We'll only do this if all the following conditions are satisfied:

- we must approve the **rehabilitation** program in writing before the **insured person** enters the program,
- the **insured person** must undertake the **rehabilitation** program to rehabilitate himself or herself for the total disability he or she is claiming, and not for any other reason, and
- a **medical practitioner** must state, in writing, that the **insured person** needs to undertake the program as part of his or her **rehabilitation**.

The rehabilitation benefit accrues from the day the **insured person** starts the program after the expiry of the **waiting period**, for a maximum of 12 months or to the end of the **benefit period**, whichever comes first.

How much we pay

We'll pay up to an additional 50% of the **Total disability benefit amount** for up to 12 months after the end of the **waiting period**. If you're eligible to be paid for part of a month we'll pay 1/30th of the additional benefit for each day you're eligible to be paid.

Return to work bonus

PREMIER PLUS PLAN NS

If the **insured person** has participated in an occupational rehabilitation program (approved in writing by us) for at least three months, and has since returned to paid work for at least 30 hours a week, we'll pay an additional benefit. The additional benefit is based on the **Total disability benefit amount** and will be paid on completion of:

- 1 month of consecutive employment (0.5 x **Total disability benefit amount**)
- 3 months of consecutive employment (1 x **Total disability benefit amount**)
- 6 months of consecutive employment (1.5 x **Total disability benefit amount**)

We'll only pay up to a total of 3 x **Total disability benefit amount**, for the life of the **plan**. Payment of this benefit is not dependent on the **insured person** being totally disabled.

If both an **income insurance plan** and a PremierLink IP option or StandardLink IP option is purchased, this benefit will be paid under the PremierLink IP option or StandardLink IP option held outside super.

Right to convert 730 day waiting to 90 day waiting period

PREMIER PLUS PLAN NS S SMSF

If this **plan** has a 730 day **waiting period** and the **insured person** also has cover under a group income protection plan with a two year **benefit period** (with us or another insurer), we will allow the **waiting period** of this **plan** and any linked PremierLink IP option or StandardLink IP option to be reduced from 730 days to 90 days upon the cancellation of the **insured person's** group insurance cover.

The reduction in the **waiting period** won't require medical evidence, subject to the following conditions:

- the group insurance cover must have ceased due to the **insured person** ceasing employment and consequently ceasing to meet the criteria for cover under the group income protection plan,
- the **insured person** must not be claiming a benefit or be eligible to claim a benefit under this plan, any linked PremierLink IP option or StandardLink IP option, or the group income protection plan,
- the **insured person** must not have ceased work due to any injury or sickness,
- the **insured person** must not exercise or have exercised a continuation option, transfer or conversion from the group income protection plan,
- the **insured person** must apply for the reduction in the waiting period within 60 days of ceasing cover under the group income protection plan,
- the **insured person** must be gainfully employed for more than 30 hours per week at the time you apply for the reduction of the waiting period,
- the **insured person** must not have had their **benefit period** on this plan limited previously, and
- any exclusions, **loadings** or restrictions on this plan that were conditional on a 90 day waiting period will apply from the date the waiting period is reduced to 90 days.

Right to take out an Income Insurance Senior Plan

PREMIER PLUS PLAN NS S SMSF

Occupation categories MP, AA or A only

If we end this plan because the plan has reached its expiry date, you have the right to apply for an Income Insurance Senior Plan provided that plan is available at the time you apply. Under the Income Insurance Senior Plan, the **insured person** can be covered for income insurance until the **insured person** turns 70, subject to the conditions of the plan.

If you have an injury and sickness **benefit period** to age 60, as noted in the **insurance schedule**, you have the right to apply for an Income Insurance Senior Plan if we end the plan because the **insured person** turns 60. The conversion to the Income Insurance Senior Plan will be conditional on the requirements of the Income Insurance Senior Plan at the time of conversion.

When applying for cover under the Income Insurance Senior Plan, the **insured person** does not have to give us any medical evidence (smoking details are required) or evidence about his or her pursuits, pastimes, travel details or place of residence.

If you wish to apply for cover under the Income Insurance Senior Plan, the following conditions apply:

- the level of cover you apply for under the Income Insurance Senior Plan may not be more than the level of cover you currently have under this **plan** or any other plan you currently hold where Income Insurance Senior Plan is offered at the time you apply,
- the **insured person** must be gainfully employed for more than 30 hours per week at the time you apply for the Income Insurance Senior Plan,
- the current cover the **insured person** has must not have any **loadings**, exclusions or limited terms applying to it,
- the level of cover under the Income Insurance Senior Plan must not be less than the minimum cover that we allow for the Income Insurance Senior Plan at the time you apply for it,
- to be eligible to apply for the Income Insurance Senior Plan, you must not have claimed or have been eligible for any claims under this plan or any linked PremierLink IP option or StandardLink IP option in the 12 months prior to the **insured person** turning 65 (or 60, if age 60 **benefit period** applies),
- the **insured person** under the Income Insurance Senior Plan must be the same **insured person** as under this plan, and
- the **insured person** must have an occupation with an occupation category of MP, AA, A at the time of applying for an Income Insurance Senior Plan.

The Application form, together with the correct premium or an effective deduction authority for that amount, must be received by us within 60 days before the date this plan ends.

The **insured person** won't be covered under this plan once this plan has ended and will not be covered under the Income Insurance Senior Plan until we give you written notice that cover under the Income Insurance Senior Plan has commenced. There may be a period of time where the **insured person** will not be covered for income insurance.

The premium rate and the conditions applying to the Income Insurance Senior Plan will be those that are relevant at the time you apply for the Income Insurance Senior Plan.

Special care benefit

PREMIER PLUS NS

The Special care benefit is payable if, after the end of the **waiting period**, the **insured person** is totally disabled, confined to bed and is under the full-time care of a registered nurse or personal care attendant. We'll pay an amount towards the costs of the nurse or personal care attendant.

We'll pay a special care benefit for each complete month during the **benefit period** where:

- the **insured person** is totally disabled, and
- our Chief Medical Officer agrees that, because of the **insured person's** total disability, he or she is totally dependent on the full-time care of a nurse or personal care attendant.

The nurse or personal care attendant cannot be a family member, business partner, employee or employer of you or the **insured person**.

How much we pay

For each complete month you're entitled to be paid, we'll pay the lower of the following for up to six months:

- the **Total disability benefit amount**, and
- \$4,500.

We won't pay for this benefit during a claim period if we are paying, or have paid during that claim period, the Family member's accommodation benefit (page 85) or the Family carer's income benefit (page 85).

Specific injuries and sicknesses benefit

PREMIER PLUS PLAN NS

The Specific injuries and sicknesses benefit is payable if the **insured person** suffers a specific injury or sickness set out in the table below.

We'll pay the **Total disability benefit amount** for the payment period set out in the table, or for the **benefit period**, whichever is the lesser.

There is no **waiting period** for this benefit. We'll pay even if the **insured person** is not totally disabled. We will continue to pay for the payment period even if you have returned to work.

We'll stop paying if the **insured person** dies.

Specific injuries and sicknesses

Total and Permanent loss of use of:	Payment period
Both arms and both legs due to spinal cord injury or disease – quadriplegia	60 months
Both legs due to spinal cord injury or disease – paraplegia	60 months
Both sides of the body due to injury or sickness – diplegia	60 months
One side of the body due to injury or sickness – hemiplegia	60 months
Both hands or both feet	24 months
Entire sight in both eyes	24 months

Total and Permanent loss of use of:	Payment period
One hand and one foot	24 months
One hand and the entire sight in one eye	24 months
One foot and the entire sight in one eye	24 months
One arm or one leg	18 months
One hand, one foot or entire sight in one eye	12 months
Thumb and index finger from same hand	6 months

Fracture ⁽ⁱ⁾ (requiring a pin, traction, a plaster cast, sling or other immobilising structure as recommended by your medical practitioner) of the insured person's:	Payment period
Thigh shaft	3 months
Pelvis, except coccyx	3 months
Skull, except bones of face or nose	2 months
Upper arm, including elbow or shoulder	2 months
Shoulder blade	2 months
Lower leg, including ankle, but excluding knee cap and foot	2 months
Knee cap	2 months
Collar bone	1.5 months
Lower arm, including wrist but excluding elbow and hand	1.5 months
Hand, except fingers	1.5 months
Foot, except toes	1.5 months

- (i) Fracture events are not available on plans with a waiting period of more than 90 days. If you hold a contract with **revised terms** due to the **insured person's** participation in a pastime and he or she subsequently suffers a fracture directly or indirectly related to participating in or practicing for that pastime, you're not eligible to make a claim under this benefit.

Trauma conditions	Payment period
Cancer	6 months
Chronic kidney failure	
Coronary artery bypass surgery	
Heart attack	
Heart valve surgery	
Major organ transplant	
Severe burns	
Stroke	
Advanced diabetes	3 months
Alzheimer's disease and other dementias	
Aplastic anaemia	
Benign brain tumour	
Blindness	
Cardiac arrest	
Cardiomyopathy	
Chronic liver disease	
Chronic lung disease	
Coma	
Deafness	
Encephalitis	
Loss of capacity for independent living	
Loss of speech	
Major head injury	
Medically acquired HIV infection	
Motor neurone disease	
Multiple sclerosis	
Muscular dystrophy	
Parkinson's disease	
Pneumonectomy	
Primary pulmonary hypertension	
Severe rheumatoid arthritis	
Surgery of the aorta	
Triple vessel angioplasty	

The definitions for the **trauma conditions** listed above can be found in the **Glossary of medical conditions** starting on page 120.

We only pay one benefit

We won't pay any other benefit under the **plan** while we are paying the benefit for a specific injury or sickness.

If the **insured person** suffers from more than one of the specific injuries or sicknesses at the same time, we'll only pay for one injury or one sickness at a time. We only pay once for each **trauma condition**. More than one claim may be made under the benefit as long as each claim is for a different **trauma condition**.

We'll pay for one injury or one sickness even if the injuries or sicknesses do not commence at the same time. We'll pay the benefit for the injury or sickness with the longest remaining payment period.

Examples

Example 1	The maximum benefit period under this benefit for cancer is six months and for a fractured thigh shaft is three months. If: 1. we have been paying a cancer benefit for two months, and 2. at the start of the third month the insured person also suffers a fractured thigh shaft, we will pay no benefits in respect of the fractured thigh shaft. This is because the remaining benefit period for the cancer, which is four months, is greater than the benefit period for the fractured thigh shaft, which is three months. The total amount of benefits paid for the two conditions would be six months.
Example 2	If: 1. we have been paying a cancer benefit for four months, and 2. at the start of the fifth month, you suffer a fractured thigh shaft, we will stop paying the benefit for the cancer and pay the benefit for the fractured thigh shaft for three months. The total amount of benefits paid for the two conditions would be seven months. This is because the benefit period for the fractured thigh shaft, which is three months, is greater than the remaining benefit period for cancer, which is two months.

We will keep paying if the insured person is disabled after the period set out in the table ends

If, after the payment period ends, the **insured person** is totally disabled or partially disabled because of the same specific injury or sickness, we'll pay the Total disability benefit (page 73) or Partial disability benefit (page 75), from the later of:

- the end of the payment period for the specific injury or sickness, or
- the end of the waiting period.

The payment period for the specific injuries and sicknesses will count towards the **waiting period** and, where the benefit period is 2 or 5 years, the payment period will also count towards your **benefit period**.

We'll stop paying if the **insured person** stops being entitled to benefits for being totally disabled or partially disabled.

If both an **income insurance plan** and a PremierLink IP option or StandardLink IP option have been purchased, this benefit will be paid under the PremierLink IP option or StandardLink IP option held outside super.

Unemployment continuation benefit

PREMIER PLUS PLAN NS

Not available for occupation category F

You can continue your Income insurance while the **insured person** is unemployed.

If the **insured person** is unemployed, you will still be eligible to submit a claim during a period of unemployment provided that the **insured person** can provide evidence that he or she is actively seeking employment.

While the **insured person** is unemployed, the definition of total disability will change as outlined the Total and Partial disability benefit while unemployed or on leave without pay (on page 83).

You may be eligible for a premium waiver for three months if **insured person** is **involuntarily unemployed** as set out in the Unemployment premium waiver benefit (below).

If both an Income Insurance Superannuation/SMSF Plan and a PremierLink IP option or StandardLink IP option is purchased, the Unemployment continuation benefit will continue to apply to the Income Insurance Superannuation Plan. But you're eligible to claim on the PremierLink IP option or StandardLink IP option as per the terms and conditions above.

If you have an Income Insurance Plan and the occupation category is BY, CY or DY

If the **insured person** is unemployed and the **insured person** can provide evidence that he or she is actively seeking employment, you can continue the plan. To continue the plan, you must keep paying the premium.

We won't pay benefits for an **injury** or **sickness** that commenced during the period the **insured person** is unemployed.

Unemployment premium waiver benefit

PREMIER PLUS NS

If the **insured person** is **involuntarily unemployed** and you let us know in writing within three months of the date this took place, you do not have to pay the premium for this plan and any linked PremierLink IP option or StandardLink IP option (including any linked options) for three months from the date the **insured person** became **involuntarily unemployed** or until the **insured person** is employed, whichever is shorter.

This benefit only applies if:

- the **income insurance plan** and any linked PremierLink option or StandardLink IP option have been in force for six months in a row at the time the **insured person** becomes **involuntarily unemployed**
- the **insured person** registers with an employment agency approved by AMP within 30 days of becoming **involuntarily unemployed**, and
- demonstrates that he or she is actively seeking employment.

Waiver of premium

PREMIER PLUS PLAN SENIOR BUSINESS EXPENSES NS S SMSF



If we're paying a benefit under an **income insurance plan**, PremierLink IP option or StandardLink IP option (except the Nursing care benefit on page 86 and the Return to work bonus on page 87) you do not have to pay the premium for:

- the **income insurance plan** and any other plans shown on the **insurance schedule** or which commenced at the same time, and
- the PremierLink IP option or StandardLink IP option and any linked **options**.

We won't waive your premium where the **plan(s)/options** commenced or were restored after an **insured person** was entitled to be paid a benefit under the **plan/option**. We will also not waive your premiums for any plans with a different **insured person**.

You must start paying your premium again as soon as we stop paying that benefit and any benefit under the PremierLink IP option or the StandardLink IP option.

Premium freeze

PREMIER PLUS PLAN SENIOR BUSINESS EXPENSES NS S SMSF

This option is only available for stepped premiums.

Exercising this option allows you to maintain your current premium at the time this option is exercised. Your **monthly benefit** will reduce each year that this option is applied.

If you choose to cancel Premium freeze, your **monthly benefit** current at that time will not reduce anymore and Automatic inflation (page 72) will recommence without further health evidence. Premiums will then increase each year according to your age.

You can request to exercise Premium freeze or cancel it at any time, which will take effect from the next **renewal date** of the plan.

If you wish to request a premium freeze, you must let us know in writing. Any special conditions such as exclusions and **loadings** will still apply.

Automatic inflation (page 72) will not apply while Premium freeze is exercised.

Premium freeze is not available on a PremierLink IP option, StandardLink IP option or the **income insurance plan** to which it is linked.

Upgrade of benefits

PREMIER PLUS PLAN SENIOR BUSINESS EXPENSES NS S SMSF



If we make future improvements to your plan, and such improvements would not result in an increase in premium rates, we will pass these changes on to you without you having to provide us with any medical evidence or evidence regarding the **insured person's** occupation, pastimes or place of residence.

Upgrades provide improvements to your plan including additional benefits and improved definitions. You will still retain your existing terms, conditions and premium rates for this plan. Any improvements and/or changes to your plan definitions will always be reviewed at claim time to ensure you're assessed using the definition that benefits you most. This means that should a definition or benefit from your original plan be more beneficial to you, you will still be eligible to claim under your original plan definitions.

If the **insured person** is suffering a **pre-existing condition** at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that **pre-existing condition**.

If the **insured person** is on claim at the time of the upgrade, it will not apply until six months after the claim has ended.

Occupation category

We may reclassify the **insured person's** occupation into another occupation category based on the claims history of the **insured person's** occupation. If we do this, it will apply to all **insured persons** of the same occupation. A change to the **insured person's** occupation category may result in a different premium being applied.

Premiums may also change in other circumstances in the manner set out on page 32.

24-hour worldwide cover

PREMIER PLUS PLAN SENIOR BUSINESS EXPENSES NS S SMSF



We'll cover the **insured person** 24 hours a day anywhere in the world, subject to the terms and conditions of the plan. If he or she is sick or injured outside Australia or New Zealand, we may require additional medical documentation and/or medical examinations by a **medical practitioner** chosen by us to support the claim.

Options

This section outlines the **options** that can be added to the **plan** at an additional cost. An **option** only applies if it is specified in your **insurance schedule**.

Accelerated accident option

PREMIER PLUS PLAN NS S SMSF

This option is only available with 14 or 30 day waiting periods.

If an injury causes the **insured person** to be totally disabled for more than 3 days in a row, we'll pay a daily amount during the **waiting period**.

When we start paying

We start paying when we agree the **insured person** is totally disabled, in accordance with the terms and conditions of your plan. However, we won't pay if you're receiving the Specific injuries or sicknesses benefit (page 88) or the Nursing care benefit (page 86).

How much we pay

For each day the **insured person** is totally disabled, we'll pay 1/30th of the **Total disability benefit amount** for each day they're entitled to be paid.

Accident lump sum option

PREMIER PLUS PLAN NS ⓘ

If the **insured person** is involved in an accident which causes death or one of the injuries set out in the table below within one year from the date of the accident, we'll pay a lump sum. This benefit can be paid in addition to the Total disability benefit (page 73) and other benefits available under this **plan**. These benefits will not reduce as a result of a payment under this **option**.

Accident lump sum conditions	% of lump sum amount
Accidental death	100
Total and permanent loss of use of:	
Both hands or both feet	100
Entire sight in both eyes	100
One hand and one foot	100
One hand and the entire sight in one eye	100
One foot and the entire sight in one eye	100
One arm or one leg	75
One hand, one foot or entire sight in one eye	50
Thumb and index finger from same hand	25
Thumb or index finger	15
Two or more fingers	15
One finger	5

How much we pay

The amount that we pay will be the percentage (as set out in the table above) of the lump sum amount shown in the **insurance schedule**.

If the **insured person** has more than one of the injuries at the same time, we'll only pay for the one with the highest percentage.

If we pay an amount under this option, then the lump sum amount is reduced by that amount paid, and we won't pay more than 100% of the lump sum option amount in total for all claims.

We'll increase the lump sum amount by Automatic inflation

Each year on the **renewal date**, we'll increase the lump sum amount in accordance with Automatic inflation (page 72).

When we won't pay

In addition to the reasons given in **When we won't pay** (page 97) we won't pay a benefit under this option if the **insured person's injury** is caused or contributed to by:

- alcohol or non-prescribed drugs, or
- any flying activities, other than as a fare paying passenger in an aircraft.

Cover boost option

PREMIER PLUS PLAN NS S SMSF ⓘ

You can increase the **monthly benefit** by up to 20%, without having to give us medical evidence or evidence about the **insured person's** occupations, pursuits, pastimes or place of residence.

Any **revised terms** applicable to the **plan** will also apply to increases exercised under this benefit.

When you can make an increase

We'll offer to increase the **monthly benefit** every third **renewal date** after this option commenced, up to the **insured person's** 55th birthday. We call these dates the increase dates. If you increase the **monthly benefit**, this will increase your premium. If you want to accept this increase you must tell us in writing within 30 days of the eligible **renewal date**.

You can bring forward an increase date up to four times by letting us know in writing. This means that you can make up to four increases to the **monthly benefit** of up to 20% each at an earlier time than every third **renewal date**.

If you bring forward an increase date, any remaining increase dates will fall on every third anniversary of the **renewal date** which falls after the date the increase took effect. You cannot bring forward an increase date if you're on claim under the **plan**, including during the **waiting period**.

When the increase applies

The increase will take effect from the increase date. However, the increased benefit will not apply where:

- an **injury** or **sickness** happened before the increase date, or
- the **insured person** is on claim at the time of the increase, or
- the maximum number of increase dates has been reached, or
- after the increase, the **Total disability benefit amount** would be more than 75% of your **pre-disability income** at that date, or
- after the increase, the **Total disability benefit amount** would be more than our limit for new plans at that date.

There is a maximum number of increase dates

We'll offer to increase the **monthly benefit** a maximum number of times. The maximum number is calculated by using the following formula:

$$(55 - A)$$

3

A = age of the **insured person** when this **option** began.

Fractions are disregarded when calculating the maximum number of increase dates according to the formula.

Increasing claim option

PREMIER PLUS PLAN NS S SMSF

This option is not available to occupation categories BY, CY or DY

If we're paying a benefit because the **insured person** is totally disabled, we'll increase the **monthly benefit** in accordance with Automatic inflation (page 72) to calculate the **Total disability benefit amount**.

If we're paying a benefit because the **insured person** is partially disabled, we'll increase the **monthly benefit** and **pre-disability income** in accordance with Automatic inflation (page 72) to calculate the **Partial disability benefit amount**.

Any increases to the **monthly benefit** or the **pre-disability income** will occur on each **renewal date** while we're paying you a claim.

We won't increase the **monthly benefit** or **pre-disability income** after the **insured person's** 65th birthday.

For Income Insurance Superannuation Plans and Income Insurance SMSF Plans

It is a requirement under superannuation law that you cannot receive more than 100% of the **insured person's pre-disability income** (excluding any indexation). Your benefit under this option will only increase in accordance with Automatic inflation (page 72) on each **renewal date** up to 100% of the **insured person's pre-disability income** (excluding any indexation) at the time he or she becomes totally or partially disabled.

Occupationally acquired HIV, Hepatitis B and Hepatitis C option

PREMIER PLUS NS

Applies to medical occupation categories MP or AA only. Not available under the StandardLink IP option.

If the **insured person** becomes infected with **HIV**, **Hepatitis B** or **Hepatitis C** as a result of an **occupational incident** before the **plan** ends, we'll pay a lump sum amount, as specified in the **insurance schedule**. This benefit can be paid in addition to the Total disability benefit (page 73) and any other benefits available under this **plan**. These benefits will not reduce as a result of a payment under this **option**.

We'll pay this benefit if all of the following conditions are satisfied:

- You provide us with proof of the **occupational incident** that gave rise to the infection. This proof

must include the incident report and the names of the witnesses to the **occupational incident**.

- You provide us with proof that the **occupational incident** involved a definite source of the relevant infection, and
- You provide us with proof that a new infection with either **HIV**, **Hepatitis B** or **Hepatitis C** has occurred within 180 days of the documented **occupational incident**. This proof must include proof of sero-conversion from:
 - **HIV** antibody negative to **HIV** antibody positive, or
 - **Hepatitis C** antibody negative to **Hepatitis C** antibody positive, or
 - **Hepatitis B** surface antigen negative to **Hepatitis B** surface antigen positive.

All testing must be conducted by Australian government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us.

How much we pay

We'll pay the lump sum benefit for this **option** as set out in the **insurance schedule**.

When we won't pay

We won't pay if:

- the **insured person** becomes positive to **Hepatitis B** surface antigen within 180 days from the start of the **plan** or this option, or the date the **plan** or this option is restored
- a cure is available for the infection for which you're claiming. Cure means any treatment which renders the **HIV** inactive or non infectious, or
- the **insured person** is first diagnosed to be infected with **HIV**, **Hepatitis B** or **Hepatitis C** after he or she dies.

PremierLink IP and StandardLink IP option

PLAN SUPER/SMSF

The PremierLink IP option and StandardLink IP option allows you to link benefits that are not available on **plans** issued through **super**, to your **income insurance plan** inside **super**. These benefits are held on a separate **plan** outside of **super**.

In the event of a claim, the **insured person** will be assessed under the Total disability benefit (page 73) or Partial disability benefit (page 75) on your **income insurance plan** inside **super**. If that definition is met the benefit will be paid directly to the **Trustee**. At the same time, the **insured person** will also be assessed under the Total disability benefit or Partial disability benefit on your PremierLink/StandardLink IP option outside of **super**. If that definition is met a benefit will be paid on your PremierLink/StandardLink IP option.

The amount paid outside of **super** is a top-up amount that will bring the total amount paid inside and outside **super** equal to the **Total disability benefit amount** or **Partial disability benefit amount** on the PremierLink/StandardLink IP option. This top-up amount can be zero if the full value of the **Total disability benefit amount** or **Partial disability benefit amount** on the PremierLink/StandardLink IP option is already paid out on the **income insurance plan** inside superannuation. Any top-up amount will be paid directly to you.

General

- The PremierLink/StandardLink IP option is held on a separate **insurance schedule** to the **income insurance plan** inside **super** to which it is linked.
- If you're paid an Elective or cosmetic surgery benefit (page 85), a Return to work bonus (page 87), a Rehabilitation expenses benefit (page 86) or a Specific injuries and sickness benefit (page 88), these benefits will be paid to you directly under the PremierLink IP/StandardLink option outside of **super**.
- When both an **income insurance plan** inside super and PremierLink/StandardLink IP option are purchased, they have the same structure. For example, they will have the same **monthly benefit**, **waiting period** and **benefit period**. The PremierLink/StandardLink IP option has the same premium structure and the same **renewal date** as the **income insurance plan** inside super.
- The **income insurance plan** inside super will be always operate on an indemnity basis. The PremierLink IP option can operate on an agreed value or indemnity basis. The StandardLink IP option can only operate on an agreed value basis.
- If an alteration, increase or reduction is made to the **income insurance plan** inside super, the alteration, increase or reduction will automatically be applied to the PremierLink/StandardLink IP option.
- If you cancel your **income insurance plan** inside super, the PremierLink/StandardLink IP option will automatically be cancelled. However, if you cancel the PremierLink/StandardLink IP option, the **income insurance plan** can remain.

When other options are purchased

- If the Accelerated accident option (page 91), Cover boost option (page 92), Increasing claim option (page 93) and/or Superannuation contributions option (page 94) are purchased, they will be applied to both your **income insurance plan** inside superannuation and the PremierLink/StandardLink IP option. If they are cancelled, they will be cancelled from both.
- If the Accident lump sum option (page 92) is purchased, it will be applied to the PremierLink/StandardLink IP option. If you cancel your PremierLink/StandardLink IP option, this option will automatically be cancelled.
- If the Occupationally Acquired HIV, Hepatitis B and Hepatitis C option (page 93) is purchased, it will be

applied to the PremierLink IP option. If you cancel your PremierLink IP option, this option will automatically be cancelled.

For further information on the PremierLink IP option and StandardLink IP option, refer to **How PremierLink IP and StandardLink IP work** section on page 21.

Refer to the **Eligibility criteria for options** table on page 28 for entry requirements, expiry age and maximum limits on this option.

Superannuation contributions option

PREMIER PLUS PLAN NS S SMSF

Up to 100% of the **insured person's** superannuation contribution can be insured in addition to the **monthly benefit**.

We allow you to select a superannuation contribution rate ranging from the legislated **Superannuation Guarantee Rate** to 15%. Please refer to **Superannuation Guarantee Rate** (page 129) for further information.

The superannuation contribution rate that you choose will remain the same for the life of the **plan** and will not increase together with the **Superannuation Guarantee Rate** legislated increases.

In the event of a claim we'll pay an amount based on the Superannuation contributions **monthly benefit** on the **insurance schedule** to the **insured person's** nominated complying superannuation fund for the duration of the claim.

The amount payable is calculated in the same way as the benefits payable on your **income insurance plan** or PremierLink/StandardLink IP option.

For example, if the **monthly benefit** on your **income insurance plan**, PremierLink IP option or StandardLink IP option and Superannuation contributions option is \$6,250 and \$750 respectively, and we pay you a Partial disability benefit on the **income insurance plan** of \$3,000 (48% of \$6,250) per month, we will pay a Partial disability benefit on the Superannuation contributions option of \$360 (48% of \$750) per month to your nominated complying superannuation fund.

If you purchase the Superannuation contributions option, your superannuation contributions cannot be included as **income** when determining the **monthly benefit**. Any contributions exceeding the selected superannuation contributions rate can be included as income for the purpose of calculating the **monthly benefit**.

The Superannuation contributions option applies if we are paying under one of the following:

- Total disability benefit (page 73)
- Partial disability benefit (page 75)
- Specific injuries and sickness benefit (page 88)
- Nursing care benefit (page 86)
- Accelerated accident option (page 91)

In the event of a claim, the **insured person** will need to provide details of their complying superannuation fund to enable payment of the benefit. The superannuation provider must be either a regulated superannuation fund or retirement savings account as defined in the relevant

superannuation and taxation laws. If we are not provided with these details, we may not be able to pay the Superannuation contribution benefit.

S

SMSF

For Income Insurance SMSF Plans, the amount we pay to your superannuation fund needs to be included in your income tax return in the financial year it is received. The income tax payable on the amount paid will need to be paid from another source as the amount paid to the complying superannuation fund or retirement savings account cannot be used to pay income tax because it is required to be preserved in accordance with legislation.

For Income Insurance Superannuation Plans, the amount we pay to your superannuation fund needs to be included in your income tax return in the financial year it is received. The amount will be paid net of tax. Please refer to the Income Insurance Superannuation Plan taxation information on page 103 for more information.

Cancellable plans

PLUS

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SMSF

For occupation categories BY, CY or DY, and on completion of a claim for sickness or injury

We may, from three years after the **plan** commencement date shown in your **insurance schedule**:

- continue the **plan** on the same terms that applied before the sickness or injury claim, or
- offer to continue the **plan** by applying exclusions, premium **loadings** and/or special conditions to the **plan** subject to your agreement, or
- cancel the **plan**.

If we wish to apply exclusions, premium **loadings** and/or special conditions following the completion of a claim for injury or sickness, we will send you a written notice prior to the next **renewal date**. You'll have 30 days from the date of the notice to confirm your agreement, after which time the **plan** will end and cover under this **plan** will automatically cease.

Following the completion of a claim for injury or sickness, if we cancel the **plan**, we will send you a written notice. The **plan** will end 30 days after you have received the notice from us.

Replacement Plan

PLAN

NS

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SMSF

For occupation category F (ie farming) only

We'll issue a replacement **income insurance plan** without further health evidence if the **insured person** commences other full-time work within three months of the **insured person** ceasing **farming**. We'll do this provided we receive your written request for a new plan within three months from the date the **insured person** stopped **farming**. We'll forward you a new **insurance schedule** and will notify you when cover begins.

The new plan you will be entitled to will:

- have a **waiting period** no shorter than the **waiting period** under this plan
- have a **benefit period** for **injury** and **sickness** no longer than the **benefit period** for **injury** and **sickness** under this plan, and
- have a **monthly benefit** which will be the lower of:
 - the **monthly benefit** under this plan, as at the date the **insured person** stops **farming**, or
 - 75% of the average monthly **income** the **insured person** earns for the work he or she does in the new occupation, less business expenses but before personal deductions and income tax.

Financial evidence will be required to determine the level of cover under the new plan.

When we pay

PREMIER

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SMSF

We'll pay a benefit for **claimable events** that are applicable for the **income insurance plan**.

We only pay a benefit under income insurance if the **claimable event** happens after the plan starts and before it ends, and subject to the **waiting period**.

We won't pay a benefit under income insurance in some circumstances as set out in When we won't pay (page 97). Also, for some plans, we may reduce the amount we pay under a benefit if you or the **insured person** receive payments from other sources (see **When your benefit is reduced** on pages 80 to 83). The **insured person** must satisfy our claim requirements before we pay a benefit (page 34).

If the **insured person** suffers more than one injury or sickness, or both, at the same time, we'll only pay a benefit for either one injury or one sickness (the condition). We'll do this regardless of whether the sicknesses or injuries are related. We'll determine the condition for which we pay the benefit, based on medical and other evidence.

The **Total disability benefit amount** is calculated and paid monthly. We'll pay half of the benefit in arrears and half of the benefit in advance. For the Business Expenses Insurance Plan, the **Total disability benefit amount** will be proportioned out and paid at the end of each month in arrears. If you're eligible to be paid for part of a month, we'll pay 1/30th of the **Total disability benefit amount** for each day you're entitled to be paid.

For the Partial disability benefit, we'll pay a proportion of the **Total disability benefit amount** at the end of each month for which you're entitled to be paid.

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When we start paying

PREMIER PLUS PLAN SENIOR BUSINESS EXPENSES
NS S SMSF

If the **insured person** is totally disabled (page 73) or partially disabled (page 75), we start paying when the waiting period has ended and when the requirements set out in **How to claim** on page 34 have been met.

The **waiting period** starts from the date we agree the **insured person** is totally disabled or partially disabled, in accordance with the terms and conditions of your **plan**. The **benefit period** begins from the end of the **waiting period**. A Total disability benefit (page 73) or Partial disability benefit (page 75) won't be paid during the **waiting period**.

If your benefit period is to age 70

Only available for occupation categories MP, AA, A. Not available for the Income Insurance Senior Plan.

Regardless of the age of the **insured person** when they become totally or partially disabled, when the **insured person** is over the age of 65 the **Total disability benefit amount** or **Partial disability benefit amount** will be reduced. Any benefit or options that are calculated using the Total or Partial disability benefit amounts will also be reduced. The percentage of the benefit that you will receive is outlined in the table below:

Age last birthday	% of Total or Partial disability benefits
65	100
66	80
67	60
68	40
69	20

When we stop paying Total and Partial disability benefits

PREMIER PLUS PLAN SENIOR BUSINESS EXPENSES
NS S SMSF

We stop paying the Total disability benefit (page 73) or Partial disability benefit (page 75) as soon as one of the following happens:

- the **insured person** is not totally or partially disabled, or
- the **insured person** dies, or
- we've paid 12 times the monthly **Total disability benefit amount** (only if the Business Expenses Insurance Plan applies)
- the **insured person's** disability arises as a result of his or her commission of, or involvement in, an intentional criminal act, or
- the **benefit period** ends or,
- the **insured person** turns 65 unless the **insurance schedule** specifies the **benefit period** is to age 70, or

when the **insured person** turns 70 if the Income Insurance Senior Plan applies, or

- you or the **insured person** make a fraudulent claim, or
- the **insured person** fails to take all steps to return to:
 - **appropriate work** (if the Income Insurance Premier Plan or the PremierLink IP option applies), or
 - full-time work (if the Income Insurance Plus Plan, Income Insurance Plan, Income Insurance Senior Plan, Income Insurance Superannuation Plan or Income Insurance SMSF Plan applies), or
 - work (if the Business Expenses Insurance Plan applies)

if he or she has the capacity to do so.

We also stop paying for other reasons

We'll also stop paying as soon as one of the following happens:

- the **insured person** is in jail or otherwise detained as a result of a criminal act, or
- the **insured person** fails to make available to us medical, financial or other evidence which we require to assess the claim, or
- the **insured person** is not under **medical care**.

Subject to the terms of the **plan** and where payments have ceased for one of the three reasons above, payments may recommence if:

- the reason for stopping payments no longer applies, and
- the **insured person** continues to be totally or partially disabled, and
- cover has not ceased under the plan.

Where the **insured person** has remained totally or partially disabled for the duration of the period in which payments were stopped, we'll treat the resumption of payments as a continuation of the same claim and won't restart the **waiting period**. However, the **benefit period** continues throughout the period in which the payments were stopped.

We'll only make payments for the period in which they were stopped if you can demonstrate that the **insured person** has continued to meet the terms and conditions of the plan during the period when payments were stopped.

When we won't pay

PREMIER PLUS PLAN SENIOR BUSINESS EXPENSES

NS S SMSF

If the insured person had a medical condition, injury or sickness before the plan began

We won't pay a benefit for a medical condition, **injury** or **sickness** that occurred before the Commencement date unless you or the **insured person** told us in writing about the medical condition, **injury** or **sickness**, and we agreed to accept it, when you or the **insured person**:

- applied for the plan, or
- applied to have the monthly benefit under the plan increased (except where the increase was due to exercising an option), or
- restored under **Restoring the plan** on page 101.

For the purposes of this clause only, the **insured person** had a medical condition, **injury** or **sickness** if:

- a **medical practitioner** or other health professional gave the **insured person**, or recommended that he or she receive advice, care or treatment, or
- the **insured person** had symptoms of a medical condition, **injury** or **sickness** for which a reasonable person would have tried to receive advice, care or treatment from a **medical practitioner** or other health professional unless:
 - the **insured person** was not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of,

the medical condition, **injury** or **sickness** at the time.

Medical practitioner means a registered **medical practitioner** who is appropriately qualified to treat you for a medical condition, **injury** or **sickness**. For the purposes of this clause only, the medical practitioner can be you or the **insured person** or your family member, business partner, employee or employer of you or the **insured person**. For all other clauses in this **plan**, the definition of **medical practitioner** is contained in **Glossary of defined terms** on page 115.

Other health professional means a physiotherapist, chiropractor, occupational therapist, practitioner of Chinese medicine, herbal therapies or any other such person.

If the insured person's injury or sickness was caused by you or the insured person, pregnancy, war or an excluded event

We won't pay if the **insured person's injury** or **sickness** was caused by:

- the **insured person** or you on purpose, or
- the **insured person's injury** or **sickness** arises as a result of his or her commission of, or involvement in, an intentional criminal act, or
- uncomplicated pregnancy, miscarriage or childbirth, or
- war or war-like activities, or
- an event that is excluded on your **insurance schedule**.

Complications arising from pregnancy that result in disablement are covered under the **plan**.

If a fraudulent claim is made

If you or the **insured person** make a fraudulent claim we may refuse payment of the claim.

Delay in claim reporting

The sooner we're notified of the **insured person's injury** or **sickness**, the more effectively we'll be able to work with him or her through the claims process. If we're not notified of the **insured person's injury** or **sickness** as soon as possible, we may reduce the amount of any benefit paid, to the extent that we have been prejudiced by this delay.

Unemployment

Under the Income Insurance Superannuation Plan and Income Insurance SMSF Plan only, you won't be eligible to submit a claim during a period of unemployment. If you wish to maintain the **plan**, you're required to keep paying premiums. If you don't pay your premiums, the **plan** will be cancelled.

For occupation category F (ie **farming**), the **insured person** is considered to be unemployed while not engaged in **farming**.

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Continuing your insurance cover

If you purchase any life insurance, TPD insurance, trauma insurance or any **income insurance plans**, as long as you pay the premiums on time and comply with the terms set out in this document we'll:

- pay benefits in Australian dollars when you are entitled to them
- continue the plan until the plan ends or the expiry date, as set out in the **insurance schedule**, and
- not place any further conditions such as exclusions or **loadings** on the plan.

We'll do so no matter how many claims you make, what happens to the **insured person's** health, whether the **insured person's** occupation changes, and what pastimes the **insured person** has.

However, if you apply to vary, extend or reinstate your plan, you have a duty of disclosure (as detailed on page 14) to inform us of any changes to the **insured person's** health, occupation or pastimes.

For income insurance plans for occupation categories BY, CY or DY, following a claim for injury or sickness:

We may, from three years after the plan commencement date shown in your **insurance schedule**:

- continue your plan on the same terms that applied before the sickness or injury claim, or
- offer to continue your plan by applying exclusions, premium **loadings** and/or special conditions to your plan subject to your agreement, or
- cancel your plan.

If we wish to apply exclusions, premium **loadings** and/or special conditions following the end of a claim period, we'll send you a written notice prior to the next **renewal date**. You'll have 30 days from the date of the notice to confirm your agreement, after which time your plan will end and cover under this plan will automatically cease.

If we cancel your plan, we'll send you a written notice. Your plan will end 30 days after you have received the notice from us.

When the plan will end

You can end the plan

You can end the **plan** at any time. You need to contact us to end your plan.

If you cancel it in the first 28 days from the date your **insurance schedule** is first received, we'll refund any premiums paid provided you haven't made a claim during this period. Please see **Cooling-off period** section on page 15 for further detail.

The **plan** ends on the date we receive the notice requesting the **plan** termination.

When the **plan** ends, you can no longer make a claim under the **plan** and we don't have to pay any benefits.

When the plan will end for Life, TPD or Trauma insurance plans

Please note that the **insurance schedule** may show a number of **plans** and/or **options**, each of which may have a different expiry date. Refer to the **insurance schedule** for the expiry date of each **plan** and/or **option**.

A **plan/option** automatically ends as soon as one of the following happens:

- we have paid, in full, the benefit that applied at the time of the claim event
- we have paid, in full, the benefit that applied at the time of the claim event under a plan to which this **plan/option** is linked (if applicable)
- the **insured person** dies
- the plan to which this **plan** or **option** is linked ends (if applicable)
- the expiry date is reached, or
- the premium is not paid when it becomes due. However, we'll give you 28 days written notice before we end it for this reason.

When the plan will end for Income insurance and the Business Expenses Insurance Plan

Please note that the **insurance schedule** may show a number of **plans** and/or **options**, each of which may have a different expiry date. Refer to the **insurance schedule** for the expiry date of each **plan** and/or **option**.

The **plan** automatically ends as soon as one of the following happens:

- the **insured person** permanently retires, or
- the **insured person** dies, or
- on the expiry date, or
- the premium is not paid when it becomes due. However, we will give you 28 days written notice before we end it for this reason.

Occupation category or benefit type	Specific rules for when cover ends
Occupation category F	The plan will also automatically end as soon as one of the following happens: – the insured person ceases farming for more than three months in a row for a reason other than disability (the insured person must notify us once they have ceased farming for more than three months for a reason other than disability), or – we issue a replacement plan under the Replacement plan section on page 95.
Occupation categories BY, CY or DY, and following the completion of a claim for injury or sickness	Following the completion of a claim for injury or sickness, we may, from the three years after the plan commencement date shown in your insurance schedule , cancel your plan as set out in Cancellable plans (page 95).

Occupation category or benefit type	Specific rules for when cover ends
For the Income Insurance Senior Plan	The plan will also automatically end if the insured person is not employed in full-time paid work. However, we won't end the plan if the insured person is not working while you are receiving a Total disability benefit (page 73). The insured person must notify us once he or she has ceased full-time paid work for a reason other than disability.
For the Business Expenses Insurance Plan	The plan will also automatically end if the insured person ceases paid work for more than three months other than by reason of death or total disability. However, we won't end the plan if the insured person is not working while he or she is receiving a Total disability benefit (page 73). The insured person must notify us once he or she has ceased paid work for more than three months for a reason other than disability.
For the Accelerated accident option (page 91)	The option ceases to apply when the plan ends.
For the Accident lump sum option (page 92)	The option ceases to apply when the plan ends or when we have paid you 100% of the lump sum option amount, whichever happens first.
For the Cover boost option (page 92)	The option ceases to apply when the plan ends or when you have reached the maximum number of increase dates, whichever happens first.
For the Increasing claim option (page 93)	The option ceases to apply when the plan ends or when you turn 65, whichever happens first.
For the Occupationally acquired HIV, Hepatitis B and Hepatitis C option (page 93)	The option ceases to apply when the plan ends or when we pay you the lump sum under this option, whichever happens first.

Restoring a plan

If the plan ends because the premium is not paid when it becomes due, you have six months after the date your premiums are paid, in which to ask us to restore it. When we are deciding whether or not to restore the plan, we may ask you for more information and/or require you to undergo medical assessment. The restored plan is a new contract of insurance. You must comply with **Your duty of disclosure** on page 14.

If we restore the plan, you'll have to pay the premium and any premium owing. The plan is restored when we tell you that in writing.

We can set conditions

We can restore the plan on certain conditions and we may decide not to restore the plan at our own discretion. If we restore the plan on a condition that is inconsistent with any condition that was in place before the plan was terminated, that new condition takes priority.

What we'll cover

If we restore the plan, the restored plan and any new or changed terms and conditions only apply in relation to the diagnosis of, or the suffering from, a **claimable event** which occurs after it is restored.

Injuries and sicknesses covered for income insurance plans

If we restore the plan, the restored plan and any new or changed terms and conditions only apply in relation to the diagnosis of, or suffering from an **injury** or **sickness** that happens after it is restored.

Key information you need to know

In this section we'll discuss:

- Holding your plan in super
- Nominating beneficiaries
- Tax on insurance outside super
- How to pay your premiums
- Financial adviser remuneration
- Declarations and consent
- Significant risks
- Privacy – use and disclosure of personal information

Holding your plan in super

Plan membership

The plan

The Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan are issued by **NM Super**. These plans provide insurance for members within **Super Directions** and **Wealth Super** (the Fund(s)).

Ownership of the plan

The Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan are held by **NM Super** as Trustee of **Super Directions** and **Wealth Super**.

Upon acceptance of your application, **NM Super** will purchase a Life Insurance Superannuation Plan/TPD Insurance Superannuation Plan/Income Insurance Superannuation Plan from AMP Life to provide the benefits you have requested, subject to acceptance of the application for insurance by the Insurer. The Trustee owns the Life Insurance Superannuation Plan/TPD Insurance Superannuation Plan/Income Insurance Superannuation Plan and holds it on your behalf, as a member of the Fund. The Trustee is a licensed trustee under the *Superannuation Industry (Supervision) Act 1993* (SIS) and has an appropriate level of indemnity insurance.

If you purchase a **life insurance plan**, **TPD insurance plan** or **income insurance plan** to be owned by the Trustee of an SMSF or small APRA Super Fund, the Trustee is responsible for meeting the requirements under superannuation law, including ensuring that the member satisfies the appropriate condition of release before releasing any insurance benefits.

Membership of the Fund

To be an **insured person** under the plan you must be a member of the Fund. The Funds are registered as superannuation entities under SIS. Your membership will be governed by the terms and conditions of the Trust Deeds of the Funds (as amended from time to time) and superannuation law.

The premium you pay for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and the Income Insurance Superannuation Plan, the stamp duty and the plan fee are the only cost to you; you pay no other fee or charge for having insurance in the Fund.

The benefits to which you are entitled are limited to those specified under the Life Insurance Superannuation Plan/TPD Insurance Superannuation Plan/Income Insurance Superannuation Plan.

Insurance cover will cease when:

- You are no longer a member of the Fund, or
- There are insufficient funds in your superannuation account to pay your premiums, or
- You cease to be eligible to contribute to superannuation over age 65 due to superannuation age restrictions and there are insufficient funds in your superannuation account to pay your premiums.

Payment of any benefit to you by the **Trustee** is subject to acceptance of a claim by AMP. Payment of premiums beyond age 65 is subject to you remaining eligible to contribute to superannuation.

Taxation information

The tax information contained in this **PDS** is based on the **Trustee's** understanding of the current law and of current Australian Taxation Office (ATO) practice at the date of publication. Our comments are a general guide only. The tax treatment may vary according to your individual circumstances.

You should seek professional advice concerning your own taxation position. Further taxation information can be found at ato.gov.au.

Contributions tax

All employer contributions paid to the Fund (including voluntary salary sacrifice contributions) and any contributions for which you claim a tax deduction are called concessional contributions and are currently taxed in the Fund at a maximum rate of 15%. The Fund will charge this tax when the contributions are received by the Fund or on receipt of a valid notice of your intention to claim a tax deduction.

This 15% contributions tax may be reduced by deductions (available to the Fund) for items such as insurance premiums. So, where a contribution is wholly applied to pay for insurance premiums, as is the case where AMP Elevate is provided via **Super Directions**, the contributions tax charge rate is set as zero.

Partial rollovers into AMP Elevate via Super Directions are not subject to tax in Super Directions. As no tax deduction is available to you, a tax benefit of 15% of the premium is allocated in advance to be applied to pay the premium.

Individuals with income and certain contributions for an income year over the high income earners cap will be liable for an additional tax of 15% on the lesser of the excess over that cap and the contributions. This is in addition to contributions tax and is taxed by the Australian Taxation Office (ATO) direct to the member. This may be paid from your super account balance, but not from a defined benefit interest.

Concessional contributions cap

An annual contribution limit (also known as a contributions cap) applies on the amount of concessional contributions each person can make per year.

Contributions in excess of the annual cap (referred to as excess concessional contributions) are included in the individual's taxable income and taxed at their marginal rate (plus Medicare levy less a 15% tax offset) plus an interest charge levied by the ATO. This is in addition to the contributions tax (15%). The tax on excess concessional contributions is imposed on the individual.

The annual concessional contribution cap is indexed. When assessing your eligibility to make concessional contributions you should check that current cap at www.ato.gov.au.

Furthermore, excess concessional contributions are counted towards the non-concessional contributions cap (see below).

Non-concessional contributions cap

Non-concessional contributions include:

- personal contributions for which you do not claim a tax deduction, and
- spouse contributions.

An annual contribution limit (also known as a contributions cap) applies on the amount of non-concessional contributions each person can make per year. The annual non-concessional contribution cap is indexed. When assessing your eligibility to make non-concessional contributions you should check the current cap rules at www.ato.gov.au. If you are under age 65 at any time during the financial year, you may be eligible to bring forward two years of non-concessional contributions into one year. Members aged 65 or over on 1 July can only make non-concessional contributions of up to the current annual non-concessional contribution cap in that year and each subsequent year to age 75, subject to being gainfully employed on at least a part-time basis. No further non-concessional contribution cap is available for the financial year if your total superannuation balance is \$1.6 million or more. For more information, refer to the **Eligibility to make contributions** section on page 105 of this **PDS**.

Non-concessional contributions in excess of this cap will be taxed at 45% plus the Medicare levy, plus 2% Temporary Budget levy for the 2016–17 income year. The recently introduced ability to have the excess non-concessional contributions refunded and the **interest** taxed at marginal rates is not available in AMP Elevate

in **Super Directions**, because all contributions are fully applied to premiums, leaving no balance to enable a refund.

The **Trustee** is prevented by law from accepting a non-concessional contribution that is greater than the eligible bring forward amount in one transaction for individuals who are under age 65 or the eligible annual non-concessional contribution cap amount in one transaction for individuals age 65 or over on 1 July of the relevant financial year. The **Trustee** is required by law to refund the excess contribution and is entitled to deduct an administration fee and any transaction costs and premiums that have been paid in relation to cover for a specific period.

If you are a member of **Super Directions**, any insurance premiums you pay are considered to be superannuation contributions and will count towards your contributions cap.

Your **Super Directions** membership does not have an investment component. This means it cannot accept spouse contributions, co-contributions from the ATO, rollovers from other superannuation funds, except as part of the partial rollover facility.

Wealth Super can accept payment from these sources where you are a member of the Fund and hold insurance through MyNorth, North, Summit, Generations or iAccess.

There are some exceptions to the contribution rules. For more information, please contact your **financial adviser**.

Deductions and offsets

Depending on your circumstances, tax deductions or offsets for contributions used to fund the premiums may be available. Tax deductions (subject to certain restrictions) may be available for premiums paid by employers, employees who receive no employer support and the self-employed or substantially self-employed. For more information, please contact your **financial adviser**/tax adviser.

Life Insurance Superannuation Plan

Death benefit lump sums paid to dependants, as defined for tax purposes (eg spouse, de facto spouse, your child under age 18, or people financially dependent on a person at the time of death or in an interdependent relationship) are generally tax free.

Where Death benefit lump sums are paid to a person who is not a tax dependant they are generally taxed at a rate of up to 15% (30% in certain circumstances) plus the Medicare levy.

For TPD insurance, the insurance benefit will be part of the taxable component, but can be reduced by a tax free component calculated under tax law. Tax treatment will depend on whether you take the benefit as a lump sum or rollover to purchase an income stream. Please speak to your accountant for further information.

Income Insurance Superannuation Plan

Benefits (including Superannuation contributions option benefits) under the plan will need to be included in your assessable income and will be paid to you net of tax.

At the end of each financial year we will issue you with a PAYG summary showing your benefits paid and tax deducted. This will need to be included in your tax return. Please speak to your accountant for further information.

Providing a tax file number (TFN)

Your tax file number is confidential. Before you provide your tax file number we are required to tell you the following:

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The **Trustee** may disclose your TFN to another superannuation provider, unless you request the **Trustee** in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to the **Trustee** will have the following advantages:

- Your superannuation fund will be able to accept all types of contributions to your account(s).
- The tax on contributions to your superannuation account(s) will not increase.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
- It will be easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

If you do not provide your tax file number, the **Trustee** will not be able to accept any payment for premiums and your application for insurance will not be accepted.

Eligibility to make contributions

Anyone under the age of 65 can contribute to superannuation at any time on their own behalf or for someone else who is under 65.

If aged between 65 and 74

Between the ages of 65 and 74, eligibility to contribute is subject to satisfying the work test. To satisfy this test a member must have worked at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contribution is made.

Employer/member supported plans

Life insurance and income insurance superannuation plans can be:

- Employer supported—the employer pays the premium on behalf of the employee, and
- Member supported—the member pays the premiums.

Cancelling your plan

If you are a member of **Super Directions** and you cancel your insurance, you will automatically cancel your membership of the Fund.

If you are a member of **Wealth Super** and you cancel your insurance, you will remain a member of the Fund with no insurance cover.

You must be a member of either Fund to hold insurance under superannuation.

If you cancel your insurance, any premiums paid must be subject to preservation rules, governed by superannuation rules applicable at the time.

Nominating beneficiaries

It's important your money ends up in the right hands if anything happens to you. You probably want it to go to your loved ones and make the process as easy as possible.

Your beneficiaries are those who receive your money when you die. It is generally straightforward to nominate beneficiaries under insurance policies, but there are some differences to policies held through superannuation.

How your plan is structured	Who receives your benefit
Beneficiaries through insurance policies	Your benefit is paid to the policy owner , the nominated beneficiaries or, where applicable, to your estate.
Beneficiaries through superannuation	Your benefit is held by the superannuation trustee who will take into account your wishes, depending on the type of nomination and the relationship you have with those nominated.

Nomination of dependant

If applying for a Life Insurance Superannuation Plan held through Super Directions, you should complete the non-binding or binding nomination form in the Application form attached to this PDS.

If applying for a Life Insurance Superannuation Plan via membership through MyNorth, North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits (which includes your accumulation amount and your insurance proceeds) requires the completion of the appropriate death benefit nomination form available under MyNorth, North, Summit, Generations or iAccess. You cannot make a separate binding nomination for your insurance benefits only.

Completion of the superannuation nomination of dependants form accompanying AMP Elevate insurance Application form will be void if your policy is under the MyNorth, North, Summit, Generations or iAccess Superannuation or Pension Plan.

The recipient of death benefits from a superannuation fund in the event of the death of a member is generally determined by the **Trustee**, at its discretion. However, the **Trustee** offers binding nominations for people who hold the Life Insurance Superannuation Plan offered through **Super Directions** and **Wealth Super**.

Binding nominations give you greater control over who receives your life insurance benefit under your Life Insurance Superannuation Plan.

Alternatively, you may still make a non-binding nomination; however, this nomination gives the **Trustee** of the Fund discretion on how to pay your benefit.

Types of nominations

There are three types of nominations:

- Binding
- Non-binding, and
- No-nominations.

Binding nominations

A binding nomination means the trustee (**NM Super**) is obliged to pay your benefit to the people you nominate in the proportions you specify.

It's important you:

- only nominate those who are eligible, such as your dependants and/or your estate or a legal representative (see below)
- ensure the allocations add up to 100% (use whole numbers)
- update your binding nomination every three years, and
- update your binding nomination if there is a change in your personal circumstances, such as marriage, divorce or entering a defacto relationship and/or the death of one of your beneficiaries.

A binding death benefit nomination gives you certainty about who will receive your superannuation benefit in the event of your death. When you have nominated a beneficiary and the nomination is valid under superannuation law, the trustee will act in accordance with that nomination. However, the Federal Government has imposed strict conditions on how a beneficiary must be nominated.

A beneficiary must be a:

- spouse (including de facto spouse or same sex partner),
- a child (including an adopted child, step child or ex-nuptial child),
- the child of the insured's spouse or any person who is, or was at the relevant time, in the opinion of the Trustee, in an interdependency relationship with the insured (generally a close personal relationship between two people who live together, where one or both provides the other with financial support, domestic support and personal care),
- a legal personal representative or any person who, in the opinion of the Trustee, is, or was at the relevant time, dependent in whole or part upon the insured.

If any beneficiary nominated is not a dependant according to superannuation law at the date of your death, this notice will be invalid.

With binding nominations, you may nominate specific individuals and the portion of the death benefit they will receive under the plan. You will only be able to nominate individuals who are eligible under superannuation law.

How to make a binding nomination

If you're purchasing insurance through:	How to make a binding nomination
Super Directions	Please complete the binding death benefit nomination section of the Application form.
MyNorth, North, Summit, Generations or iAccess as a member of Wealth Super	You may have completed a Binding nomination form at the time of becoming a member. In such instances the binding nomination also applies to your life insurance. If a binding nomination was not completed when applying for membership of Wealth Super , and you would like a binding nomination to apply to your MyNorth, North, Summit, Generations or iAccess superannuation benefits and your insurance, a nomination form may be obtained from your financial adviser .

How a binding nomination works

To make a binding nomination you will need to provide the personal details of your dependants to whom your death benefit is to be paid. You will need to provide their full name, address details, date of birth, sex, and their relationship to you.

If you choose to make a binding nomination, the Trustee will pay your benefit to the person(s) you have nominated as long as your nomination:

- Is valid
- Has been made in the prescribed manner
- Is received by the Trustee before your death
- Has not expired, and the nominated person(s) is a dependant (as defined in the governing rules of the Fund and by superannuation law) or your legal personal representative.

To be valid, a nomination must:

- Nominate one or more dependants and/or your legal personal representative and provide the percentage of the death benefit for each nominee to receive in the event of your death. The proportional entitlements must total 100%,
- Be fully completed by you and signed in the presence of your witnesses,
- Be witnessed by two people who are aged 18 years or over and neither of whom is nominated on the form. Each witness must also sign and date the Witness Declaration section, and
- Date the form as at the date of completion.

However, the Trustee is not required to pay the Death benefit in accordance with the binding nomination if:

- The Trustee is subject to a court order and doing so would breach the court order, or
- The Trustee is aware that the giving of, or failure to amend or revoke a nomination was a breach of a court order.

Your nomination expires after three years. You may want to review your nomination regularly and update your nomination as your personal circumstances change, eg divorce, birth of children, death of a partner or nominee. It is your responsibility to keep your nomination up to date and review it every three years. You may update your binding nomination by completing a new binding Death benefit beneficiary nomination form at any time.

The binding nomination will normally become invalid when one of the following happens:

- Three years have lapsed from the date the Binding nomination form was signed and you have not reconfirmed the nomination prior to the expiry date.
- Any nominated beneficiary dies before you die.
- Any nominated beneficiary (other than the legal personal representative) is not a dependant at the time of death.
- If your spouse is nominated and you get divorced or your **de facto relationship** ends after signing the Binding nomination form.

If the binding nomination is no longer valid, then the Trustee will automatically treat the binding nomination as a non-binding nomination.

If you wish to revoke a binding death benefit nomination, you must complete, sign and date the revocation in the presence of two witnesses who are aged 18 years or over and neither of whom were nominated on the form. Each witness must also sign and date the witness declaration section.

If you nominate your legal personal representative as your beneficiary, please make sure that you have a valid and up-to-date will. If you die without a will, the Trustee may have to pay the benefit to a court-appointed administrator who will pay the benefit in accordance with a statutory formula that varies from state to state.

Payment to a legal personal representative may also take longer to effect as it is necessary for a Grant of Probate or Letters of Administration to be issued before the benefit can be paid.

You should note that by directing payment to your legal personal representative you may be exposing the benefit to claims by creditors of your estate.

Your **financial adviser** can assist you in assessing your estate planning.

In the event that your nomination is not valid or has expired, your death benefit will be paid at the discretion of the Trustee to one or more of your dependants and/or legal personal representative.

Non-binding nomination or no nomination made

A non-binding nomination means the trustee will pay your benefit to your dependant(s) or legal representative in proportions the trustee determines. Non-binding nominations don't need to be updated every three years, but they still need to be valid and reflect any changes in your personal circumstances.

If you haven't nominated a beneficiary the trustee will pay your benefit to your estate. It is important to have a will and make sure it covers your superannuation benefit. If your estate is insolvent or a legal representative isn't appointed to manage your estate within a reasonable amount of time, the trustee will decide which of your beneficiaries, or others, will receive your benefit and in what proportions.

However, regardless of whether you make a non-binding nomination or no nomination, the Trustee has the discretion to pay your benefit to one or more of your dependants and/or your legal personal representative in any proportions it determines.

To make a non-binding death benefit nomination, **Super Directions** members should complete the Nomination of dependants section of the Application form. For MyNorth, North, Summit, Generations and iAccess, please complete the death benefit nomination form available under North, Summit, Generations or iAccess.

You should be aware that any directions that you may have included in your last will for the payment of your life insurance benefit under the Fund cannot legally bind the Trustee. However, the Trustee will take your expressed wishes into account. Therefore you may want to update your will and your non-binding nomination whenever your circumstances change.

You may provide the Trustee with a written indication of your preference for the disbursement of the benefit from the Fund in the event of death.

It is essential that you keep the Trustee fully informed of your current preferences for the payment of your benefits in the event of your death.

Who qualifies as my dependant?

The Trustee must ensure that the benefits are paid to your legal personal representative or dependants as defined in the Trust Deed and applicable law. A dependant is defined as:

- The spouse
- Each child (including an adopted child, step-child or an ex-nuptial child) of a member, or the child of a member's spouse
- Any person who is, or was at the relevant time, in the opinion of the Trustee, in an interdependency relationship with the member (generally a close personal relationship between two people who live together, where one or both provides the other with financial support, domestic support and personal care)
- Any person who in the opinion of the Trustee is, or was at the relevant time, dependent in whole or in part upon the member, or
- Any other person treated for the purposes of superannuation law as a dependant.

The beneficiary of your death benefit can ask to receive the payment as a lump sum.

Who is a spouse?

A spouse is a person who is legally married to the member, or a person who, although not legally married to the member, lives (or lived at the time of the member's death) with the member on a genuine domestic basis in a relationship as a couple and includes a same-sex partner.

Where a Life Insurance Superannuation Plan is held through membership of **Wealth Super**, any insurance benefit payable under the Life Insurance Superannuation Plan will be credited to your super account. In the event of your death, any insurance benefit will form part of the death benefit available within the Fund, and will be distributed by the Trustee in accordance with any death benefit nomination you have provided in respect of your account and/or the Trustee's discretion if there is no valid binding death benefit nomination. You cannot make a separate death benefit nomination in respect of your Life Insurance Superannuation Plan.

General terms and conditions

The **plan** is issued subject to the Life Insurance Act 1995, the Insurance Contracts Act 1984, the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997, the Superannuation Industry (Supervision) Act 1993 and any other Act of Parliament regulating the terms of insurance contracts and the operation of superannuation funds.

The plans in this PDS are not savings plans

The plans in this **PDS** are not savings plans. They have no cash value. This means you're not entitled to any payment if you end the **plan**, or to share in any of the profit or surplus.

Tax on insurance outside super

Please refer to the **Holding your plan in super** section on page 103 for information on taxation for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and the Income Insurance Superannuation Plan.

The taxation information outlined in this document is based on the continuation of present laws and their interpretation and is a general statement only.

Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation. Further taxation information can be found at ato.gov.au.

For insurance cover via a SMSF, the trustee of your SMSF will pay the premium. Please refer to your Trustee for information on the taxation consequences that may apply.

Life, TPD and Trauma insurance plans

Premiums are generally not tax deductible. Lump sum payments made in the event of your death, disability or major trauma are generally free of income tax in the hands of the **policy owner**.

If you are in **business** and take out this cover for revenue purposes (for example, replacing business income if a key person dies), the premiums will generally be tax deductible and any benefits received will generally be assessed as income.

If you are in **business** and take out this cover for a capital purpose (for example, repaying a debt if a key person dies), then the premium is not tax deductible and the proceeds will not be subject to income tax. However, CGT may apply depending on who receives the proceeds.

In the case of TPD and trauma proceeds, as long as the life insured or a defined relative of the life insured receives the insurance proceeds, there will not be any CGT implications. For more information please consult your accountant.

CGT will not apply to life insurance proceeds received upon your death unless the recipient of the proceeds is not the original beneficial owner and that person acquired the right to the plan for money or other consideration.

Income insurance and Business expenses plans

Generally, your premium is tax deductible and any amounts (including PremierLink IP, StandardLink IP and Superannuation contributions option) we pay to or for you are assessable income.

However, premiums paid for the accident lump sum option or the occupationally acquired HIV, Hepatitis B and Hepatitis C option are not tax deductible and benefits received are not assessable for income tax.

Please consult your accountant regarding your personal situation. They will be able to provide you with more detailed information.

Goods and services tax (GST)

You do not have to pay GST on your premiums or any benefits you receive.

Paying your premiums

Statutory Fund

We pay your premiums into, and all benefit payments are paid out of (and are limited to), a statutory fund called our Statutory Fund No. 1. The statutory fund is regulated under the Life Insurance Act 1995.

Payment of premiums

You must pay your premiums, including any charges, when they are due and in Australian dollars for the plan to remain current. The premium includes the cost of providing the insurance and all taxes, duties, charges and the plan fee.

If your premium is not paid when it becomes due, we may cancel your plan. However, we will give you 28 days written notice before we cancel it for this reason.

Frequency: You can pay fortnightly, monthly, quarterly, half-yearly or yearly. If you are paying your super premiums by partial rollovers (see page 111) you must select yearly frequency.

Ways you can pay

If you pay quarterly, half-yearly or yearly you can ask to receive a payment due notice. Or you have the option of paying via direct debit from your bank account or credit card.

If you choose to pay fortnightly or monthly, you'll need to pay by direct debit. A direct debit form is enclosed in the AMP Elevate Application form at the back of this document.

Payment method	Individuals, companies and SMSFs	How your plan is structured		
		Member supported	Employer supported	MyNorth, North, Summit, Generations or iAccess
Direct debit ⁽ⁱ⁾	✓	✓		
Deducted from your credit card ⁽ⁱⁱ⁾ (Visa and MasterCard only)	✓ ⁽ⁱⁱⁱ⁾	✓		
Payment due notice – Cash – BPAY® ¹ – Cheque (made payable to AMP) – Credit card (Visa and MasterCard only)	✓	✓		
Partial rollover		✓		
SuperStream			✓	
Deducted from your cash account				✓

(i) Please refer to the direct debit service request information for full details of the Direct Debit Request Service Agreement on page 111.

(ii) The bank, financial institution or credit card provider may in its absolute discretion charge a fee for this service. In that event, we will pass the fee on to you.

(iii) Not available for plans owned by SMSFs

For plans owned by Super Directions

If you are a member of **Super Directions** and you elect to use the rollover facility, your premiums will be paid from your nominated superannuation fund via annual rollover or transfer.

1 ® Registered to Bpay Pty Ltd ABN 69 079 137 518

For plans owned under MyNorth, North, Summit, Generations or iAccess

Your premium, including the applicable plan fee and instalment loading, will be deducted from your cash account.

Paying using the rollover facility

We offer members of **Super Directions** a facility that enables premiums to be paid using superannuation money. If you wish to have your insurance with us but your nominated superannuation account with another superannuation fund (provided it's a taxed superannuation fund), you can pay the premiums using money from your nominated superannuation fund. You simply need to complete and send us an enduring rollover authority (contained in the Application form). This authority allows us to act on your behalf to request a rollover or transfer from your nominated superannuation account as and when the policy premium is due.

You won't need to complete a new authority each year. The authority continues until the earliest of you requesting a revocation, you giving us a new authority, the policy ending or your death.

If you change your nominated superannuation account, you will need to provide us with a new enduring rollover authority.

If the amount received from your nominated superannuation account is not equal to the amount requested, it will be returned to the transferring fund. If this happens, or if the rollover or transfer is not successful for any other reason, an alternative payment is required otherwise your policy may lapse. If we can't return any amounts to the transferring fund, we may transfer the amount to the AMP Eligible Rollover Fund. By purchasing a **plan** and completing an enduring rollover authority, you authorise us to do so.

The amount required to pay the premium by rollover or transfer will be reduced by a 15% tax benefit, which means that only 85% of the premium due needs to be rolled over. For example, if your annual premium is \$100, we will only request for a rollover of \$85. If you change the method of payment in the future or a rollover or transfer request is not successful and an alternative payment method is required, you may not receive the credit of the tax benefit. This tax benefit is allocated at the Trustee's discretion. The Trustee may review or change its practice in the future.

Importantly, only annual premium payments are available when paying using the rollover facility.

How to pay the premium

Make your premium payments using telephone or internet banking from your credit card, cheque or savings account.

For information on your biller code and CRN, please refer to your payment due notice. You can also access your payment due notice by logging onto your My AMP account and viewing your statements.

Direct debit request service agreement

This charter outlines our and your responsibilities to ensure the smooth and secure operation of our direct debit agreement.

Our responsibilities

- We'll only deduct premiums from your chosen account. Your **insurance schedule** shows the premium amount and how often we have agreed to deduct it.
- We will not disclose your bank details to anyone, unless you have agreed in writing that we can, or the law requires or allows us to do this.
- If the payment date is a weekend or public holiday, we will debit your account on the next business day following the weekend or public holiday.
- We'll give you at least 14 days' notice when changes to the initial terms of this arrangement are made.
- AMP Life will keep your financial details confidential. However, it will disclose these details:
 - if you give permission
 - if a court order applies
 - to settle a claim
 - if AMP Life's financial institution needs information.

Your responsibilities

- Before sending us your account details, please check with your financial institution that direct debit deductions are allowed on the account you have chosen.
- Please ensure you have enough money in your account to pay your premiums when due.
- Your bank or financial institution may charge a fee if the payment can't be met.
- Your bank or financial institution may charge a direct debit fee. This will be reflected in your account statement.

Can we help?

Contact our Customer Service Centre on 131 267 or your **financial adviser** if:

- You need to change your payment details, cancel or alter direct debit deductions at any time, or
- You have any queries about your direct debit agreement.

We respond to queries concerning disputed transactions within five working days of notification.

Financial adviser remuneration

If you purchase an individual insurance policy from AMP through a **financial adviser**, we will pay your financial adviser remuneration. The payment is already

incorporated in your premium. Your **financial adviser** has the option to reduce their commission, which in turn will decrease your premium.

From time to time, we may decide to provide **financial advisers** with non-monetary benefits (such as training or entertainment). This is in addition to the commission your **financial adviser** may receive.

AMP maintains a register of the non-monetary benefits that we pay to **financial advisers** from time to time, also known as AMP's gifts and entertainment register. A copy of the register may be requested by calling 1800 780 085.

Your **financial adviser** is required to provide details of the remuneration they receive in the Statement of Advice they must provide to you.

Declarations and consent

By proceeding with your application you are deemed to have acknowledged and agreed with the following:

Product Disclosure Statement	Your financial adviser has provided you with, and you have read, the current insurance PDS . Your insurance needs have been discussed with your financial adviser , and you will retain this PDS for future reference.
Duty of disclosure	You have read the PDS , and your financial adviser has drawn to your attention the Duty of Disclosure Statement set out in the Steps to being insured section on page 13. You are required to fulfil your obligations in accordance with your duties as explained in this PDS . (Important: You have a duty to disclose on your application form all information relevant to the insurer's decision to accept your application, as explained fully in Your duty of disclosure section on page 14)
Truth and accuracy	You are required to check the truth, accuracy and completeness of the information contained in your application — whether this is a paper-based application or one submitted online by your financial adviser . If your financial adviser submits your application online and you have not signed a printed copy, your financial adviser is required to send you a copy within five working days of submission. You are required to check your application for truth, accuracy and completeness and contact AMP on 131 267 to notify us of any amendments. If you do not receive a printed copy of your online application within five working days, you are required to contact your financial adviser and ask for a copy to be provided immediately.
Online application	Your financial adviser may submit your insurance application to AMP online.
Changes in material circumstances	Any change in material circumstances between the time you provide personal information to your financial adviser and the issue of your insurance schedule must be disclosed to the insurer. Failure to do so may result in the insurer avoiding the contract of insurance.
Replacement of existing insurance	Where you have indicated that the insurance you are applying for is to replace existing insurance, you will be required to cancel this existing insurance at the time that your application is accepted by us. However, if the existing insurance is held with us or another company within the AMP group of companies, you authorise: – us to cancel, or to instruct the other insurer to cancel, that insurance effective the date that the new insurance commences, and – the other insurer (if any) to cancel that insurance at our request on the basis of this authority.
Medical and other information	By completing your application, you're authorising: – any medical practitioner, doctor, health professional, hospital, clinic, other insurers (including related companies of AMP) or other professional, such as a financial adviser or accountant, to disclose any information they may possess about you, whether held in hard copy or in any other format, to AMP, and – AMP to collect any information they have on your health, medical history, pastimes, work history or anything else that AMP considers to be relevant to assessing or underwriting this cover or assessing any claim under it.
Privacy – use and disclosure of personal information	By proceeding with your application, you are authorising us to disclose any information related to your application for insurance to any person/authorised third parties. We will only share sensitive information, such as medical details, where it is necessary to do so to properly assess your application. You are deemed to have agreed that personal information may be disclosed to third parties, where that disclosure is for the purpose of assisting us in making a decision in relation to your application for insurance, or in relation to a claim made under the policy of insurance. In addition, you give our health screening provider permission to speak to a third party for the purpose of arranging a health screening appointment. This third party may be a spouse, family member, personal assistant or adviser. Neither AMP Life nor any service provider will disclose any information that is of a sensitive nature to this third party. You give the insurer permission to advise your usual doctor of the reason(s) behind any adverse assessment of your application if it was based on health evidence obtained during the assessment of your application.
Privacy	You are required to read and understand the Privacy – use and disclosure of personal information section on page 114. You consent to your personal information being collected and used in accordance with this PDS and our policy on privacy. You can opt out from the use of that information for the purpose of direct marketing by contacting us.

Acceptance of your application is subject to the insurer searching its records for any other business with the person to be insured. The insurer may vary the terms of the policy of insurance to be issued on the basis of any information contained in its records.

Significant risks

There are a number of risks associated with holding an AMP Elevate insurance product:

- the insurance you select may not provide sufficient cover for your needs. Your **financial adviser** can help you select the insurance that is the most appropriate for your needs and circumstances
- we may reduce or not pay a benefit, or cancel your plan, if you don't comply with **Your duty of disclosure** set out on page 14
- we may not pay a benefit because exclusions apply, based on your personal circumstances
- if you purchase insurance through super, the **Trustee** can only pay a benefit if the **insured person** satisfies the condition of release required under superannuation law
- the premium rates aren't guaranteed and will increase over time
- we may cancel your plan if your premium isn't paid in time, in which case you will no longer be covered and won't be able to make a claim.

Your application

Application	By proceeding with your application you are asking the insurer to provide insurance on the usual conditions set out in this PDS —including any modifications to the plan that the insurer considers appropriate given the information submitted for your application.
Nomination of beneficiary	The payment of benefits from the Life Insurance Plan will be made on the basis of the latest nomination received in writing to AMP.

When applying for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or Income Insurance Superannuation Plan

Prospective members of Super Directions

Application	By submitting your application you are applying to NM Super for membership of Super Directions . You're asking the Trustee to propose to the insurer to provide insurance on the terms and conditions set out in this PDS —including any modifications to the plan that the insurer considers appropriate given the information submitted for your application. You are confirming you are eligible to contribute to superannuation, and agree to notify the Trustee of the Fund in writing immediately if you cease to be gainfully employed or if you cease to be eligible to contribute to the Fund. You should review your binding nomination every three years, or as your circumstances change. If you don't it may cease to have effect.
Fund Membership	You are submitting your application for the Life Insurance Superannuation Plan and/or the TPD Insurance Superannuation Plan and/or the Income Insurance Superannuation Plan as a prospective member of Super Directions .

Prospective members of Wealth Super

Application	By submitting your application you are confirming you are already a member, or have applied to become a member, of Wealth Super .
Fund Membership	In applying for the Life Insurance Superannuation Plan and/or the TPD Insurance Superannuation Plan and/or Income Insurance Superannuation Plan you are doing so as a plan holder or prospective plan holder of MyNorth, Summit, Generations or iAccess as part of Wealth Super . If you are paying through AMP's MyNorth, Summit, Generations or iAccess, your plan will be held within Wealth Super with NM Super as the Trustee.
Nomination of beneficiary	Please refer to the Nomination of dependant section on page 105 for further details.

Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also to us. We may collect personal information directly from you or your **financial adviser**. We may also collect personal information if it is required or authorised by law, including the *Superannuation Industry (Supervision) Act 1993*, the *Corporations Act 2001* and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF).

Our main purpose in collecting personal information from you is so we can establish and manage your plan. If you choose not to provide the information necessary to process your application, then we may not be able to process it. We may also use this information for related purposes—for example, enhancing customer service and product options and providing you with ongoing information about opportunities that may be useful for your financial needs through direct marketing. These may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by us, other members of the AMP group, or by your **financial adviser**.

If, at any time, you do not want to receive this information, you can opt out by telephoning our Customer Contact Centre on 131 267 and quoting your plan number.

If you are applying for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or the Income Insurance Superannuation Plan, we will also use this information to assess your application for, and manage your membership of, **Super Directions** or **Wealth Super**. We will only use information about your dependants in the event of your death.

We usually disclose information of this kind to:

- other members of the AMP group
- your **financial adviser** or broker (if any)
- the owner of the plan
- your parent or guardian, if you are under age 18
- external service suppliers who may be located in Australia or overseas, who supply administrative, financial or other services to assist the AMP group in providing you with services. A list of countries where these providers are likely to be located can be accessed via our Privacy Policy
- the Australian Transaction Reports and Analysis Centre (AUSTRAC) where required by our anti-money laundering compliance plan
- the Australian Taxation Office (ATO) to conduct searches on the ATO's Lost Member Register for lost superannuation, or
- anyone you have authorised or if required by law.

If sensitive information, such as health information is collected in relation to this financial product, then additional restrictions apply. AMP Life may collect health information using a third party provider. The primary purpose for obtaining this health information is for the insurer, AMP Life, to assess your application for new or additional insurance. AMP Life may also use this information for directly related purposes—for example, deciding whether more information is needed, arranging reinsurance, assessing further applications and processing claims. AMP Life may disclose your health information to:

- the **financial adviser** or broker responsible for the plan
- your parent or guardian, if you are under age 18
- the **trustee**
- the owner of your personal insurance plan (if applicable)
- AMP Life's reinsurers
- **medical practitioners**
- any person AMP Life considers necessary to help either assess claims or resolve complaints
- anyone you have authorised or if required by law.

If you are an **insured person**, aspects of your health information may be provided to the owner of your plan in resolving terms of acceptance or if the standard plan rates are varied.

If you are an **insured person**, AMP Life and/or its health screening provider may also speak to a third party for the sole purpose of arranging a health screening appointment. This third party may include a spouse, family member, personal assistant, **financial adviser** or other relevant party.

Under the current AMP Privacy Policy you may access personal information about you held by the AMP group. The AMP Privacy Policy sets out the AMP group's policies on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy, and information about how we deal with such complaints. The AMP Privacy Policy can be obtained online at amp.com.au or by calling our Customer Contact Centre on 131 267.

Glossary of terms

Glossary of general terms in this document

Term	Definition
25% impairment	Where the trauma condition definition refers to a 25% impairment of whole body function, we will rely on the latest published edition of American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment at the time of claim. Assessment must be carried out by a medical practitioner accredited in the evaluation of permanent impairment.
Activities of daily living (ADL)	Activities of daily living are the following: – bathing/showering – dressing/undressing – eating/drinking – using the toilet to maintain personal hygiene – getting in and out of bed, a chair or wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.
Business	Business means the entity on which we based our underwriting at the time you applied for insurance under AMP Elevate.
Claimable event	Claimable event means: For Life insurance: – Death – Terminal illness For Total and permanent disability (TPD) insurance: – suffer a specific loss, or – is unlikely to work, or – is unlikely to perform domestic work, or – requires future care, or – suffers significant cognitive impairment, as defined in Glossary of TPD definitions (pages 119 to 120). For trauma insurance: – suffers a trauma condition. Each trauma condition is defined in the Glossary of medical conditions starting on page 120. For income insurance plans and the Business Expenses Insurance Plan: – Total disability – Partial disability – Specific injuries and sicknesses
De facto relationship	De facto relationship means: – a relationship between two persons (whether of the same sex or different sexes) that is registered under a law of a State or Territory of Australia, or – a relationship between two persons (whether of the same sex or different sexes) who, although not legally married to each other, live with each other on a genuine domestic basis in a relationship as a couple.
Dependant child	Dependant child means a natural child, a step child or adopted child or a child under the legal guardianship of the insured person .
Double TPD option(s)	Double TPD option(s) means any of: – Double TPD insurance option (Any) – Double TPD insurance option (Own)
Double trauma option(s)	Double trauma option(s) means any of: – Double Trauma insurance option – Double Trauma insurance plus option.

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FlexiLink plan(s)	FlexiLink plan(s) means any of: – FlexiLink TPD Insurance Plan (Own) – FlexiLink TPD Insurance Plan (Any) – FlexiLink Trauma Insurance Plan – FlexiLink Trauma Insurance Plus Plan
FlexiLink TPD plan(s)	FlexiLink TPD plan(s) means any of: – FlexiLink TPD Insurance Plan (Own) – FlexiLink TPD Insurance Plan (Any)
FlexiLink Trauma plan(s)	FlexiLink Trauma plan(s) means any of: – FlexiLink Trauma Insurance Plan – FlexiLink Trauma Insurance Plus Plan
Immediate family member	Immediate family member means: – the insured person's legal husband or wife, or – a person living with the insured person as the insured person's spouse on a domestic basis in good faith. He or she can be of the same sex as the insured person, or – the insured person's mother, father, mother-in-law or father-in-law, or – a child of the insured person.
Income insurance plans	Income insurance plans means any of: – Income Insurance Premier Plan – Income Insurance Plus Plan – Income Insurance Plan – Income Insurance Senior Plan – Income Insurance Superannuation Plan – Income Insurance SMSF Plan
Insurance schedule	The insurance schedule issued to the policy owner if we have accepted their application for insurance, and specifies important details about the plan .
Insured person	The person who is to be insured.
Involuntarily unemployed	Involuntarily unemployed means the insured person becoming unemployed as a result of the termination of his or her employment by his or her employer, or the insured person being made redundant without his or her consent. It does not include unemployment as a result of: – The insured person ceasing employment of a casual, seasonal or temporary nature, – the expiration of a fixed term employment contract or other specified period of work, or – the insured person's deliberate or serious misconduct.
Life insurance plans	Life insurance plans means any of: – Life Insurance Plan – Life Insurance Superannuation Plan – Life Insurance SMSF Plan
Loading	A loading is an increase in the standard premium, usually due to a pre-existing medical condition, occupation or pastimes.
Medical care	Medical care means the insured person : – has sought and is following advice, care and associated treatment that is reasonably necessary and appropriate, from an appropriate medical practitioner who has personally assessed the insured person and been provided with full clinical details in relation to his or her illness or injury, and is continuing to do so at reasonable intervals in the circumstances, and – is taking all other reasonable measures to minimise or avoid further illness or injury.
Medical practitioner	Medical practitioner means a legally qualified doctor or consultant medical specialist registered to practice in Australia, New Zealand, the United Kingdom, the United States of America, Canada or any other country approved by us. That person may not be you or the insured person , your or the insured person's business partner, an employee or employer of you or the insured person , or a member of your or the insured person's immediate family.
NM Super	N. M. Superannuation Proprietary Limited.
Nominated child	Nominated child means a child nominated in the insurance schedule for the purposes of a Children's trauma option (page 60).

Term	Definition	About AMP Elevate
Option(s)	For Life, TPD and Trauma insurance plans, option(s) mean any of: – Business solutions option – Life – Premium waiver option – TPD insurance option (Own) – TPD insurance option (Any) – Double TPD insurance option (Own) – Double TPD insurance option (Any) – Activities of Daily Living TPD insurance option – Business solutions option – TPD – Life buy back - TPD option – PremierLink TPD option (held on a separate insurance schedule) – Trauma insurance option – Trauma insurance plus option – Double trauma insurance option – Double trauma insurance plus option – Business solutions option – Trauma – Children's trauma option (held on a separate insurance schedule) – Life buy back - Trauma option – Trauma reinstatement option For income insurance plans, options means any of: – Accelerated accident option – Accident lump sum option – Cover boost option – Increasing claim option – Occupationally acquired HIV, Hepatitis B and Hepatitis C option – PremierLink IP option – StandardLink IP option – Superannuation contributions option	Applying for cover Cost Claims Customer service and complaints
PDS	This Product Disclosure Statement and Plan Document, and any updates to this document.	Life, TPD, Trauma
Permanent incapacity	Permanent incapacity means that AMP is reasonably satisfied that the insured person's ill-health (whether physical or mental) makes it unlikely that he or she will engage in gainful employment for which he or she is reasonably fitted by education, training or experience.	
Plan(s)	Plan(s) means any of: – Life Insurance Plan – Life Insurance Superannuation Plan – Life Insurance SMSF Plan – Total and Permanent Disability Insurance Plan (Own) – Total and Permanent Disability Insurance Plan (Any) – Total and Permanent Disability Superannuation Plan (Any) – Total and Permanent Disability SMSF Plan (Any) – Activities of Daily Living TPD Insurance Plan – Trauma Insurance Plan – Trauma Insurance Plus Plan – Income Insurance Premier Plan – Income Insurance Plus Plan – Income Insurance Plan – Income Insurance Senior Plan – Income Insurance Superannuation Plan – Income Insurance SMSF Plan – Business Expenses Insurance Plan	Income & Business expenses Super Key information
Policy	Policy means the contract of insurance which is documented by this PDS and the insurance schedule .	
Policy owner	The policy owner is the person who owns the plan as identified in the insurance schedule. In many cases, the policy owner is the same person as the insured person, but a policy owner can apply to take out insurance on a different person. When applying for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or the Income Insurance Superannuation Plan, the policy owner is NM Super as trustee of Super Directions and the Wealth Super.	

Term	Definition
	When applying for the Life Insurance SMSF Plan, TPD Insurance SMSF Plan or the Income Insurance SMSF Plan, the policy owner is the trustee of your SMSF, in which case the trustee of the SMSF will be responsible for providing information and meeting the requirements under the <i>Superannuation Industry (Supervision) Act 1993</i> (SIS).
Pre-existing condition	Pre-existing condition means a medical condition, injury or sickness the insured person was diagnosed with, had any symptoms of, or was treated for, prior to the commencement, reinstatement or upgrade of their cover unless: – the insured person was not aware of, and – a reasonable person in the circumstances could not be expected to have been aware of the medical condition, injury or sickness at the time.
Renewal date	Renewal date means the anniversary of your plan commencement date.
Revised terms	Revised terms means any terms which we apply to the insured person or the plan which does not apply to all AMP Elevate insurance plans.
Separation/separating	Separation/separating means: – in the case of marriage, not living as a married couple for a period of 12 months, whether or not an application for divorce has been made, or – in the case of a de facto relationship, ceasing to be in that de facto relationship for a period of 12 months.
Sum insured	The amount that you're insured for is known as the sum insured for a lump sum payment and is stated in your insurance schedule . This amount is fixed and will only change if it is increased in accordance with Automatic inflation (see page 48), if you later apply to increase or decrease your cover, or if it's reduced by the amount of any benefit we have paid.
Super Directions	The Super Directions Fund.
Terminal illness	Terminal illness for a Life insurance plan is defined on page 50. Terminal illness for the Children's Trauma option is defined on page 60.
TPD	Total and permanent disability
TPD ADL plan	Activities of Daily Living TPD Insurance Plan
TPD ADL option	Activities of Daily Living TPD insurance option
TPD any occupation	TPD any occupation means any of: – Total and Permanent Disability Insurance Plan (Any) – Total and Permanent Disability Superannuation Plan (Any) – Total and Permanent Disability SMSF Plan (Any) – FlexiLink TPD Insurance Plan (Any) – Total and Permanent Disability insurance option (Any) – Double TPD insurance option (Any)
TPD option(s)	TPD option(s) means any of: – Total and Permanent Disability insurance option (Any) – Total and Permanent Disability insurance option (Own) – Business solutions option – TPD – Life buy back - TPD option – PremierLink TPD option (held on a separate insurance schedule) – Double TPD insurance option (Own) – Double TPD insurance option (Any) – Activities of Daily Living TPD insurance option
TPD own occupation	TPD own occupation means any of: – Total and Permanent Disability Insurance Plan (Own) – FlexiLink TPD Insurance Plan (Own) – Total and Permanent Disability insurance option (Own) – Double TPD insurance option (Own) – PremierLink TPD option
TPD insurance plans	TPD insurance plans means any of: – Total and Permanent Disability Insurance Plan (Own) – Total and Permanent Disability Insurance Plan (Any) – Total and Permanent Disability Insurance Superannuation Plan (Any) – Total and Permanent Disability Insurance SMSF Plan (Any) – Activities of Daily Living TPD Insurance Plan

Term	Definition
Trauma condition	Trauma condition means: – in relation to a Trauma Insurance Plan or Trauma Insurance Plus Plan, one of the medical conditions listed on pages 44 to 46. – In relation to a Children's trauma option, one of the medical conditions listed on pages 46 to 47. Each trauma condition is defined in the Glossary of medical conditions starting on page 120.
Trauma option(s)	Trauma option(s) means any of: – Trauma insurance option – Trauma insurance plus option – Business solutions option – Trauma – Double trauma insurance option – Double trauma insurance plus option – Life buy back – Trauma option – Trauma reinstatement option
Trauma insurance plan(s)	Trauma insurance plans means any of: – Trauma Insurance Plan – Trauma Insurance Plus Plan
Trauma plus	Trauma plus means any of: – Trauma Insurance Plus Plan – FlexiLink Trauma Insurance Plus Plan – Trauma insurance plus option
Treatment	Treatment means appropriate and industry recognised medical care under the direction of a medical practitioner and which is reasonable and necessary for the management the insured person's injury or sickness .
Trustee	In respect of the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or Income Insurance Superannuation Plan (including any options attached to those plans), NM Super . Otherwise, the trustee of the SMSF or small APRA Super Fund.
Wealth Super	The Wealth Personal Superannuation and Pension Fund.
Valuation, value	Valuation, value means a valuation of the business based on the same method of valuation for the business we used when you applied for insurance under AMP Elevate.
Value of the insured person to the business	Value of the insured person to the business means either the value of the proportion of the business owned by the insured person , or the worth (agreed to by us) of the insured person to the business .
Value of the relevant loan	Value of the relevant loan means the value of a loan or loans (agreed to by us).

Glossary of Total and Permanent Disability (TPD) insurance definitions

Term	Definition
Total and permanent disability	A. Unlikely to work Is unlikely to work (any occupation) NS The insured person has been unable to follow his or her own occupation for a continuous period of three months solely because of an injury or sickness, and in our opinion, based on medical or other evidence, solely as a result of that injury or sickness, he or she is unlikely ever to be able to follow his or her occupation or any other occupation for which he or she is reasonably fitted by education, training or experience, which would pay remuneration at a rate greater than 25% of his or her income during his or her last 12 months of work. S SMSF The insured person has been unable to follow his or her own occupation for a continuous period of three months solely because of an injury or sickness, and in our opinion, based on medical or other evidence, solely as a result of that injury or sickness, he or she is unlikely ever to be able to follow his or her occupation or any other occupation for which he or she is reasonably fitted by education, training or experience. Is unlikely to work (own occupation) The insured person is unable to follow his or her own occupation for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, he or she is unlikely ever to be able to follow his or her own occupation.

Term	Definition
	B. Suffers a specific loss The insured person has suffered the total and permanent loss of the use of: – both hands – both feet – one hand and one foot – the entire sight in both eyes – one hand and the entire sight in one eye, or – one foot and the entire sight in one eye.
	C. Requires future care Because of an injury or sickness, the insured person is totally and permanently unable to perform at least two of the five activities of daily living without assistance.
	D. Is unlikely to perform domestic work The insured person is totally unable to perform his or her usual unpaid domestic work for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, he or she: – is unlikely ever to be able to perform all of his or her usual unpaid domestic work – is diagnosed by a medical practitioner as having a permanent disability and AMP agrees – is unlikely ever to be able to engage in any occupation, and – receives regular medical attention from a medical practitioner. Domestic Work The insured person is engaged in domestic work if they are performing the following duties related to running the family home: – Cleaning the family home—to use domestic appliances and equipment such as a vacuum and mop to clean and maintain the family home. – Shopping for food and household items—to shop for everyday household provisions. – Meal preparation—to use kitchen and cooking utensils, appliances and equipment to prepare more than the most basic meals for oneself and/or others. – Laundry services—means the ability to do household laundry to a basic standard. – Caring for a child or dependant including driving or transporting family to and from school, sport, work or social events (if applicable).
	E. Suffers significant cognitive impairment The insured person suffers a permanent deterioration of cognitive functioning as observed clinically and confirmed by standardised testing, which results in a requirement for continuous supervision and care of the insured by another person.

Glossary of medical conditions

These definitions apply to trauma conditions and medical procedures covered under **Trauma insurance plans, trauma options, income insurance plans** and the Day one TPD benefit (page 52).

Claims guiding statement

Medical diagnoses and investigation methods used in many of the trauma conditions that we cover are advancing at a rapid rate. If the method for diagnosing one of the conditions in this Glossary has been superseded due to medical improvements, we may consider other appropriate and medically recognised methods or tests that conclusively diagnose the event to at least the same severity. This may assist in the assessment of your claim.

Term	Definition
Adult insulin dependent diabetes – Partial payment only	Adult insulin dependent diabetes means the diagnosis of type 1 insulin dependent diabetes mellitus (IDDM) by an appropriate consultant specialist after the insured person's 30th birthday. We'll pay 10% of the Trauma insurance sum insured, up to a maximum of \$25,000.

Term	Definition
– Subject to a 90 day qualifying period – Not available for Children's trauma option	
Advanced diabetes – Not available for Children's trauma option	For us to pay a claim under this condition, the diabetes must be of a specified severity as set out below. Advanced diabetes means severe diabetes mellitus, either insulin or non-insulin dependent, as certified by a consultant endocrinologist and resulting in at least two of the following: – severe diabetic retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes – severe diabetic neuropathy causing motor and/or autonomic impairment – diabetic gangrene leading to surgical intervention, or – severe diabetic nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory's measured normal range).
Alzheimer's disease and other dementias	For us to pay a claim under this condition, the definition of Alzheimer's disease and other dementias must be of a specified severity as set out below. Alzheimer's disease and other dementias means an unequivocal clinical diagnosis of dementia (including Alzheimer's disease) by an appropriate medical specialist resulting in significant cognitive impairment. Significant cognitive impairment means a deterioration in the insured person's Mini-Mental State Examination scores to 24 or less.
Angioplasty – Partial payment only – Not available for Children's trauma option	The treatment of a coronary artery obstruction by balloon angioplasty, other catheter-based techniques, or endoscopic surgery, where at least one of the following criteria have been met: – the obstruction is giving rise to impairment of ventricular function – the obstruction is giving rise to disabling symptoms, or – the obstruction is associated with unstable angina pectoris or myocardial infarction. In the case of angioplasty, we'll pay 25% of the Trauma insurance sum insured, up to a maximum of \$100,000. We'll pay a benefit for angioplasty on more than one occasion provided that the procedures occur at least six months apart.
Aplastic anaemia Subject to a 90 day qualifying period for Children's trauma option	For us to pay a claim under this condition, the aplastic anaemia must be of a specified severity as set out below. The insured person has severe aplasia as diagnosed by an appropriate medical specialist and requiring treatment with at least one of the following: – Blood product support of red cell or platelet transfusion, or – Bone marrow transplantation, or – Immunosuppressive agents.
Benign brain tumour	For us to pay a claim under this condition, the benign brain tumour must be of a specified severity as set out below. A non-cancerous tumour in the brain that gives rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment. The tumour must result in neurological deficit, where: – there is at least 25% permanent impairment of whole body function, or – cranial surgery is required for its treatment. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging). The following are excluded: – cysts – granulomas – malformations in or of the arteries or veins of the brain – haematomas, and – tumours in the pituitary gland or spine.

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Blindness	For us to pay a claim under this condition, blindness must be of a specified severity as set out below. Blindness means the permanent loss of sight in both eyes as a result of disease, illness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity.
Blindness (partial payment) - Partial payment only - Not available for Children's trauma option	We will make a partial payment, once only, if sight is permanently lost in one eye as a result of disease, illness or injury to the extent that visual acuity is 6/60 or less in one eye, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity. In the case of blindness partial payment, we'll pay 10% of the Trauma insurance sum insured, up to a maximum of \$25,000.
Cancer Subject to a 90 day qualifying period	For us to pay a claim under this condition, the cancer must be of a specified severity and cannot be of an early stage as set out below. Cancer as defined in this policy means an abnormal growth of cells that is confirmed on pathology tests to include the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. The term cancer includes leukaemia, lymphomas such as Hodgkin's disease, other malignant tumours and melanomas greater than or equal to Clark Level 3 or greater than or equal to 1.0 mm depth of invasion or where the melanoma is showing signs of ulceration, unless excluded below: carcinoma in situ of the breast where the tumour is classified as TNM Stage Tis unless requiring surgery that results in the removal of the entire breast or requiring breast conserving surgery and radiotherapy - all other tumours classified as carcinoma in situ - melanomas that are both less than Clark Level 3 and less than 1.0 mm in thickness (unless there is histological evidence of ulceration) - other skin cancers unless there has been evidence of spread (that is, metastasis) to other parts of the body - prostate tumours classified as T1 (all categories) under the TNM (or equivalent) classification system unless the tumour also has a Gleason score of 7 or above, or prostatectomy is performed (please see the Cancer early payment condition below for Trauma Insurance Plus) - Chronic lymphocytic leukaemia less than Rai stage I - tumours that occur within the 90 day qualifying period, and - tumours that recur outside the 90 day qualifying period unless the recurrence can be shown to be unrelated.
Cancer early payment - Subject to a 90 day qualifying period - For Trauma Insurance Plus only - Not available for Children's trauma option	Cancer as defined in this policy means an abnormal growth of cells that is confirmed on pathology tests to include the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. Carcinoma in situ means new growth of malignant cells in a specific location that have not yet invaded normal tissues and have been diagnosed by biopsy. The conditions defined below are not eligible for a full benefit payment but we will make an early payment of the greater of 20% of the Trauma insurance sum insured or \$10,000, up to a maximum of \$100,000. - Melanomas that are both less than Clark Level 3 and less than 1.0 mm in thickness. - Prostate tumours classified as T1a or T1b under the TNM (or equivalent) classification system with either a Gleason score less than 6, or where major interventionist therapy is not required. Carcinoma in situ of the penis classified as TNM stage Tis where the cancer cells do not penetrate the basement membrane nor invade the surrounding tissues and the tumour requires surgical excision. Carcinoma in situ of one or both testes where the cancer cells do not penetrate the basement membrane nor invade the surrounding tissue and the tumour is classified as TNM stage Tis. Carcinoma in situ of the perineum where the tumour is classified as stage Tis under the TNM (or equivalent) classification system. Carcinoma in situ of the breast where the tumour is classified as TNM stage Tis. Carcinoma in situ of the vulva, vagina or fallopian tube where the tumour is classified as stage Tis under the TNM (or equivalent) classification system. Carcinoma in situ of the cervix that is classified as TNM stage Tis or CIN 3 grading. Carcinoma in situ of the ovary where the tumour is classified as stage Tis under the TNM (or equivalent) classification system. Carcinoma in situ of the uterus where the tumour is classified as stage Tis under the TNM (or equivalent) classification system. We will make a payment of 100% of the Trauma insurance sum insured in the following circumstances: - If a prostate tumour is classified under the TNM (or equivalent) classification system as:

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	– T1c or above, or – T1a or T1b with a Gleason Score of 6 or above, or – T1a or T1b and is considered untreatable or if the insured person is required to undertake major interventionist therapy including radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment – Carcinoma in situ of the testicle, where one or both testes are removed by radical orchidectomy. Where a partial payment is made for a cancer early payment condition, the Trauma insurance sum insured is reduced by the amount paid. We will pay a partial benefit once only for each cancer early payment condition. We will, however, make subsequent partial payments for cancer early payment conditions, as long as we have not already made a payment for the same condition. The total of all claim payments must not exceed the Trauma insurance sum insured insured. The following are excluded: – tumours that occur within the 90 day qualifying period, and – tumours that recur outside the 90 day qualifying period unless the recurrence can be shown to be unrelated.
Carcinoma in situ	Carcinoma in situ means focal new growth of malignant cells that have not yet invaded normal tissues and have been diagnosed by biopsy.
Cardiac arrest	Cardiac arrest that is the sudden breakdown of the heart's pumping function where it: – is due to asystole or ventricular fibrillation, and – is not associated with any clinical procedure, and – is documented by electrocardiographic (ECG) changes, and – occurs outside a hospital or other medical facility.
Cardiomyopathy	For us to pay a claim under this condition, the cardiomyopathy must be of a specified severity as set out below. Cardiomyopathy means impairment of the ventricular function of variable aetiology resulting in significant and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.
Chronic kidney failure	For us to pay a claim under this condition, the kidney failure must be of a specified severity as set out below. Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.
Chronic liver disease	For us to pay a claim under this condition, the liver disease must be of a specified severity as set out below. Chronic liver disease means end stage liver failure resulting in: – permanent jaundice, and – ascites or encephalopathy.
Chronic lung disease	For us to pay a claim under this condition, the lung disease must be of a specified severity as set out below. Chronic lung disease requiring permanent supplementary oxygen. For the purposes of this definition, the criteria for requiring supplementary oxygen will be an arterial blood oxygen partial pressure of 55 mmHg or less, while breathing room air.
Coma	Coma means the failure of cerebral function as shown by total unresponsiveness to all external stimuli persisting continuously with the use of a life support system for a period of at least three days.
Coronary artery bypass surgery	Coronary artery bypass surgery means coronary artery bypass grafting surgery, which is considered medically necessary to treat coronary artery disease but does not include: – angioplasty – intra-arterial procedures – laser techniques, or – other non-surgical techniques.
– Subject to a 90 day qualifying period	

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Deafness	For us to pay a claim under this condition, deafness must be of a specified severity as set out below. The total, irreversible and irreparable loss of hearing, both natural and assisted, in both ears as a result of disease, illness or injury.
Deafness (partial payment) - Partial payment only - Not available for Children's trauma option	We will make a partial payment, once only, if total irreversible and irreparable loss of hearing, both naturally and assisted, occurs in one ear as a result of disease, illness or injury. In the case of deafness partial payment, we'll pay 10% of the Trauma insurance sum insured, up to a maximum of \$25,000.
Diplegia	For us to pay a claim under this condition, there must be permanent loss as set out below. The total and permanent loss of the use of both sides of the body due to injury or sickness.
Encephalitis	For us to pay a claim under this condition, the encephalitis must be of a specified severity as set out below. Encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae: - with at least 25% impairment of whole body function, or - the insured person being totally and permanently unable to perform at least one of the activities of daily living. Encephalitis as a result of HIV infection is excluded.
Heart attack Subject to a 90 day qualifying period	Heart attack (myocardial infarction) means the death of heart muscle as a result of inadequate blood supply to the relevant area. There must be an unequivocal diagnosis of a heart attack by a cardiologist, with evidence of typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit, plus at least one of the following: - cardiac symptoms and signs consistent with myocardial infarction (eg chest pain), - new serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB), or - imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. If the above tests are inconclusive, we may consider other appropriate and medically recognised tests that unequivocally diagnose a myocardial infarction to the degree of severity or greater than that outlined above. The following are not covered: - other acute coronary syndromes including but not limited to angina pectoris, and - elevated cardiac enzymes or biomarkers arising from elective percutaneous coronary interventions or coronary bypass grafting.
Heart valve surgery	The undergoing of heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.
Hemiplegia	For us to pay a claim under this condition, there must be permanent loss as set out below. Hemiplegia means the total and permanent loss of the use of one side of the body due to injury or sickness.
Invade	Invade means to infiltrate and/or destroy the tissue of origin or surrounding tissue.
Loss of capacity for independent living Not available for Children's trauma option	For us to pay a claim under this condition, the definition of Loss of capacity for independent living must be of a specified severity as set out below. Loss of capacity for independent living means that as a result of an injury or sickness, the insured person is permanently unable to perform at least two of the activities of daily living without assistance.

Term	Definition
Loss of a limb - Partial payment only - For Trauma Insurance Plus only - Not available for Children's trauma option	For us to pay a claim under this condition, there must be permanent loss as set out below. In the case of the total and permanent loss of the use of one hand or one foot we will pay the lowest of: 25% of the sum insured, or \$100,000. We will only pay the higher of: - Partial TPD under a TPD insurance option, or - Loss of a limb under Trauma insurance plus, in the event you are eligible to claim under both benefits and they are linked to the same plan.
Loss of limbs	For us to pay a claim under this condition, there must be permanent loss as set out below. The total and permanent loss of: - the use of both hands - the use of both feet, or - the use of one hand and one foot.
Loss of limbs and sight	For us to pay a claim under this condition, there must be permanent loss as set out below. The total and permanent loss of: - the use of one hand and the sight of one eye, or - the use of one foot and the sight of one eye.
Loss of speech	For us to pay a claim under this condition, there must be permanent loss as set out below. Total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply from the speech centres of the brain, whether caused by injury, tumour or sickness.
Major head injury	For us to pay a claim under this condition, the major head injury must be of a specified severity as set out below. Major head injury means cerebral injury caused by external trauma which results in permanent neurological deficit: - with at least 25% impairment of whole body function, or - with the insured person becoming totally and permanently unable to perform at least one of the activities of daily living.
Major organ transplant Subject to a 90 day qualifying period for Children's trauma option	Major organ transplant means: - the receipt of a transplant, from someone else, of human stem cells from blood or bone marrow, or of whole human organs, or - upon specialist medical advice and proof of being placed on an official Australian acute care hospital waiting list to undergo necessary organ transplant, or - undergoing permanent mechanical replacement for one or more of the following human organs: heart, lung, liver, kidney, pancreas or small bowel.
Medical condition requiring life support - Partial payment only - Not available for Children's trauma option	The occurrence of a medical condition that causes the need for continuous mechanical ventilation via tracheal intubation 24 hours per day for 10 consecutive days in an authorised intensive care unit of an acute care hospital. Any medical conditions resulting from alcohol or drug intake, or other self inflicted means, are excluded. In the case of medical condition requiring life support, we'll pay 10% of the Trauma insurance sum insured, up to a maximum of \$25,000.
Medically acquired HIV infection	Medically acquired HIV is the accidental infection with the Human Immunodeficiency Virus (HIV) after the start of this plan, which in our opinion arose from one of the following medically necessary events which must have occurred to the insured person while in Australia by a recognised and registered health professional: - a blood transfusion - transfusion with blood products - organ transplant to the insured person - assisted reproductive techniques, or - a medical procedure or operation performed by a medical practitioner.

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Term	Definition
	Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded. This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. Cure means any treatment that renders the HIV inactive or non infectious. All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us.
Motor neurone disease	Motor neurone disease means unequivocal diagnosis of motor neurone disease by a consultant neurologist and confirmed by neurological investigations.
Multiple sclerosis	Multiple sclerosis means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist where there has been more than one episode of neurological deficit with persisting neurological abnormalities.
Muscular dystrophy	Muscular dystrophy means the unequivocal diagnosis of muscular dystrophy confirmed by a consultant neurologist.
Occupationally acquired HIV infection	Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring while the insured person was carrying out the normal duties of his or her usual occupation. No payment will be made unless all the following are proven to our satisfaction: – proof of the accident giving rise to the infection – proof that the accident involved a definite source of the HIV infection, and – proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. Cure means any treatment that renders the HIV inactive or non infectious.
Paraplegia	For us to pay a claim under this condition, there must be permanent loss as set out below. The total and permanent loss of the use of the lower limbs due to spinal cord injury or disease.
Parkinson's disease	For us to pay a claim under this condition, Parkinson's disease must be of a specified severity as set out below. Parkinson's disease means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease confirmed by a consultant neurologist, as characterised by the clinical manifestation of one or more of the following: – rigidity, – tremor, and – akinesia resulting in the degeneration of the nigrostriatal system. All other types of Parkinsonism are excluded (for example, secondary to medication).
Pneumonectomy	The excision of an entire lung when deemed medically necessary by an appropriate specialist and supported by our medical advisers.
Primary pulmonary hypertension	Primary pulmonary hypertension means primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.
Quadriplegia (also defined as tetraplegia)	For us to pay a claim under this condition, there must be permanent loss as set out below. The total and permanent loss of the use of the upper and lower limbs due to spinal cord injury or disease.

Term	Definition
Severe burns	For us to pay a claim under this condition, the burns must be of a specified severity as set out below. Severe burns means third degree burns to: – 20% or more of the body surface as measured by the Lund and Browder Body Surface chart (or equivalent classification), or – 50% or more of the face requiring surgical debridement and/or grafting, or – 50% of both hands or both feet requiring surgical debridement and/or grafting.
Severe rheumatoid arthritis	For us to pay a claim under this condition, the rheumatoid arthritis must be of a specified severity as set out below. Severe rheumatoid arthritis means the unequivocal diagnosis of severe rheumatoid arthritis by a rheumatologist. To fulfil the criteria for severe rheumatoid arthritis there must be: – diagnosis of Rheumatoid Arthritis as specified by the 2010 Rheumatoid Arthritis Classification Criteria¹, and – unresponsive to treatment for at least 9 months with disease-modifying antirheumatic drugs and biologic agents, and – symptoms and signs of persistent inflammation (swelling and tenderness) of multiple joints, and – due to rheumatoid arthritis, the insured person must permanently satisfy two of the following criteria: – Dexterity – The inability to use hands and fingers to pick up and manipulate small objects such as cutlery, including being unable to write using a pen or pencil. – Lifting – The inability to lift, carry or otherwise move everyday objects by hand. Everyday objects include a kettle of water, a bag of shopping, an overnight bag or briefcase. – Bending – The inability to bend or kneel to pick up something from the floor and stand up again and the inability to get into and out of a standard car. – Mobility – The inability to walk a distance of 200 metres on flat ground, with or without the aid of a walking stick and without having to rest or experiencing severe discomfort. (1) American College of Rheumatology and European League Against Rheumatism
Stroke – Subject to a 90 day qualifying period	Stroke means the damage of brain tissue as a result of a cerebrovascular incident caused by haemorrhage, embolism, or thrombosis, associated with the sudden onset of objective neurological deficit. The incident must be demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques approved by us. Excluded: – transient ischaemic attack – cerebral symptoms associated with reversible neurological deficit – cerebrovascular disorder of the eye or optic nerve – symptoms due to migraine or headache, and – brain tissue damage caused by head injury.
Subacute sclerosing panencephalitis – For Children's trauma option only – Subject to a 90 day qualifying period	The certain diagnosis of subacute sclerosing panencephalitis.
Surgery of the aorta	Surgery of the aorta means surgery performed to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intraarterial procedures or other non-surgical techniques.
Triple vessel angioplasty	Triple vessel angioplasty means the actual undergoing for the first time of coronary artery angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure or via two procedures no more than two months apart. Angiographic evidence, indicating obstruction of three or more coronary arteries, is required to confirm the need for this procedure. Coronary arteries refer to the right coronary, circumflex, left main stem and left anterior descending arteries.

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Term	Definition
Viral encephalitis - For Children's trauma option only - Subject to a 90 day qualifying period	For us to pay a claim under this condition, the viral encephalitis must be of a specified severity as set out below. Viral encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae, with at least 25% impairment of whole body function. Viral encephalitis as a result of HIV infection is excluded.

Glossary of Income insurance definitions

Term	Definition
Appropriate work	Appropriate work means an occupation that: - does not require the insured person to move their residence or travel unreasonable distances to get to work, and - involves the important duties that are consistent with those performed by the insured person prior to their disability, and - based on medical evidence, involves duties that can be performed by the insured person.
Benefit period	Benefit period means the maximum period of time that we'll pay a benefit for any one injury or sickness for which we assess the insured person as totally or partially disabled. Unless otherwise specified, the benefit period commences at the end of the waiting period. The insurance schedule specifies the benefit period that has been selected.
Earnings	Earnings means the total of the proceeds of sales of goods and/or services that is earned in the course of the business before any expenses.
Farming	Farming means being actively engaged in raising crops or animals for commercial purposes.
HIV	HIV means any Human Immunodeficiency Virus evidenced by the presence of the virus, or antibodies to the virus, in the blood of the insured person.
Important duties	Important duties means one or more duties that are important and essential in producing income.
Income	Occupation categories MP, AA, A, B, C, D, BY, CY and DY Income means: - if the insured person owns part or all of a business or practice, income is money generated by the business or practice due to the insured person's own activity, after all expenses in earning that income have been deducted, or - if the insured person is employed, his or her income is the total package, including commissions, regular bonuses, superannuation and fringe benefits. Income does not include investment or interest income. For the purpose of Partial disability benefit (page 75) for Income Insurance Plus Plan and Income Insurance Plan, income means if the insured person has not returned to work but medical evidence shows he or she is capable of returning to work, income is the amount the insured person would be capable of earning. Occupation category F Income means the gross farm income attributable to the insured person. Income does not include investment or interest income. If you purchase the Superannuation contributions option (page 94) If you purchase the Superannuation contributions option your superannuation contributions, up to the selected superannuation contributions rate, will not be included as income. Any contributions exceeding the selected superannuation contributions rate will be included as income.
Injury	Injury means accidental bodily injury.
Monthly benefit	The amount that is insured is known as the monthly benefit for income insurance plans or the Business Expenses Insurance Plan. This amount is fixed and will only change if you choose to increase your cover to keep up with increases in inflation (see page 72), or you later apply to increase or decrease your cover.
Occupational incident	Occupational incident means an incident that happens while the insured person is performing the usual duties of his or her normal occupation and involves contact with a body substance that may put the insured person at risk of transmission of HIV, Hepatitis B or Hepatitis C infection.
Offset amounts	Offset amounts means any sum of money paid to you for which we are entitled to reduce the benefit. Refer to When your benefit is reduced from pages 80 to 83.

Term	Definition
Partial disability benefit amount	This is the amount calculated in the Partial disability benefit – How much we pay for partial disability section on page 78. If you purchase a benefit period to age 70 plan, your benefit amount will reduce when you are over the age of 65. The percentage of the benefit that you will receive is outlined in the If your benefit period to age 70 section on page 96.
Pre-disability income	Agreed value Pre-disability income means the insured person's highest average monthly income in any consecutive 12 month period between the date two years before the commencement date of the plan and the start of the waiting period . Pre-disability income is indexed while on claim. Indemnity Pre-disability income means the insured person's highest average monthly income for any consecutive 12 months over the three years prior to disability. If the insured person is on maternity, paternity or sabbatical leave and becomes disabled, the three year period will be up to immediately before the leave commenced. Pre-disability income is indexed while on claim.
Rehabilitation	Rehabilitation means occupational rehabilitation for the purpose of returning the insured person to employment. Occupational rehabilitation includes initial rehabilitation assessment, functional assessment, workplace assessment, vocational assessment and vocational retraining. Any occupational rehabilitation must be as part of a return to work program approved by us.
Sickness	Sickness means illness or disease that manifests itself.
Superannuation Guarantee Rate	The Superannuation Guarantee Rate is currently 9.5% as at 10 June 2017. The government has passed legislation for this to incrementally rise to a maximum of 15%. Please refer to ato.gov.au.
Total disability benefit amount	This is the amount calculated in the Total disability benefit – How much we pay for total disability section on pages 74. If you purchase a benefit period to age 70 plan, your benefit amount will reduce when you are over the age of 65. The percentage of the benefit that you will receive is outlined in the If your benefit period to age 70 section on page 96.
Waiting period	Waiting period means the period length of time that needs to have passed before we will commence paying a benefit. Unless otherwise specified, the waiting period starts from the date AMP agrees the insured person is totally disabled or partially disabled from, in accordance with the terms and conditions of your plan. Some benefits are payable during the waiting period. Where benefits are payable during the waiting period, this is described in the relevant definitions of this PDS . The insurance schedule specifies the waiting period that has been selected.

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Interim cover certificate

AMP Elevate insurance

This certificate applies to all the plans listed below. It does not apply where an existing contract of insurance held with AMP is being replaced.

Details (please print):

Insured/Proposer:

Person to be insured:

AMP provides you with interim cover at no extra cost while your application for cover is being assessed.

Life insurance

If you have applied for a **life insurance plan**, you are covered for interim death cover. The interim death cover will be payable if the **insured person** dies within 90 days of the date that interim cover commences as a result of an **injury** or **sickness** that occurs during the term of the interim cover.

Trauma insurance

If you have applied for a **trauma insurance plan** or **trauma option**, you are covered for interim accident trauma cover. The interim accident trauma cover will be payable if the **insured person** suffers one of the following **trauma conditions** solely as a result of accidental body injury:

- Blindness
- Coma
- Diplegia
- Hemiplegia
- Loss of capacity for independent living
- Major head injury
- Paraplegia
- Quadriplegia (also defined as tetraplegia)
- Severe burns

Please refer to the **Glossary of medical conditions** starting on page 120.

Total and permanent disability (TPD) insurance

If you have applied for a **TPD insurance plan** or **TPD option** (other than **ADL TPD**), you are covered for interim accident TPD cover. The interim accident TPD cover will be payable if the **insured person** suffers TPD (based on the any occupation definition) as a result of an accidental body injury.

Please refer to the **Glossary of total and permanent disability (TPD) insurance definitions** starting on page 119.

When we won't pay for interim cover under Life insurance, Trauma insurance and TPD insurance

We will not pay if death, trauma or TPD was as a result of or associated with or was caused by or contributed to by:

- The **insured person** or the **policy owner**, on purpose
- Suicide, whether sane or insane
- Intentional self injury, including intentionally contracted infection by bacteria or virus, or any attempt there at
- Making or attempting to make a flight in an aircraft other than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter
- The use of alcohol, recreational, illegal or prescription drugs or medicine, except where following medical advice
- An event which occurred before the application was submitted
- Any medical condition, injury or sickness that you had before the application was submitted unless:
 - you were not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware ofthe medical condition, injury or sickness at or before the time the application was submitted.

We will also not pay for the following:

- If the insurance plan applied for is to replace existing insurance cover or another application for insurance on the **insured person's** life,
- If your application for insurance would not have been accepted, had the underwriting decision been made immediately before the sickness or injury giving rise to a claim, under our standard underwriting rules at that time,
- If the sickness or injury which is the cause of the claim would have been excluded, had the underwriting decision been made immediately before the sickness or injury, under our standard underwriting rules at that time.

Income insurance and Business expenses insurance

If you have applied for an **income insurance plan** or the Business Expenses Insurance Plan, you are covered for interim income insurance or business expenses insurance cover.

We will pay the amount of cover if the total disability of the person to be insured lasts for at least the length of the **waiting period** that is applied for. The total disability must be caused by an injury which occurs after this cover starts, or by a sickness which is contracted and commences more than 30 days after this cover starts.

The **benefit period** under this cover will be the shorter of:

- The **benefit period** for injury or sickness applied for, or
- Two years.

When we won't pay for interim cover under income insurance or business expenses insurance

No benefit is payable under this cover if total disability is caused or contributed to by:

- An injury or sickness which you had before this cover began unless:
 - you were not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of the medical condition, injury or sickness at or before the time the application was submitted.
- The **insured person** or the **policy owner** on purpose
- Uncomplicated pregnancy, miscarriage or childbirth
- War or war-like activities
- Football injuries (all codes, types and forms), or
- Motor cycle riding injuries (including trail and dirt bike riding).

We will also not pay for the following:

- If the insurance plan applied for is to replace existing insurance cover or another application for life insurance on the **insured person's** life,
- If your application for insurance would not have been accepted, had the underwriting decision been made immediately before the sickness or injury giving rise to a claim, under our standard underwriting rules at that time,
- If the sickness or injury which is the cause of the claim would have been excluded, had the underwriting decision been made immediately before the sickness or injury, under our standard underwriting rules at that time.

When does interim cover commence?

Cover commences on the date your Application form, Personal statement and first premium payment (or an effective deduction authority for that amount) are received by AMP Customer Service.

Duration of interim cover

The cover provided is valid until the earliest of the following:

- The time when insurance cover commences under another contract of insurance, being insurance cover that is intended to replace the insurance cover provided by the interim contract of insurance
- The time when the interim contract of insurance is cancelled
- The date of withdrawal, if you withdraw your application
- The date your application for insurance is declined
- 90 days after this cover starts.

Benefit payable for interim cover

Benefit	Amount
Life insurance	Lesser of amount applied for or \$1,000,000
Trauma insurance	Lesser of amount applied for or \$600,000
Total and permanent disability (TPD) insurance	Lesser of amount applied for or \$1,000,000
Income insurance and Business expenses insurance	The lower of: – The Total disability benefit applied for excluding additional options, and – The Total disability benefit we would allow under our usual underwriting rules. The maximum benefit we will pay under this cover is \$200,000

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Important information for applicants

 Please read these instructions carefully before starting this application.

Before you start

Before you complete this application form, you should be aware that your financial adviser is obliged to have provided you with the product disclosure statement(s) (PDS) and other information relevant to special offers and/or member discounts for the product(s) you are applying for.

By proceeding with your application you are asking the insurer to provide insurance on the usual conditions set out in the product disclosure statement – including any modifications to the plan that the insurer considers appropriate given the information submitted for your application.

The PDS(s) contain important information to help you understand the product and to decide whether it is appropriate to your needs.

We rely on what you tell us

Before we decide to issue a plan, we need to know exactly what the risk is that we are to insure and how likely you would be to make a claim.

Your duty of disclosure

Read this if you are applying for insurance as the policy owner, or if you will be an insured person under a policy owned by someone else.

What you need to tell us

When you apply for insurance, and up until the insurer accepts your application, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and the terms of your insurance.

This includes answering all the questions in the application honestly, making sure you include all the information we ask for.

You have the same duty if anything changes, or you remember more information, while we're processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same duty at that time to tell us anything that may affect the insurer's decision to insure you and the terms of your insurance.

Where a policy owned by one person covers the life of another person, it's important that the other person also gives us all the information that is required under the duty. If he or she doesn't, then it can be treated as a failure by the owner of the policy to tell us something that the owner must tell us. Therefore you must give us all the required information – whether you're the owner of the policy or a person insured under it.

If you don't tell us something

If you don't give all the required information, and the missing information would've affected the insurer's decision to insure you or the terms of your insurance, the insurer may:

- **treat the contract (or your cover) as if it never existed** – the insurer can only do this within three years of your cover starting.
- **reduce the amount you've been insured for** – to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premiums may have been too low. The insurer may reduce the amount you've been insured for, taking into account the premium you would've had to pay if you'd told us everything you should've. For Death cover the insurer can only reduce the amount you've been insured for within three years of your cover starting.
- **vary your cover** – to take into account the information you didn't tell us and put the insurer in the same position as it would've been if you'd told us. Variations could mean, for example, that waiting periods, exclusions or premiums may be different. The insurer can't make variations to Death cover.

This application form is dated 10 June 2017

The issuer of all plans except the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan is AMP Life Limited ABN 84 079 300 379 AFS Licence No. 233671

The issuer of the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFSL No 234654, Trustee of the Super Directions Fund ABN 78 421 957 449 and the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598

Registered Office: 33 Alfred Street SYDNEY NSW 2000

Any reference to the Superannuation or Pension plans of MyNorth, North, Summit, Generations or iAccess refers to MyNorth, North, Summit, Generations or iAccess as part of the Wealth Personal Superannuation and Pension Fund.

Your total insurance cover forms one insurance contract. If you don't give us all the required information, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

It's fraudulent to deliberately leave out required information or give us incorrect information. In these situations the insurer may refuse to pay a claim and treat the contract (or your cover) as if it never existed.

What you don't need to tell us

You don't need to tell us anything:

- that reduces the insurer's risk, or
- that's common knowledge, or
- we or the insurer know or should know as an insurer, or
- the insurer or we've told you that you don't need to tell us.

Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also to us. We may collect personal information directly from you or your financial adviser. We may also collect personal information if it is required or authorised by law, including the *Superannuation Industry (Supervision) Act 1993*, the *Corporations Act 2001* and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF).

Our main purpose in collecting personal information from you is so we can establish and manage your plan. If you choose not to provide the information necessary to process your application, then we may not be able to process it. We may also use this information for related purposes—for example, enhancing customer service and product options and providing you with ongoing information about opportunities that may be useful for your financial needs through direct marketing.

These may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by us, other members of the AMP group, or by your financial adviser.

If, at any time, you do not want to receive this information, you can opt out by telephoning our Customer Service Centre on 131 267 and quoting your plan number.

If you are applying for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or Income Insurance Superannuation Plan, we will also use this information to assess your application for, and manage your membership of, the Super Directions Fund or the Wealth Personal Superannuation and Pension Fund. We will only use information about your dependants in the event of your death.

We usually disclose information of this kind to:

- other members of the AMP group
- your financial adviser or broker (if any)
- the owner of the plan
- your parent or guardian, if you are under age 18

- external service suppliers who may be located in Australia or overseas, who supply administrative, financial or other services to assist the AMP group in providing you with services. A list of countries where these providers are likely to be located can be accessed via our privacy policy.
- the Australian Transaction Reports and Analysis Centre (AUSTRAC) where required by our anti-money laundering compliance plan
- the Australian Taxation Office (ATO) to conduct searches on the ATO's Lost Member Register for lost superannuation
- anyone you have authorised or if required by law.

If sensitive information, such as health information is collected in relation to this financial product, then additional restrictions apply. AMP Life may collect health information using a third party provider. The primary purpose for obtaining this health information is for the insurer, AMP Life, to assess your application for new or additional insurance. AMP Life may also use this information for directly related purposes—for example, deciding whether more information is needed, arranging reinsurance, assessing further applications and processing claims. AMP Life may disclose your health information to:

- the financial adviser or broker responsible for the plan
- your parent or guardian, if you are under age 18
- the trustee
- the owner of your personal insurance plan (if applicable)
- AMP Life's reinsurers
- medical practitioners
- any person AMP Life considers necessary to help either assess claims or resolve complaints
- anyone you have authorised or if required by law.

If you are an insured person, aspects of your health information may be provided to the owner of your plan in resolving terms of acceptance or if the standard plan rates are varied.

If you are an insured person, AMP Life and/or its health screening provider may also speak to a third party for the sole purpose of arranging a health screening appointment. This third party may include a spouse, family member, personal assistant, financial adviser or other relevant party.

Under the current AMP privacy policy you may access personal information about you held by the AMP group.

The AMP privacy policy sets out the AMP group's policies on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy, and information about how we deal with such complaints. The AMP privacy policy can be obtained online at amp.com.au or by calling our Customer Service Centre on 131 267.

Important information for enduring rollover authority

You can use the Enduring rollover authority to request transfers or rollovers from another super fund (transferring fund) to the Super Directions Fund to pay the premiums on your AMP Elevate insurance-only super policy, ie:

- Life Insurance Superannuation Plan
- TPD Insurance Superannuation Plan
- Income Insurance Superannuation Plan.

Note: The enduring rollover authority cannot be used for a one-off rollover or transfer.

This section should only be completed where the policy is to be owned by N.M. Superannuation Proprietary Limited, as trustee of the Super Directions Fund. All sections should be completed by the life insured or life to be insured. Each amount requested from the transferring fund will be 85% of the yearly premium payable on the AMP Elevate policy. Where your AMP Elevate insurance changes in a way which increases the yearly premium payable, we will submit an additional request to your nominated super fund for 85% of the additional premium amount payable. The transferring fund must be a complying taxed fund and your account with this fund must have a sufficient balance (net of applicable fees or taxes) to support the rollover request. We do not accept rollovers from an untaxed fund and will return any funds if there are any amounts held in the untaxed element.

Before you submit, please:

- check that the Unique super identifier (USI) and other details provided for the transferring fund are accurate
- check that you meet the transferring fund's requirements such as minimum account balance, proof of identity documentation, rollover fees or restrictions, and
- contact the transferring fund if you require any information on the effect this rollover may have on your fund's entitlements in that fund, including information about the effect on remaining insurance benefits (if any).

If the amount received is not equal to the yearly premium requested, it will be returned to the transferring fund. If the rollover request is not successful for any reason, you'll be required to make an alternative payment or your policy may lapse. We will notify you each year of the total yearly premium and then action the request.

This authority is for ongoing annual rollover or transfer requests. If you wish to cancel or change this payment method, simply call us on 131 267.

Definitions in this application

‘Person to be insured’ is the person whose life, health or income is to be insured under this application.

‘Adviser’ refers to the financial adviser who is guiding you to complete this application.

‘Plan owner’ refers to the person who owns the plan. In many cases, the Plan owner is the same person as the Person to be insured. However, a Plan owner can apply to take out insurance on a different person. Where applying for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or Income Insurance Superannuation Plan, the Plan owner is N.M. Superannuation Proprietary Limited as trustee of the Super Directions Fund and the Wealth Personal Superannuation and Pension Fund.

If the Plan owner is an SMSF the trustee of the SMSF will be responsible for providing information and meeting the requirements under the *Superannuation Industry (Supervision) Act 1993* (SIS).

‘You’ either refers to the Plan owner under the plan or the Person to be insured, where indicated.

‘We/Us’ refers to the underwriter, AMP Life Limited. The only exception to this is where you sign declarations, in which case, ‘I/We’ refers to the proposed Plan owner or the Person to be insured, as indicated.

How to apply

- 1. Please read the PDS for the product(s) you want to apply for.
- 2. Ask your financial adviser to assist you with the details in this application form.
- 3. Use a black pen to complete this application form.
- 4. Sign the application form where indicated.
- 5. Send your form to your financial adviser.

Financial adviser contact details

Where the following symbols have been used:

S	Superannuation Please complete this section when you are applying for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or Income Insurance Superannuation Plan issued by N.M. Superannuation Proprietary Limited (NM Super).
NS	Non-superannuation Please complete this section when you are applying for cover that is issued by AMP Life Limited (AMP Life) and it is not owned by an SMSF. It should also be completed if you have applied for a FlexiLink plan or PremierLink option (with the exception of the Nomination of beneficiaries section).
SMSF	Self Managed Superannuation Fund (SMSF) Please complete this section when you are applying for the Life Insurance SMSF Plan, TPD Insurance SMSF Plan or Income Insurance SMSF Plan. These plans are issued by AMP Life and are owned by the trustees of an SMSF or Small APRA Super Fund. These are the only Elevate insurance plans that can be owned by an SMSF or Small APRA Super Fund.

If no symbol has been used, the section should be completed for all plans being applied for.

Please retain this information sheet for your records.
Do not return it with your completed form(s).



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Sections to complete

Page no.	Forms to be completed		Non-superannuation or SMSF application			Superannuation application	
			Non-superannuation application NS	SMSF application	Through a MyNorth, North, Summit, Generations or iAccess investment account NS SMSF	Through Super Directions S	Superannuation or Pension application, through MyNorth, North, Summit, Generations or iAccess S
7	Application Form	S NS SMSF	✓	✓	✓	✓	✓
Non-superannuation or SMSF application NS SMSF							
10	Non-superannuation or SMSF payment authorities	NS SMSF	✓	✓	1	1	1
11	Nomination of beneficiaries	NS	✓		✓ ²		
13	Declarations and consent for non-superannuation or SMSF applications	NS SMSF	✓	✓	✓		
Superannuation application S							
14	Superannuation payment authorities	S				✓	
17	Nomination of dependants	S				✓	3
20	Tax file number	S				✓	3
21	Declarations and consents for superannuation applications	S				✓	✓

1 Complete this section if you are linking a FlexiLink Plan and/or a PremierLink and/or StandardLink option to any insurance plans.

2 If you are applying for the Life Insurance SMSF plan, the Nomination of beneficiaries' form should not be completed. In the event of a claim the benefit will be paid to the Trustee of the SMSF or Small APRA Super Fund.

3 If you are a superannuation or pension member (or prospective member) of North, Summit, Generations or iAccess, your tax file number will be completed as part of your membership of the Fund. Your nomination of dependants or any changes to your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess as applicable.

This page has been left blank intentionally.



Application details

AMP Elevate insurance application form application details (dated 10 June 2017)

Please print in CAPITAL LETTERS and place a cross ☒ in any applicable boxes.

Application summary

!

Before you complete this application: If you are altering an existing plan, please refer to your Plan document for terms and conditions.

Application details

Information

Date this application signed

D

D

M

M

Y

Y

Y

Y

Plan owner type (cross one)

☐ Individual

☐ Business application

☐ SMSF (Note: Cover owned by an SMSF can only be held under a Life Insurance SMSF Plan, TPD Insurance SMSF Plan or Income Insurance SMSF Plan)

Application form

Are you applying for insurance through?

☐ MyNorth

☐ North

☐ Summit

☐ Generations

☐ iAccess

– For superannuation plans

NS

If applying through North, Summit, Generations or iAccess Super or Pension please provide your existing account number

If you nominate a North, Summit, Generations or iAccess Superannuation or Pension Plan, all superannuation plans quoted will be owned by N.M. Superannuation Proprietary Limited as trustee of the Wealth Personal Superannuation and Pension Fund, and paid from your Superannuation/Pension account. The person insured must be the member of the nominated account.

If you do not nominate a North, Summit, Generations or iAccess Superannuation or Pension Plan then all superannuation plans will be owned by N.M. Superannuation Proprietary Limited as trustee of the Super Directions Fund.

Please note: Income insurance cannot be paid for from a pension account.

– For non-superannuation or SMSF plans

NS

SMSF

If applying through North, Summit, Generations or iAccess Investment please provide your existing account number

If you nominate a North, Summit, Generations or iAccess Investment account, all non-superannuation and SMSF plans quoted will be paid from your Investment account. To nominate an Investment account, you must be authorised to transact on that account.

Application type

Please cross one

☐ New plan

☐ Increase sum insured

☐ Add cover

☐ Continuation option

☐ Transfer/conversion of existing plan

Existing plan number

Your adviser should refer to the transfer flyer 'Transferring cover across AMP insurance products' to ensure you are submitting the right level of underwriting. If you are currently being paid a claim, or are eligible to claim, then you are not allowed to transfer your cover.

Please refer to the Important notes on page 6 of the Personal Statement for information regarding cancelling cover that is being converted/replaced.

☐ Business rewards

ABN (for employer/key person/business partner/trustee)

☐ RACV Rewards¹

☐ AMP Workplace Rewards and/or Family

Title

Workplace Rewards name/
Family name/RACV cardholder name

Workplace Rewards number/
Family number/RACV card number¹

1 For RACV, please provide 16-digit card number.

Application summary (continued)

Application details (continued)

Is this plan fee to be waived? ☐ No ☐ Yes If yes, to which plan number?

Full name of Plan owner of linked plan

Is there a concurrent application form being submitted? ☐ No ☐ Yes

If yes, to which application? ☐ Business partner(s) ☐ Spouse ☐ Children’s Trauma

☐ Another AMP product (eg Summit, Generations)

☐ Another AMP application on the Person to be insured

Please provide details below:

Name of insured on concurrent application	Date of birth	Plan number/Product name
	/ /	
	/ /	
	/ /	

Are you related (mother, father, sister, brother, child or spouse), in a de facto or same sex relationship or in a business relationship with the financial adviser of this plan? ☐ No ☐ Yes

Note: If the plan owner or person insured on this application is related (mother, father, sister, brother, child or spouse), in a de facto or same sex relationship or in a business relationship with the financial adviser listed above, flat commission will be paid on the accepted cover.

Person to be insured

Is the Person to be insured also the Plan owner? ☐ No ☐ Yes

Title Given name(s) Surname Previous name(s) (if applicable)

Gender

☐ Male ☐ Female

 Marital status Date of birth

Occupation title and the industry that the Person to be insured works in

Insurable income in last 12 months

\$

 (Personal exertion income after expenses but before income tax)

What is Insurable income? This is income earned by your personal exertion (less expenses incurred in earning that income) before tax, which will stop if you are unable to work. It does not include investment or interest income.

Residential address of Person to be insured

Residential address (a PO Box is not acceptable)

Suburb State Postcode Country

Home phone number

()

 Business phone number

()

 Mobile phone number

Email address

Application summary (continued)

Correspondence details

!

 Only complete this section if the addressee or correspondence address is different to the Person to be insured.

Is the addressee for correspondence different to the Person to be insured? ☐ No ☐ Yes

Company/SMSF

C/O (eg company title/department)

Title

Given name(s)/Trustee name(s)

Surname

Is the address for correspondence different to the residential address of the Person to be insured? ☐ No ☐ Yes

Address

Suburb

State

Postcode

Country

Home phone number

Business phone number

Mobile phone number

()

()

Email address

Plan owner(s)

!

 Only complete this section if Plan owner is a company, trustee of an SMSF or an individual other than the Person to be insured.

!

 If the Plan owner is a trustee of an SMSF, the details provided below must be the same as the trust deed.

☐ Plan owner is payer of insurance premium (only if not being paid by Person to be insured)

Title	Family/Company/SMSF name	Given name(s)/Trustee name(s) ¹	Date of birth	Plan name/PremierLink
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

1 The names of all trustees should be listed.

Only provide an Australian Business Number (ABN) if the Plan owner is a company or a trustee:

Company ABN

For your financial adviser to complete

☐ Please cross this box confirming you have attached the applicable AMP Elevate Desktop Insurance quote (to be submitted with the application form). If only the client quote has been provided we will use the default commission structure of upfront, unless otherwise indicated in the application.

Non-superannuation or SMSF application

To be completed if you are applying for a non-superannuation or SMSF plan not paid from a MyNorth, North, Summit, Generations or iAccess account.

Where a FlexiLink plan and/or PremierLink option is applied for and linked to MyNorth, North, Summit, Generations or iAccess, the payment authorities below must be completed.

Non-superannuation or SMSF payment authorities

NS SMSF

Before you complete this page, please read the ‘Paying your premiums’ section in the General terms and conditions in the product disclosure statement.

Payment method

Select method of payment:

☐ Direct debit by credit card (please list insurance plans paid by credit card below and complete **option 1**)

☐ Direct debit by bank account (please list insurance plans paid through bank account below and complete **option 2**)

☐ Receive payment due notices (only available for quarterly, half-yearly and yearly payments)

Option 1: Direct debit by credit card

Only complete this section to pay your insurance premiums by credit card.

If a deposit premium is not supplied, we will automatically deduct the premium on acceptance and completion of this application.

Frequency of ongoing premium deductions (cross one): ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

(Optional) If paying **monthly** direct debit by credit card, you may choose a date for deduction, between 1st to 28th only

Credit card type: ☐ MasterCard ☐ Visa

Credit card number

Expiry date

Name as shown on credit card

Cardholder’s signature

Date signed

Should your credit card details change at any time (eg card number or expiry date) then we will be unable to process your payment. You will need to complete a new direct debit authority form. To do this, please contact our Customer Contact Centre on 131 267.

Option 2: Direct debit by bank account

Only complete this section to pay your insurance premiums by direct debit.

Note: Please refer to your financial institution to check your account offers direct debiting.

If a deposit premium is not supplied, we will automatically deduct the premium on acceptance and completion of this application.

Frequency of ongoing premium deductions (cross one): ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

(Optional) If paying **monthly** direct debit by bank account, you may choose a date for deduction, between 1st to 28th only

BSB number

Account number

Bank/financial institution name

Bank/financial institution branch name

Account in name of (name in full)

If company account ABN (Australian Business Number)

Account holder signature(s)

Signature—account holder 1

Date signed

Signature—account holder 2 (if applicable)

Date signed

Non-superannuation application

To be completed if you are applying for a Life Insurance Plan, including plans where the insurance will be paid from a MyNorth, North, Summit, Generations or iAccess investment account. ☐

Do not complete if you are applying for the Life Insurance SMSF plan as any claim will be paid to the Trustee of the SMSF or Small APRA Super Fund.

Nomination of beneficiaries NS

‘You’ refers to the Plan owner (ie the person who has the authority to decide how the benefit is dispersed).

!

Only complete this page if you have applied for the Life Insurance Plan. Do not complete if you are applying for the Life Insurance SMSF Plan or TPD Insurance SMSF Plan.

You can choose who and how your death benefit is paid in the event of the death of the Person to be insured.

Do you wish to make a nomination? ☐ No ☐ Yes

If yes, please nominate the beneficiaries to receive the payment of benefits below.

1.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

/

Address

Phone number

Relationship to the Plan owner

% of death benefit¹

(

)

%

2.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

/

Address

Phone number

Relationship to the Plan owner

% of death benefit¹

(

)

%

3.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

/

Address

Phone number

Relationship to the Plan owner

% of death benefit¹

(

)

%

4.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

/

Address

Phone number

Relationship to the Plan owner

% of death benefit¹

(

)

%

5.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

/

Address

Phone number

Relationship to the Plan owner

% of death benefit¹

(

)

%

Total percentage

100%

1. Percentages must be whole numbers.

Non-superannuation application

To be completed if you are applying for a Life Insurance Plan, including plans where the insurance will be paid from a MyNorth, North, Summit, Generations or iAccess investment account.

Do not complete if you are applying for the Life Insurance SMSF plan as any claim will be paid to the Trustee of the SMSF or Small APRA Super Fund.

Nomination of beneficiaries NS (continued)

Plan owner declaration

Print full name of Plan owner(s)

I/We ,

the Plan owner(s), nominate the person(s) named above to receive any proceeds that may become payable under this plan, as a result of the death of the Person to be insured.

I understand that:

- payment of benefits will be made on the basis of the latest nomination received in writing by AMP
- if there is no nomination, or the nomination has been revoked, benefits will be paid to the Plan owner (or their estate)
- nominated beneficiaries should seek advice from their taxation adviser regarding the potential taxation implication of any benefit received
- if a nominated beneficiary predeceases the person insured, then that nominated beneficiary’s benefit will be paid to the Plan owner (or their estate)
- the Plan owner may vary the nomination at any time by completing a Nomination of Beneficiary form and forwarding it to AMP.

Signature of the Plan owner

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of the Plan owner

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Declarations and consent
for non-superannuation or
SMSF application

To be completed if you are applying for a non-superannuation or SMSF plan, Flexilink plan or PremierLink option, including plans where the insurance will be paid from a MyNorth, North, Summit, Generations or iAccess investment account.

Non-superannuation or SMSF insurance application and signatures (Declarations and consent) NS SMSF

Plan number

This Application form is dated 10 June 2017.

- Before you sign this application form, you should:**
- be aware that your financial adviser or AMP is obliged to have provided you with the product disclosure statement and other information relevant to special offers and/or member discounts for the product(s) you are applying for
 - **read the product disclosure statement** because it contains important information to help you understand the product and to decide whether it is appropriate to your needs, and
 - **read the Your duty of disclosure and the Declarations and consent sections** (including the ‘Privacy – use and disclosure of personal information’) in the product disclosure statement and understand the terms outlined.

Access to information

I authorise any medical practitioner, health professional, hospital or clinic, or any insurer (including companies related to AMP Life), to disclose to AMP Life, and for AMP Life to collect, any information they have on my health, medical history, pastimes, work history, or anything else that AMP Life considers to be relevant to assessing or underwriting this cover or assessing any claim under it.

If you have applied for a Life Insurance SMSF Plan, TPD Insurance SMSF Plan or Income Insurance SMSF Plan SMSF

Are the premiums being paid by your employer? ☐ No ☐ Yes
If yes, has your employer agreed to pay for premium increases due to Automatic inflation? ☐ No ☐ Yes

Signature of Person to be insured NS SMSF

If the Person to be insured is the same person as the Plan owner, go to ‘Signature of Plan owner(s) – only for individuals’.

Print full name of Person to be insured	Signature	Date signed	Date of birth
	X	/ /	/ /

Signature of Plan owner(s) – only for individuals (including individual trustees of SMSF) NS SMSF

Print full name of SMSF or Trust (if applicable)

For Plan owner(s) (must be aged 16 years or over)

Print full name of Plan owner/Trustee	Signature	Date signed	Date of birth
	X	/ /	/ /

Plan owner/Trustee (delete one)

Print full name of Plan owner/Trustee	Signature	Date signed	Date of birth
	X	/ /	/ /

Plan owner/Trustee (delete one)

- For SMSFs, if there are more than two trustees required as signatories, please cross here ☐ and provide their full name(s) and signature(s) in the adviser notes section.

Signatures of Plan owners – only for companies (including company trustees of an SMSF) NS SMSF

Company seal	Print full name of company

Signature 1	Signature 2	Date signed
X	X	/ /
Director/Sole Director and Secretary (delete one)	Director/Secretary (delete one)	
Print full name of person signing for and on behalf of the above company		

To be signed by:

- For any company, either two directors of the company or a director and company secretary, or
- For a proprietary company, one signature as ‘sole director and secretary’ where the company has only one director who is also the sole company secretary.

Note: If the company constitution mandates the use of a company seal then it must be provided along with the relevant signatures outlined above.

Superannuation application

To be completed if you are applying for a Life Insurance Superannuation, TPD Insurance Superannuation Plan or Income Insurance Superannuation Plan held through Super Directions. ☐

Where a FlexiLink plan and/or PremierLink option is applied for and linked to MyNorth, North, Summit, Generations or iAccess, please complete the payment authorities section in the Non-superannuation application.

Superannuation payment authorities S

 **Before you complete this page**, please read the ‘Paying your premiums’ section in the General terms and conditions in the product disclosure statement.

Payment method

Select method of payment:

- ☐ Direct debit by credit card (please list insurance plans paid by credit card below and complete **option 1**)
- ☐ Direct debit by bank account (please list insurance plans paid by bank account below and complete **option 2**)
- ☐ Pay via partial rollover facility (please complete the enduring rollover under **option 3**)
- ☐ Receive payment due notices (only available for quarterly, half-yearly and yearly payments)

Option 1: Direct debit by credit card

 Only complete this section to pay your insurance premiums by credit card.

If a deposit premium is not supplied, we will automatically deduct the premium on acceptance and completion of this application.
Frequency of ongoing premium deductions (cross one): ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

(Optional) If paying **monthly** direct debit by credit card, you may choose a date for deduction, between 1st to 28th only

Credit card type: ☐ MasterCard ☐ Visa

Credit card number

Expiry date

Name as shown on credit card

Cardholder's signature

Date signed



/

/

Should your credit card details change at any time (eg card number or expiry date) then we will be unable to process your payment. You will need to complete a new direct debit authority form. To do this, please contact our Customer Service Centre on 131 267.

Option 2: Direct debit by bank account

 Only complete this section to pay your insurance premiums by direct debit.

Note: Please refer to your financial institution to check your account offers direct debiting.

If a deposit premium is not supplied, we will automatically deduct the premium on acceptance and completion of this application.
Frequency of ongoing premium deductions (cross one): ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

(Optional) If paying **monthly** direct debit by bank account, you may choose a date for deduction, between 1st to 28th only

BSB number Account number

Bank/financial institution name

Bank/financial institution branch name

Account in name of (name in full)

If company account ABN (Australian Business Number)

Superannuation application

To be completed if you are applying for a Life Insurance Superannuation, TPD Insurance Superannuation Plan or Income Insurance Superannuation Plan held through Super Directions.

Where a FlexiLink plan and/or PremierLink option is applied for and linked to MyNorth, North, Summit, Generations or iAccess, please complete the payment authorities section in the Non-superannuation application.

Superannuation payment authorities (continued)

Option 2: Direct debit by bank account (continued)

Account holder signature(s)

Signature—account holder 1



Date signed

/ /

Signature—account holder 2 (if applicable)



Date signed

/ /

Option 3: Enduring rollover authority

Use this section to request transfers or rollovers from another super fund (transferring fund) to the Super Directions Fund to pay the premiums on your AMP Elevate insurance-only super policy, ie:

- Life Insurance Superannuation Plan
- Income Insurance Superannuation Plan.

Note:

- This section cannot be used for a one-off rollover or transfer.
- Please complete the Tax file number section on page 20.

1. Transferring fund details

Fund member number

Fund name

Unique superannuation identifier (USI)

Australian business number (ABN)

 We encourage you to contact the transferring fund to determine what documentation they specifically require.

2. Life insured's/member's authorisation and declaration

I request and consent to the trustee of the transferring fund (named in this form) to transfer or rollover to N.M. Superannuation Proprietary Limited (NM Super), as trustee of the Super Directions Fund:

- as requested by NM Super on an annual basis, 85% of the annual insurance premiums for my AMP Elevate Life Insurance Superannuation Plan, AMP Elevate TPD Insurance Superannuation Plan or AMP Elevate Income Insurance Superannuation Plan, and
- 85% of any additional premium amount required to pay my AMP Elevate Life Insurance Superannuation Plan, AMP Elevate TPD Insurance Superannuation Plan or AMP Elevate Income Insurance Superannuation Plan as the result of an alteration.

I authorise NM Super or its delegate (AMP) to act on my behalf (as required) in arranging each transfer or rollover for the purposes of paying insurance premiums.

I authorise the trustee of the transferring fund to complete each transfer or rollover and provide all relevant information to AMP.

I consent to my TFN being disclosed to the transferring fund for the purposes of completing transfers or rollovers.

I declare I have fully read this form and the information completed is true and correct.

I confirm that I am aware I may ask my super provider and have obtained or do not require information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits.

I discharge the trustee of the transferring fund of all further liability in respect of the benefits paid and transferred to the Super Directions Fund.

I declare that the authority granted by this form continues until the earliest of the following:

- I request in writing for the authority to be revoked, or
- I subsequently provide NM Super with an authority to transfer or rollover amounts from a different transferring fund (whether or not the subsequent authority is stated to replace this authority), or
- the policy ends in accordance with the terms and conditions set out in the policy.

Superannuation application

To be completed if you are applying for a Life Insurance Superannuation, TPD Insurance Superannuation Plan or Income Insurance Superannuation Plan held through Super Directions. ☐

Where a FlexiLink plan and/or PremierLink option is applied for and linked to MyNorth, North, Summit, Generations or iAccess, please complete the payment authorities section in the Non-superannuation application.

2. Life insured's/member's authorisation and declaration (continued)

I acknowledge that insurance premiums will remain unpaid if a transfer or rollover does not proceed (unless an alternative payment has been arranged) and that my insurance cover may lapse.

Signature of life insured/member

X

Date signed

DDMMYYYY

3. Checklist

- ☐ Have you supplied the correct USI and other details for the transferring fund?
- ☐ Have you checked that the transferring fund has a sufficient account balance to pay for your insurance premiums?
- ☐ Have you checked that your transferring fund's requirements have been met? (eg maintained minimum account balance, proof of identity documentation received (if required), reviewed rollover fees or restrictions before the rollover authority can proceed).
- ☐ Have you contacted your transferring fund to understand the effect of the transfer or rollover in relation to your funds entitlements including information about the effect on remaining insurance benefits (if any)?
- ☐ Have you signed and dated this section?

Superannuation application

To be completed if you are applying for a Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan held through Super Directions.



If the person insured is a member of the National Mutual Retirement Fund, binding death nominations are not available. Please contact our Customer Service Centre for the correct form if you wish to make a non-binding nomination. If you are applying for membership through MyNorth, North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under MyNorth, North, Summit, Generations or iAccess. Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under MyNorth, North, Summit, Generations or iAccess.

Nomination of dependants (For Super Directions Fund members only)



Before you complete this page:

- You should read the 'Holding your policy in superannuation' section of the product disclosure statement, and
- Discuss your needs with your financial adviser.

What nomination do you wish to make?

To make a **binding nomination** complete the binding nomination section below including witness declarations.

To make a **non-binding nomination** complete the non-binding nomination section on page 19.

Please note: you can change your nomination at any time by notifying the Trustee of the Super Directions Fund in the approved form.

Binding death benefit nomination

(Trustee must pay specific people you have selected, provided that your nomination is valid)

Direct the Trustee to pay my death benefit exactly as follows (ie no Trustee discretion)

1.

Title

First name

Family name

Gender

Date of birth

☐ Male

☐ Female

/ /

Address

Phone number

Relationship of the nominated person to the Person insured

% of death benefit¹

()

☐ Financial dependant

☐ Spouse

☐ IR²

☐ Child

%

2.

Title

First name

Family name

Gender

Date of birth

☐ Male

☐ Female

/ /

Address

Phone number

Relationship of the nominated person to the Person insured

% of death benefit¹

()

☐ Financial dependant

☐ Spouse

☐ IR²

☐ Child

%

3.

Title

First name

Family name

Gender

Date of birth

☐ Male

☐ Female

/ /

Address

Phone number

Relationship of the nominated person to the Person insured

% of death benefit¹

()

☐ Financial dependant

☐ Spouse

☐ IR²

☐ Child

%

4.

Title

First name

Family name

Gender

Date of birth

☐ Male

☐ Female

/ /

Address

Phone number

Relationship of the nominated person to the Person insured

% of death benefit¹

()

☐ Financial dependant

☐ Spouse

☐ IR²

☐ Child

%

This application form is dated 10 June 2017

The issuer of the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFSL No 234654, Trustee of the Super Directions Fund ABN 78 421 957 449

Superannuation application

To be completed if you are applying for a Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan held through Super Directions. ☐

If the person insured is a member of the National Mutual Retirement Fund, binding death nominations are not available. Please contact our Customer Service Centre for the correct form if you wish to make a non-binding nomination. If you are applying for membership through MyNorth, North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under MyNorth, North, Summit, Generations or iAccess. Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under MyNorth, North, Summit, Generations or iAccess.

Nomination of dependants (For Super Directions Fund members only) ⓘ (continued)

Binding death benefit nomination (continued)

5. Title	First name	Family name	Gender	Date of birth
			☐ Male ☐ Female	/ /
Address 				
Phone number ()	Relationship of the nominated person to the Person insured ☐ Financial dependant ☐ Spouse ☐ IR ² ☐ Child			% of death benefit ¹ %
Total percentage				100%

or ☐ My Legal Personal Representative (eg the executor of your will)

1 Percentages must be whole numbers. 2 Interdependency Relationship.

Declaration, acknowledgment and signature

Member declaration

Do not sign this declaration unless in the presence of both witnesses.

I have read the information in the 'binding nominations' section of the product disclosure statement and understand that:

- in the event of my death, the Trustee will pay the death benefit in accordance with this nomination
- unless I revoke or amend it before it expires, this nomination will cease to be valid in three years time
- this nomination revokes any previous nomination that I may have made
- I declare that at the date of this application I have answered all questions accurately
- I am aware that if I do not make a valid binding nomination, the Trustee has the right to select the person or persons to whom to pay the benefit in the event of my death. I ask that the Trustee consider the preferred dependant(s) mentioned above when making a selection
- I acknowledge that a binding nomination is not valid unless completed to the satisfaction of the Trustee and received at the Customer Service Centre before the death of the member.

Print full name of member	Signature of member	Date signed	Date of birth
	X	/ /	/ /

ⓘ Please complete the Witness declarations section below.

Witness declarations—must be completed if making a binding nomination

Note: Each witness must be an independent person and cannot be a nominated beneficiary.

I declare that:

I am 18 years of age or over, am not a person nominated above and that this nomination was signed by the member in my presence.

Witness 1—full name	Signature	Date signed
	X	/ /

I am 18 years of age or over, am not a person nominated above and that this nomination was signed by the member in my presence.

Witness 2—full name	Signature	Date signed
	X	/ /

Superannuation application

To be completed if you are applying for a Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan held through Super Directions. ☐

If the person insured is a member of the National Mutual Retirement Fund, binding death nominations are not available. Please contact our Customer Service Centre for the correct form if you wish to make a non-binding nomination. If you are applying for membership through MyNorth, North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under MyNorth, North, Summit, Generations or iAccess. Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under MyNorth, North, Summit, Generations or iAccess.

Nomination of dependants (For Super Directions Fund members only) (continued)

Non-binding death benefit nomination

(The Trustee of the Super Directions Fund will consider your preference but is not bound by this nomination. Witnesses are not required for a non-binding nomination.)

1.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

Address

Phone number

Relationship of the nominated person to the Person insured

% of death benefit¹

(

)

☐ Financial dependant ☐ Spouse ☐ IR² ☐ Child

%

2.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

Address

Phone number

Relationship of the nominated person to the Person insured

% of death benefit¹

(

)

☐ Financial dependant ☐ Spouse ☐ IR² ☐ Child

%

3.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

Address

Phone number

Relationship of the nominated person to the Person insured

% of death benefit¹

(

)

☐ Financial dependant ☐ Spouse ☐ IR² ☐ Child

%

4.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

Address

Phone number

Relationship of the nominated person to the Person insured

% of death benefit¹

(

)

☐ Financial dependant ☐ Spouse ☐ IR² ☐ Child

%

☐

My Legal Personal Representative (eg the executor of your will)

Total percentage

100%

1 Percentages must be whole numbers. 2 Interdependency Relationship.

Print full name of member

Signature of member

Date signed

Date of birth

X

/

/

/

/

This application form is dated 10 June 2017

The issuer of the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFSL No 234654, Trustee of the Super Directions Fund ABN 78 421 957 449

 Super

 Non-super

 SMSF

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Superannuation application

Tax file number (TFN) 

 Only complete this page if you are applying for superannuation cover with the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and/or Income Insurance Superannuation Plan.

Plan number

Note: The Plan owner is the Trustee of Super Directions Fund.

This section must be completed by the Person to be insured applying for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and/or Income Insurance Superannuation Plan. Applications cannot be accepted without a TFN.

TFN – only for the Life Insurance Superannuation Plan and/or TPD Insurance Superannuation Plan and/or Income Insurance Superannuation Plan

Family name Given name(s)

Date of birth Telephone number TFN

What happens if I do not quote my TFN when I have selected the enduring rollover payment method?
The purpose of requesting your TFN is to confirm your identify and to provide it to your transferring fund to facilitate the rollover request. If you do not provide us with your TFN, it is likely they will ask you to go through the time-consuming process of providing certified proof of identity when they receive our request to transfer your funds.

Your TFN is confidential. Before you provide your tax file number we are required to tell you the following:

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to your superannuation fund will have the following advantages:

- Your superannuation fund will be able to accept all types of contributions to your account(s).
- The tax on contributions to your superannuation account(s) will not increase.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
- It will be easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

I have read the information (above) and agree to provide my TFN (cross one only) ☐ No ☐ Yes

Signature Date

Declarations and consent for superannuation application

Superannuation insurance application and signatures (Declarations and consent)

Plan number

This Application form is dated 10 June 2017.



Before you sign this application form, you should:

- be aware that your financial adviser is obliged to have provided you with the product disclosure statement and other information relevant to special offers and/or member discounts for the product(s) you are applying for
- **read the product disclosure statement** because it contains important information to help you understand the product and to decide whether it is appropriate to your needs, and
- **read the Your duty of disclosure and the Declarations and consent sections** (including the ‘Privacy – use and disclosure of personal information’) in the product disclosure statement and understand the terms outlined.

Access to information

I authorise any medical practitioner, health professional, hospital or clinic, or any insurer (including companies related to AMP Life), to disclose to AMP Life, and for AMP Life to collect, any information they have on my health, medical history, pastimes, work history, or anything else that AMP Life considers to be relevant to assessing or underwriting this cover or assessing any claim under it.

Superannuation membership

Are you applying for insurance through? ☐ MyNorth ☐ North ☐ Summit ☐ Generations ☐ iAccess

If through MyNorth, North, Summit, Generations or iAccess please provide your existing account number

Are you applying for insurance through superannuation that is not attached to MyNorth, North, Summit, Generations or iAccess? This will be through the Super Directions Fund. ☐ No ☐ Yes

If yes, please complete questions 1 to 3

1. Current employment status

☐ Employee, go to question 2

☐ Self employed (sole trader, partnership)

☐ Employed by own company, go to question 3

2. Does your employer contribute to an existing superannuation fund on your behalf? ☐ No ☐ Yes

3. Have you selected an employer supported plan (ie your employer pays part or all of your premiums)? ☐ No ☐ Yes

If yes, please complete employer details below and question 4.

Company name

Company address

4. Please confirm that your employer has agreed to pay for premium increases due to Automatic inflation. ☐ No ☐ Yes

To be completed by the Person to be insured

Print full name of Person to be insured	Signature	Date signed	Date of birth



Financial adviser and commission details

Underwriting and financial requirements

Have you spoken to our Underwriting Department for pre-assessment advice? ☐ No ☐ Yes

If yes, who did you speak to (or contact), what did you discuss and on what date did this occur? If you were provided with a Request ID or Service Request ID number, please provide this number.

Has the Person to be insured completed and signed all the relevant authorities, including medical authorities and/or financial authority? ☐ No ☐ Yes

Have you arranged or do you intend to arrange for any mandatory medical examinations or pathology tests to be completed? ☐ No ☐ Yes

If you have advised the Person to be insured to have these tests specify name of doctor, paramedical facility or pathology laboratory who will arrange for the test:

Adviser checklist

If changes have been made to the application, has the Person to be insured initialled all changes? ☐ No ☐ Yes

☐ Not applicable

Has supporting financial evidence been included with this application? ☐ No ☐ Yes

If this application is for agreed value income insurance, will the client be providing substantiating financial evidence in support of the monthly benefit proposed? ☐ No ☐ Yes

Note: If you have crossed **no** above, financial evidence will be required in the event of a claim and the client will receive written notification from us after the policy has commenced.

Are there multiple payment methods (eg Life superannuation insurance paid via Summit, trauma insurance paid by direct debit)? ☐ No ☐ Yes

If yes, please specify which benefits are to be paid by which payment method in the Adviser notes below.

Has a quote been provided with this application? ☐ No ☐ Yes

Is there any other documentation attached to this proposal? ☐ No ☐ Yes

If yes, please cross: ☐ Children's Trauma Option Personal Statement ☐ Financial questionnaire

☐ Other, please specify

Has this application been faxed prior to sending? ☐ No ☐ Yes

If yes, specify fax number () (Addressee)

Have the client and the Person to be insured read the Duty of disclosure? ☐ No ☐ Yes

Do you have a preferred or alternative contact method? ☐ No ☐ Yes

If yes, please provide details in adviser notes below.

Have you explained to the client and Person to be insured the possible implications on the contract of any non-disclosure? ☐ No ☐ Yes

Are there any other circumstances or facts, such as the client's background, not fully covered by answers provided herein that you feel may assist our assessment of this application? ☐ No ☐ Yes

If yes, specify (refer to adviser notes if extra space required)

Principal servicing adviser details

Account/Adviser number

--	--	--	--	--	--

Fax number

()

Note: If the plan owner or person insured on this application is related (mother, father, sister, brother, child or spouse), in a de facto or same sex relationship or in a business relationship with the financial adviser listed above, flat commission will be paid on the accepted cover.

New plan commission splits

Note: Standard commission splits are not available for Rewards (Workplace/Family/Memberships/Business rewards) applications.

New plan commission

State

100%

Renewal business commission splits

Renewal business commission

State

100%

Adviser notes



AMP administration

Plan number

--	--	--	--	--	--	--	--	--	--	--	--

Service centre only

Deposit paid	Date	Amount (\$)	Receipt number	Account/By
	/ /			
	/ /			
	Total	\$		

Previous business

☐ No ☐ Yes If yes, give details:

Plan number			
Person insured			
Benefit symbol			
Code acceptance			
Assessment			
Special conditions			
Amount of risk			
Reinsurance			
Status and commencement date			

Plan number			
Person insured			
Benefit symbol			
Code acceptance			
Assessment			
Special conditions			
Amount of risk			
Reinsurance			
Status and commencement date			

Plan number			
Person insured			
Benefit symbol			
Code acceptance			
Assessment			
Special conditions			
Amount of risk			
Reinsurance			
Status and commencement date			

Personal statement

Information sheet

We rely on what you tell us

Before we decide to issue a plan, we need to know exactly what the risk is that we are to insure and how likely you would be to make a claim.

Your duty of disclosure

Read this if you are applying for insurance as the policy owner, or if you will be an insured person under a policy owned by someone else.

What you need to tell us

When you apply for insurance, and up until the insurer accepts your application, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and the terms of your insurance.

This includes answering all the questions in the application honestly, making sure you include all the information we ask for.

You have the same duty if anything changes, or you remember more information, while we're processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same duty at that time to tell us anything that may affect the insurer's decision to insure you and the terms of your insurance.

Where a policy owned by one person covers the life of another person, it's important that the other person also gives us all the information that is required under the duty. If he or she doesn't, then it can be treated as a failure by the owner of the policy to tell us something that the owner must tell us. Therefore you must give us all the required information – whether you're the owner of the policy or a person insured under it.

If you don't tell us something

If you don't give all the required information, and the missing information would've affected the insurer's decision to insure you or the terms of your insurance, the insurer may:

- **treat the contract (or your cover) as if it never existed** – the insurer can only do this within three years of your cover starting.
- **reduce the amount you've been insured for** – to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premiums may have been too low. The insurer may reduce the amount you've been insured for, taking into account the premium you would've had to pay if you'd told us everything you should've. For Death cover the insurer can only reduce the amount you've been insured for within three years of your cover starting.
- **vary your cover** – to take into account the information you didn't tell us and put the insurer in the same position as it would've been if you'd told us. Variations could mean, for example, that waiting periods, exclusions or premiums may be different. The insurer can't make variations to Death cover.

Your total insurance cover forms one insurance contract. If you don't give us all the required information, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

It's fraudulent to deliberately leave out required information or give us incorrect information. In these situations the insurer may refuse to pay a claim and treat the contract (or your cover) as if it never existed.

What you don't need to tell us

You don't need to tell us anything:

- that reduces the insurer's risk, or
- that's common knowledge, or
- we or the insurer know or should know as an insurer, or
- the insurer or we've told you that you don't need to tell us.

This Personal statement is dated 10 June 2017

The issuer of all plans except the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan is AMP Life Limited ABN 84 079 300 379 AFS Licence No. 233671

The issuer of the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFSL No 234654, Trustee of the Super Directions Fund ABN 78 421 957 449 and the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598

Registered Office: 33 Alfred Street SYDNEY NSW 2000

Any reference to the Superannuation or Pension plans of MyNorth, North, Summit, Generations or iAccess refers to MyNorth, North, Summit, Generations or iAccess as part of the Wealth Personal Superannuation and Pension Fund.

Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also to us. We may collect personal information directly from you or your financial adviser. We may also collect personal information if it is required or authorised by law, including the *Superannuation Industry (Supervision) Act 1993*, the *Corporations Act 2001* and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF).

Our main purpose in collecting personal information from you is so we can establish and manage your plan. If you choose not to provide the information necessary to process your application, then we may not be able to process it. We may also use this information for related purposes—for example, enhancing customer service and product options and providing you with ongoing information about opportunities that may be useful for your financial needs through direct marketing.

These may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by us, other members of the AMP group, or by your financial adviser.

If, at any time, you do not want to receive this information, you can opt out by telephoning our Customer Service Centre on 131 267 and quoting your plan number.

If you are applying for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or the Income Insurance Superannuation Plan, we will also use this information to assess your application for, and manage your membership of, the Super Directions Fund or the Wealth Personal Superannuation and Pension Fund. We will only use information about your dependants in the event of your death.

We usually disclose information of this kind to:

- other members of the AMP group
- your financial adviser or broker (if any)
- the owner of the plan
- your parent or guardian, if you are under age 18
- external service suppliers who may be located in Australia or overseas, who supply administrative, financial or other services to assist the AMP group in providing you with services. A list of countries where these providers are likely to be located can be accessed via our privacy policy.
- the Australian Transaction Reports and Analysis Centre (AUSTRAC) where required by our anti-money laundering compliance plan
- the Australian Taxation Office (ATO) to conduct searches on the ATO's Lost Member Register for lost superannuation
- anyone you have authorised or if required by law.

If sensitive information, such as health information is collected in relation to this financial product, then additional restrictions apply. AMP Life may collect health information using a third party provider. The primary purpose for obtaining this health information is for the insurer, AMP Life, to assess your application for new or additional insurance. AMP Life may also use this information for directly related purposes—for example, deciding whether more information is needed, arranging reinsurance, assessing further applications and processing claims. AMP Life may disclose your health information to:

- the financial adviser or broker responsible for the plan
- your parent or guardian, if you are under age 18
- the trustee
- the owner of your personal insurance plan (if applicable)
- AMP Life's reinsurers
- medical practitioners
- any person AMP Life considers necessary to help either assess claims or resolve complaints
- anyone you have authorised or if required by law.

If you are an insured person, aspects of your health information may be provided to the owner of your plan in resolving terms of acceptance or if the standard plan rates are varied.

If you are an insured person, AMP Life and/or its health screening provider may also speak to a third party for the sole purpose of arranging a health screening appointment. This third party may include a spouse, family member, personal assistant, financial adviser or other relevant party.

Under the current AMP privacy policy you may access personal information about you held by the AMP group.

The AMP privacy policy sets out the AMP group's policies on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy, and information about how we deal with such complaints. The AMP privacy policy can be obtained online at amp.com.au or by calling our Customer Service Centre on 131 267.

Personal statement checklist

Page	Items to be completed
5	Personal statement
5	☐ Personal details
7	☐ Your health details
12	☐ Sports and pastimes details
15	☐ Health questionnaires
27	☐ Occupation details
28	☐ Income details
31	☐ Business expenses details
33	Authorities
33	☐ Medical authority
33	☐ Financial authority
34	Declarations and Consents
34	☐ Non-superannuation or SMSF
35	☐ Superannuation

Where the following symbols have been used:

S	Superannuation Please complete this section when you are applying for the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or Income Insurance Superannuation Plan issued by N.M. Superannuation Proprietary Limited (NM Super).
NS	Non-superannuation Please complete this section when you are applying for cover that is issued by AMP Life Limited (AMP Life) and it is not owned by an SMSF. It should also be completed if you have applied for a FlexiLink plan or PremierLink option (with the exception of the Nomination of beneficiaries section).
SMSF	Self Managed Superannuation Fund (SMSF) Please complete this section when you are applying for the Life Insurance SMSF Plan, TPD Insurance SMSF Plan or Income Insurance SMSF Plan. These plans are issued by AMP Life and are owned by the trustees of an SMSF or Small APRA Super Fund. These are the only Elevate insurance plans that can be owned by an SMSF or Small APRA Super Fund.

If no symbol has been used, the section should be completed for all plans being applied for.

Please retain this information sheet for your records.
Do not return it with your completed form(s).



Personal statement details

Personal details

‘You’ refers to the Person to be insured (unless otherwise indicated).

Contact details for Person to be insured

We may need to contact you between 8.00am and 7.00pm regarding the details of your application.

Daytime phone number	Hours you can be contacted	After hours phone number	Hours you can be contacted
()		()	
Mobile phone number	Hours you can be contacted	Email address	
()			

Residency and travel details

1.

a.

Are you an Australian citizen or a permanent resident of Australia?

☐ No, proceed to question 1b
☐ Yes, go to question 2

b.

Are you a New Zealand citizen?

☐ No, please provide details:
☐ Yes, go to question 2

i.

Which country has issued your current passport?

ii.

How long have you lived in Australia?

years

months

iii.

What type of visa do you hold?

iv.

Have you applied for an Australian permanent residency visa?

☐ No ☐ Yes

If no, do you intend applying for Australian permanent residency?

☐ No ☐ Yes

If you do, please advise the date you can make that application.

D

D

M

M

Y

Y

Y

Y

If applicable, do you have your family residing with you in Australia?

☐ No ☐ Yes

2.

In the next 12 months, do you intend to leave Australia and go live in another country?

☐ No ☐ Yes

If yes, please provide details:

Where	Duration

3.

Do you intend to travel outside Australia or New Zealand for holiday or business purposes?

☐ No ☐ Yes

If yes, please provide details:

Where	When	Duration

Personal details (continued)

Insurance details

4. Other than this application, are you covered by, or are you applying for, life, disability, trauma, income insurance or business expenses insurance with **any company**? **Note:** This includes benefits under superannuation, business or credit insurance or benefits provided by an employer.
- ☐ No

☐ Yes

If yes, please provide details:

Name of company	Type of cover	Sum insured (\$)	Date commenced	To be replaced?
			/ /	☐ No ☐ Yes
			/ /	☐ No ☐ Yes
			/ /	☐ No ☐ Yes

!

Important notes: If this application for insurance is intended to replace the existing plan(s) listed in the table above or insurance cover held within the AMP group (if noted on page 7 of the Application form) that is being converted/replaced:

1

When the insurer notifies you that it has accepted your application for insurance, you must cancel such plan(s). If you do not cancel the existing plan(s) listed in the table above, any claim you make to AMP for the insurance applied for and accepted may not be considered.

2

Under takeover terms, the insurance cover to be replaced must have been fully underwritten and not have been accepted under modified or limited underwriting requirements or on takeover terms previously.

3

If the existing insurance is held with us or another company within the AMP group of companies, you authorise:

– us to cancel, or to instruct the other insurer to cancel, that insurance effective the date that the new insurance commences, and

– the other insurer (if any) to cancel that insurance at our request on the basis of this authority.

5. Has **any company** ever indicated they would not issue you insurance, or would apply a loading, modify, restrict or exclude your insurance in any way?

☐ No

☐ Yes

If yes, please provide full details including reason, date, company name and type of cover:

6. In the last five years have you, or do you intend in the next 12 months, to claim unemployment benefits?

☐ No

☐ Yes

If yes, please provide details:

Benefit type

Date

D

D

M

M

Y

Y

Y

Y

7. Have you ever, or do you intend to claim benefits under any insurance plan, government scheme, armed forces, pension or allowance, or court proceedings? If yes, please provide details:

☐ No

☐ Yes

Company/benefit type	Reason	Benefit amount (\$)	Date
			/ /
			/ /
			/ /

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Personal details (continued)

Personal habits

8. a. Have you ever been a smoker or used any sort of tobacco products (including e-cigarettes and/or nicotine replacement products)? ☐ No ☐ Yes

If no > go to question 9

If yes, please advise which of the following apply and quantity consumed.

☐ Cigarettes

Quantity per: day week month

☐ Tobacco pipes

Quantity per: day week month

☐ Cigars

Quantity per: day week month

☐ Nicotine replacement products (please provide details below)

☐ E-cigarettes (please provide details below)

☐ Other Please specify substance smoked:

If you have indicated that you use nicotine replacement products, e-cigarettes or any other substance, please answer the following questions.

i. How often are or were these nicotine patches, e-cigarettes or other nicotine products used, replaced or refilled?

ii. What strength? mgs

b. If you have stopped smoking, using tobacco, nicotine replacement products or other substances, please advise when?
 month year

c. Have you ever been advised by a health care professional to reduce your smoking because of a medical condition? If yes, please advise the name of the condition and any treatment received: ☐ No ☐ Yes

Condition

Treatment

9. How many standard drinks containing alcohol do you consume per week on average? standard glasses per week
[standard drink = 1 nip/30ml of spirits, 1 x 100ml glass of wine, 1 x 250 ml glass of beer]

10. Have you ever been advised by a health care professional to reduce your alcohol intake or seek alcohol treatment? ☐ No ☐ Yes

If yes, please advise your alcohol intake amount at that time, reason you were advised and details of any treatment:

11. Have you ever used cocaine, marijuana, ecstasy, heroin or any other recreational drugs, or drugs not prescribed by a doctor? (You do not need to tell us about any paracetamol, anti-histamines or any other over-the-counter medication.) If yes, please give details, including the type of drug and the date(s) used: ☐ No ☐ Yes

Your health details

Doctor details

12. Name and address of your usual doctor (if you do not have a usual doctor, then the last doctor that you saw)

Name	Address	Phone number
		()

If you have known your doctor for less than two years, please provide details of the previous doctor.

Name	Address	Phone number
		()
		()

Your health details (continued)

Doctor details (continued)

13. Date of last consultation with any doctor

D

D

M

M

Y

Y

Y

Y

14. Name of doctor that you saw (if same as above, write 'As above')

15. Please advise reason for your last consultation

16. Please advise results/outcome of your last consultation

17. Were you referred for further tests, investigations or referred to a specialist? ☐ No ☐ Yes

If yes, please provide full details

Personal health history

18. a. What is your: Height Weight

b. Has your weight varied in the last 12 months? ☐ No ☐ Yes

If yes, please cross one of the following and provide the amount and the reason: ☐ Gain ☐ Loss

Amount

kg

 Reason

19. At any time in your life have you ever had, received advice for or experienced symptoms of the following (even if you have not seen a doctor)?

- a. Back or neck pain, injury or disorder including slipped disc, sciatica, whiplash or any other condition of the neck, middle or lower back

☐ No ☐ Yes
- b. Disorder, pain or injury of the wrist, elbow, shoulder, hip, knee, ankle or any other joints, or arthritis or gout

☐ No ☐ Yes
- c. Disorder or injury of the muscles, bones or limbs (eg fracture, tendonitis or tenosynovitis)

☐ No ☐ Yes
- d. Depression, adjustment disorder, post-traumatic stress disorder, post natal depression, major depression or any other mood or depressive disorder

☐ No ☐ Yes
- e. Anxiety, attention deficit disorder, eating disorder, obsessive compulsive disorder or any other anxiety disorder

☐ No ☐ Yes
- f. Schizophrenia, psychotic or personality disorder, manic or bipolar disorder or any other mental health disorder

☐ No ☐ Yes
- g. Stress, fatigue, insomnia or sleeplessness

☐ No ☐ Yes
- h. Chronic fatigue or chronic pain syndrome

☐ No ☐ Yes
- i. Fibromyalgia, fibrositis or myalgia

☐ No ☐ Yes
- j. Stroke, Transient Ischaemic Attack (TIA), brain haemorrhage or brain injury

☐ No ☐ Yes
- k. Multiple sclerosis, Parkinson's disease, Alzheimer's disease, dementia, paralysis or cerebral palsy

☐ No ☐ Yes
- l. Epilepsy, fit or blackout, migraine or recurrent headaches

☐ No ☐ Yes
- m. Any neurological complaint or disorder of the nervous system including dizziness, involuntary shaking, memory loss, weakness, loss of feeling, or tingling of limbs or face

☐ No ☐ Yes
- n. High blood pressure or raised cholesterol (including being advised to take medication or have your levels monitored)

☐ No ☐ Yes
- o. Heart condition including irregular heartbeat, heart murmur, heart disease or chest pain

☐ No ☐ Yes
- p. Disorder of the blood including anaemia or haemophilia

☐ No ☐ Yes
- q. Asthma

☐ No ☐ Yes
- r. Bronchitis, sleep apnoea, pneumonia or any other lung, respiratory or breathing disorder

☐ No ☐ Yes

Your health details (continued)

Personal health history (continued)

- s. Disorder of the thyroid

☐ No ☐ Yes
- t. Diabetes, sugar in the urine or raised blood sugar levels

☐ No ☐ Yes
- u. Disorder of the kidney or bladder including blood or protein in the urine, urinary infections or kidney stones

☐ No ☐ Yes
- v. Disorder of the digestive system, gall bladder, stomach, bowel or liver including any changes to your usual bowel habits, hepatitis, gastric or duodenal ulcer, indigestion, colitis, Crohn's disease, irritable bowel syndrome or hernia

☐ No ☐ Yes
- w. Disorder of the eyes not corrected by glasses or contact lenses (eg iritis, glaucoma, optic neuritis, blurred or double vision)

☐ No ☐ Yes
- x. Disorder of the ears or speech including hearing loss or tinnitus

☐ No ☐ Yes
- y. Disorder of the skin including psoriasis, eczema or dermatitis

☐ No ☐ Yes
- z. Cancer, tumour, leukaemia, Hodgkin's disease, lymphoma, melanoma or **skin cancer** or any malignant condition

☐ No ☐ Yes
- aa. **Cyst, skin lesion, growth, lump** (including breast lump), **mole or freckle** that has bled, become painful, changed colour or increased in size

☐ No ☐ Yes
- ab. Any sexually transmitted infection or disease

☐ No ☐ Yes

!

If you answered **yes** to any of the items in 19, please provide details in the table below, **except** for any condition in bold text above, for which you should complete the relevant Detailed health questionnaire in 29. If you answered **no** to all items, go to 20.

Item no. eg 'f'	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of recovery (%)
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				

20. At any time in your life have you ever had, received advice for or experienced symptoms of the following (even if you have not seen a doctor)?

Males only

- a. Disorder or problem of the prostate or testicle including prostate enlargement, abnormal PSA (Prostate Specific Antigen), difficulty or urgency in passing urine or increase in night urination.

☐ No ☐ Yes

Females only

- b. Are you currently pregnant? If yes, please advise expected delivery date

DDMMYYYY

☐ No ☐ Yes

c. Have you ever had any complications with pregnancy or childbirth? If yes, please provide details below, including whether resolved after delivery.

☐ No ☐ Yes

d. Have you ever had an abnormal cervical pap smear or biopsy of the cervix or uterus?

☐ No ☐ Yes
- !

If you answered **yes** to any of the items in 20, please provide details in the table on the next page.
- S

 Super

NS

 Non-super

SMSF

 SMSF
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Your health details (continued)

Personal health history (continued)

Item no. eg 'b'	Date	Details of condition, advice or symptom including nature of treatment and/or results of investigations	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of recovery (%)
	/ /				
	/ /				
	/ /				

Females only

- e. Have you ever had a breast ultrasound or mammogram?

☐ No☐ Yes
- f. Have you ever had a breast lump, thickening, unexplained pain or change in the breast or nipples (even if you have not seen a doctor about it)?

☐ No☐ Yes

If yes for e or f, please provide details in the table below.

Item no.	Date	Reason	Results	Follow up required	Name of doctor	Pending follow up	When
	/ /			☐ No			/ /
				☐ Yes			

21. Other than what you have already told us in this application, have you in the last **five years** (not including colds or flu):

- a. Attended any other medical appointment (eg counselling), or had any other test (eg X-ray, blood), surgery either in Australia or overseas, with any other doctors, medical centres or health care professionals, including chiropractors, physiotherapists, naturopaths, osteopaths, podiatrists or herbalists?

☐ No☐ Yes
- b. Used or are you currently using any medication, prescribed or unprescribed (taken by mouth, injections, inhaled spray, cream, ointment) or had any treatment for any symptoms, sickness, injury or medical condition?

☐ No☐ Yes
- c. Had any sickness, symptom or injury that prevented you from performing any of the duties of your usual occupation for more than 3 consecutive days?

☐ No☐ Yes

 If you answered **yes** to any of the items in 21, please provide details in the table below.

Item no. eg 'b'	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Date treatment or medication ceased (if applicable)	Time off work	Degree of recovery (%)
	/ /			/ /		
	/ /			/ /		
	/ /			/ /		

Your health details (continued)

Personal health history (continued)

22. Have you ever had, are you currently waiting for a result of, or are you considering having a genetic test? ☐ No ☐ Yes

Note: You do not have to provide a result if you were or are taking part in a medical research project or trial and haven’t been or will not be provided with your individual result.

If yes, please provide full details:

23. Other than what you have already told us in this application:

- a. Have you ever been admitted to hospital for any reason?

☐ No ☐ Yes
- b. Are you experiencing any symptoms or complaints for which you have not consulted a doctor?

☐ No ☐ Yes
- c. Have you contemplated, been advised to seek or are you awaiting any medical advice, investigation or treatment including surgery either in Australia or overseas?

☐ No ☐ Yes

If you answered **yes** to any of the items above please provide details:

24. a. Have you or any of your current or previous sexual partners tested positive for HIV/AIDS, or have any sign of HIV infection (eg some signs of HIV/AIDS are: unexplained weight loss, swollen glands or persistent diarrhoea)? ☐ No ☐ Yes

b. In the last three years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed? ☐ No ☐ Yes

Note: HIV risk situations include but are not limited to:

- sex with or as a sex worker
- sex with an intravenous drug user
- contact with someone else’s blood (eg through injection or scratch with a used needle)
- anal intercourse (except in a relationship between you and one other person only and neither of you has had sex with anyone else for at least three years).

(If you answered **yes** to any part of 24 we will send you a confidential questionnaire to complete.)

Family history

25. Has any first degree blood related family member (father, mother, brother, sister) had diabetes, stroke, a heart condition, familial polyposis, breast, ovarian, colon, bowel, or any other cancer, polycystic kidney disease, Huntington’s chorea, Alzheimer’s disease, multiple sclerosis, motor neurone disease, muscular dystrophy or any other hereditary or any other condition that runs in families? ☐ No ☐ Yes

Note: You are only required to disclose family information relating to first degree blood related family members—living or deceased (mother, father, sisters and brothers).

If yes, please complete the tables and questions below:

Direct family member (please state their relationship to you but not their name)	Condition/illness (for cancer or heart disease, please specify the type)	Age at onset (approx)	Age at death (if applicable)

Your health details (continued)

Family history (continued)

26. a. Are you required to have any regular screening due to your family history? ☐ No ☐ Yes

Note: You are only required to disclose family information relating to first degree blood related family members—living or deceased (mother, father, sisters and brothers).

If yes, please complete the table below:

Type of regular screening eg mammogram, Prostate Specific Antigen, colonoscopy	How often is this screening performed?	Date of last test	Results including any abnormalities	Doctor consulted
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

b. Are any tests or investigations pending? ☐ No ☐ Yes

If yes, please give details of which tests are pending and when these will be performed.

Sports and pastimes details

27. Have you in the last 12 months, do you currently, or do you intend to take part in any of the following activities?

- a. **Aviation (other than a fare paying passenger on a licensed public service)**

☐ No ☐ Yes
- b. **Motor racing (including car, bike and boat)**

☐ No ☐ Yes
- c. **Underwater diving**

☐ No ☐ Yes
- d. Football

☐ No ☐ Yes
- e. Motor bike riding, including quad bike riding, trail bike riding and commuting (please specify below)

☐ No ☐ Yes
- f. Any other hazardous activity, pursuit or sport not previously disclosed (including, but not limited to: rock climbing, hang-gliding, ocean racing, martial arts, horse riding, or any other motor sports)

☐ No ☐ Yes



If you answered **yes** to items d, e or f, please provide details of each activity in the table below. For any activity in bold text above please complete the relevant section of 28. If you answered **no** to all items above, go to 29.

Item no. eg 'f'	Activity/Sport and location	Other details (including remuneration received)	No. events/ hours per year	Amateur/ Professional?	Competitive/ Non-competitive
				☐ Amateur	☐ Competitive
				☐ Professional	☐ Non-competitive
				☐ Amateur	☐ Competitive
				☐ Professional	☐ Non-competitive
				☐ Amateur	☐ Competitive
				☐ Professional	☐ Non-competitive
				☐ Amateur	☐ Competitive
				☐ Professional	☐ Non-competitive

Sports and pastimes details (continued)

28. Detailed sports and pastimes questionnaires

! Only complete the relevant sections of this question if you answered **yes** to 27 a, b or c.

a. Aviation questionnaire

1. Do you hold a Department of Transport licence to fly aircraft?

☐ No ☐ Yes

If yes, please state type of licence and period held:
2. Do you intend to change the scope of your present licence?

☐ No ☐ Yes

If yes, please provide details:
3. Have you ever had an accident or been charged with violating civil aviation regulations?

☐ No ☐ Yes

If yes, please provide details:
4. Do you always use recognised Department of Transport airfields?

☐ No ☐ Yes

If no, please provide details:
5. Please provide details of the type(s) of aviation you are involved in (eg commercial, private, agricultural, aero club, helicopter, ultralight aircraft, aerobatics):
6. Please provide details of the number of hours flown:

i. in total as a pilot

ii. in the last 12 months

iii. expected each year in the future
7. Do you intend to engage in any form of aviation other than the above? (eg ballooning, paragliding)

☐ No ☐ Yes

If yes, please provide details:

b. Motor racing questionnaire

1. What type(s) of motor sports activities do you participate in (eg circuit racing, drag racing, formula racing, karting, rallies, speedway, stock car racing, time trials)?
2. What type(s) of motor vehicles do you drive or crew? Please state the make, model, year of manufacture, engine size, category, group and class details:
3. Please state the nature of your participation:

☐ Recreational ☐ Competitive ☐ Sponsored ☐ Amateur ☐ Professional
4. Number of events you participate in: Last 12 months

Next 12 months (expected)
5. Where have you, or do you intend to compete or race? Please provide the name of all organised events:
6. What maximum speeds do you reach?

Sports and pastimes details (continued)

28. Detailed sports and pastimes questionnaires (continued)

b. Motor racing questionnaire (continued)

7. Please provide details of your licences/certifications and memberships attained:

Licence/certification or membership details	When attained/ joined
	/ /
	/ /

8. Have you ever had your licence restricted or suspended for any reason? ☐ No ☐ Yes
If yes, please provide details:

c. Underwater diving questionnaire

1. What type of diving activities do you participate in (eg snorkelling, scuba diving, free diving)?
2. What diving certification do you hold?
3. Average depth you dive to

metres
4. Maximum depth you dive to

metres
5. Number of times you dive per year
6. ☐ Professional ☐ Amateur
7. Do your diving activities include pothole, cave or sink hole diving, wreck exploration or any other hazardous diving? ☐ No ☐ Yes
If yes, please provide details, including how often:
8. Do you ever dive alone? ☐ No ☐ Yes
If yes, please provide details, including where and how often:
9. Have you ever had a diving accident or sickness? ☐ No ☐ Yes
If yes, please provide details:

Health questionnaires

29. Detailed health questionnaires

! Only complete the relevant health questionnaires, if you answered **yes** to any items in bold text in 19.

a. Back or neck disorder questionnaire

1. What was the diagnosis given for your pain/disorder?

If no diagnosis, proceed to question 2

2. What part(s) of the back were or are affected? (select all that apply)

- a. ☐ Neck
- b. ☐ Middle
- c. ☐ Lower

3. Have you experienced any of the following (select all that apply):

☐ No ☐ Yes

- a. ☐ Radiation or spread of pain down either the leg or arm (including shooting, stabbing or burning pain)
- b. ☐ Loss of feeling
- c. ☐ Loss of strength
- d. ☐ Pins and needles

If yes, give details:

4. a. When did you first have symptoms?

Date

D

D

M

M

Y

Y

Y

Y

b. When was the last time you had symptoms?

Date

D

D

M

M

Y

Y

Y

Y

c. How often have you had symptoms (eg once only, monthly, yearly, twice in last 10 years, ongoing)?

d. When you have symptoms how long do they last (eg a couple hours, one day, two weeks, ongoing)?

5. When you have pain, how would you rate your pain? Scale 0–5 with 0 being no pain and 5 being the worst pain you ever felt?

6. a. Do you know the cause of your pain?

☐ No ☐ Yes

If yes > proceed to question b

If no > proceed to question 7

b. What do you think was the cause of your pain (select all that apply)?

- i. ☐ Work
- ii. ☐ Sport
- iii. ☐ Other
- iv. ☐ Unknown

If you selected any of the above, please provide details:

Health questionnaires (continued)

29. Detailed health questionnaires (continued)

a. Back or neck disorder questionnaire (continued)

7. a. Has the pain/disorder ever required you to take time off work? ☐ No ☐ Yes

If yes, please provide the details of the total number of days or weeks you had off work

- b. Have you been advised to or did you have to reduce the number of hours you worked, change your duties or occupation to as a result of your pain/disorder? ☐ No ☐ Yes

If yes, please provide the details

If you have answered yes to 7a or 7b please complete 7c

- c. Please advise which statements apply to you: (select all that apply)

I had time off work or restricted hours or duties because:

- i. ☐ My work aggravated my pain
ii. ☐ My work is too heavy for me
iii. ☐ I think my work may cause further injury or pain
iv. ☐ Other

If you selected any of the above, please provide details:

8. a. Were you able to carry out daily activities such as washing, dressing, sleeping, lifting, reading, housework, driving, exercising or playing sport? ☐ No ☐ Yes

If no, please provide the details:

- b. Did the pain/disorder ever affect your relationships, ability to socialise with friends or family? ☐ No ☐ Yes

If yes, please provide the details:

9. Have you ever had investigations such as an X-ray, CT Scan or MRI for this pain/disorder? ☐ No ☐ Yes

If yes, please provide details in the table below:

Date	Investigation	Results ⁽ⁱ⁾	Part of body (eg lower back)
/ /			
/ /			
/ /			

(i) Please attach a copy of any reports that you may have in your possession.

10. a. Have you ever been treated for this pain/disorder by a General Practitioner, Osteopath, Physiotherapist, Chiropractor, specialist or any other alternative health practitioner? ☐ No ☐ Yes

If yes, please provide details in the table below:

Field of practice, eg Surgeon, Osteopath etc	Name	Address	Date of last consultation
			/ /
			/ /
			/ /

Health questionnaires (continued)

29. Detailed health questionnaires (continued)

a. Back or neck disorder questionnaire (continued)

- b. Have you ever received any treatment for this pain/disorder (eg medication, surgery or injections)? ☐ No ☐ Yes
- If yes, please provide the details in the table below:

Type of treatment	Name of medication (if applicable)	Dosage/frequency of treatment	Date started	Date ceased
			/ /	/ /
			/ /	/ /
			/ /	/ /

11. Are any tests, surgery or treatment planned or scheduled? ☐ No ☐ Yes
- If yes, please provide details:

b. Disorder or injury of the joints questionnaire

1. What was the diagnosis given for your pain/disorder?

If no diagnosis, proceed to question 2

2. Please complete one questionnaire for each joint affected

In which joint did you or do you have the pain, injury or disorder? (Select all that apply)

- ☐ Shoulder
- ☐ right ☐ left
- ☐ Elbow
- ☐ right ☐ left
- ☐ Wrist
- ☐ right ☐ left
- ☐ Hip
- ☐ right ☐ left
- ☐ Knee
- ☐ right ☐ left
- ☐ Ankle
- ☐ right ☐ left
- ☐ Other – please advise which joint right/left:

Note: If both left and right joint is affected please complete one questionnaire for each joint

3. Have you experienced any of the following (select all that apply): ☐ No ☐ Yes
- a. ☐ Radiation or spread of the pain

b. ☐ Loss of feeling or strength

c. ☐ Loss of range of movement

d. ☐ Pins and needles

e. ☐ Weakness or instability

f. ☐ Swelling or

g. ☐ Other – please advise:

If you selected any of the above, please provide details:

4. a. When did you first have symptoms?

Date

- b. When was the last time you had symptoms?

Date

- c. How often have you had symptoms (eg once only, monthly, yearly, twice in last 10 years, ongoing)?

- d. When you have symptoms how long do they last (eg a couple hours, one day, two weeks, ongoing)?

Health questionnaires (continued)

29. Detailed health questionnaires (continued)

b. Disorder or injury of the joints questionnaire (continued)

5. When you have pain, how would you rate your pain? Scale 0–5 with 0 being no pain and 5 being the worst pain you ever felt?

6. a. Do you know the cause of your pain? ☐ No ☐ Yes

If yes > proceed to question b

If no > proceed to question 7

b. What do you think was the cause of your pain (select all that apply)?

i. ☐ Work

ii. ☐ Sport

iii. ☐ Other

iv. ☐ Unknown

If you selected any of the above, provide details:

7. a. Has the pain/disorder ever required you to take time off work? ☐ No ☐ Yes

If yes, please provide the details of the total number of days or weeks you had off work

b. Have you been advised to or did you have to reduce the number of hours you worked, change your duties or occupation to as a result of your pain/disorder? ☐ No ☐ Yes

If yes, please provide the details

If you have answered yes to 7a or 7b please complete 7c

c. Please advise which statements apply to you: (select all that apply)

I had time off work or restricted hours or duties because:

i. ☐ My work aggravated my pain

ii. ☐ My work is too heavy for me

iii. ☐ I think my work may cause further injury or pain

iv. ☐ Other

If you selected any of the above, please provide details:

8. a. Were you able to carry out daily activities such as washing, dressing, sleeping, lifting, reading, housework, driving, exercising or playing sport? ☐ No ☐ Yes

If no, please provide the details:

b. Did the pain/disorder ever affect your relationships, ability to socialise with friends or family? ☐ No ☐ Yes

If yes, please provide the details:

Health questionnaires (continued)

29. Detailed health questionnaires (continued)

b. Disorder or injury of the joints questionnaire (continued)

9. Have you ever had investigations such as an X-ray, CT Scan or MRI for this pain/disorder? ☐ No ☐ Yes

If yes, please provide details in the table below:

Date	Investigation	Results ⁽ⁱ⁾	Part of body (eg lower back)
/ /			
/ /			
/ /			

(i) Please attach a copy of any reports that you may have in your possession.

10. a. Have you ever been treated for this pain/disorder by a General Practitioner, Osteopath, Physiotherapist, Chiropractor, specialist or any other alternative health practitioner? ☐ No ☐ Yes

If yes, please provide details in the table below:

Field of practice, eg Surgeon, Osteopath etc	Name	Address	Date of last consultation
			/ /
			/ /
			/ /

b. Have you ever received any treatment for this pain/disorder (eg medication, surgery or injections)? ☐ No ☐ Yes

If yes, please provide the details in the table below:

Type of treatment	Name of medication (if applicable)	Dosage/frequency of treatment	Date started	Date ceased
			/ /	/ /
			/ /	/ /
			/ /	/ /

11. Are any tests, surgery or treatment planned or scheduled? ☐ No ☐ Yes

If yes, please provide details:

Health questionnaires (continued)

29. Detailed health questionnaires (continued)

c. Mental health disorders questionnaire

1. Which of the following mental health disorder(s) do you have or have you had or received treatment or advice for?
(please select all that apply):

☐ Anxiety, generalised anxiety or panic disorder

☐ Adjustment disorder or post traumatic stress disorder

☐ Obsessive compulsive disorder or attention deficit disorder

☐ Anorexia, bulimia or any other eating disorder

☐ Post natal depression

☐ Depression including major depression, mood or any other depressive disorder

☐ Manic depression or bipolar disorder

☐ Schizophrenia or any other psychotic or personality disorder

☐ Alcohol or substance abuse disorder

☐ Other, please provide details.

2. What were the main symptoms of your condition(s)? (For example, did you feel excessive sadness or anger or were you unable to sleep or eat?)

3. When did your symptoms start?

4. How often did you or do you feel these symptoms?

5. When was the last time you experienced any of the symptoms?

6. What, if any, have been the impacts to your work? For example, did you need time off work, reduce or change the number of hours you worked, or stop working?

☐ No ☐ Yes

If yes, please provide details including time away from work and if there were any changes to your duties

7. What, if any, have been the impacts to your social life? For example has there ever been an impact on your relationships, your ability to socialise with friends or family, or your ability to exercise or play sport?

☐ No ☐ Yes

If yes, please provide details:

8. Have you consulted a health professional about your condition? For example, your general practitioner, a counsellor, psychologist or psychiatrist?

☐ No ☐ Yes

If yes, please provide the details in the table below:

Field of practice, eg
Psychologist or therapist etc

Name

Address

Date of last
consultation

			/ /
			/ /
			/ /
			/ /
			/ /

Health questionnaires (continued)

29. Detailed health questionnaires (continued)

c. Mental health disorders questionnaire (continued)

9. Have any of them ever prescribed or recommended a treatment to you for your condition, including medication, psychotherapy, or talk based therapy?

☐ No ☐ Yes

If yes, please provide the details in the table below:

Field of practice, eg Psychologist or therapist etc	Name	Address	Date of last consultation
			/ /
			/ /
			/ /
			/ /
			/ /

10. Are you still receiving treatment for this condition(s)?

☐ No ☐ Yes

If no, please advise when you stopped treatment.

11. If you have stopped your treatment, was this decision supported by your health professional?

☐ No ☐ Yes

12. Have you ever been admitted to hospital or clinic because of your condition?

☐ No ☐ Yes

If yes, please provide details in the table below:

Name of hospital/clinic	Dates of hospitalisation	Treatment received
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

13. Have you ever thought of harming yourself or taking your own life?

☐ No ☐ Yes

If no, please go to question 15

If yes, please provide the name and address of your doctor that would have the details, if one was consulted:

14. Have you ever acted on these thoughts?

☐ No ☐ Yes

If yes, please provide the name and address of your doctor that would have the details:

15. Has any first degree blood related family member (father, mother, brother, sister) had a mental health disorder?

☐ No ☐ Yes

Note: You are only required to disclose family information relating to first degree blood related family members—living or deceased (father, mother, brother, sister).

Health questionnaires (continued)

29. Detailed health questionnaires (continued)

d. Stress, fatigue, insomnia and/or sleeplessness questionnaire

1. Which of the following do you have or have you had or received treatment or advice for? (Please select all that apply)
- ☐ Stress
- ☐ Fatigue
- ☐ Insomnia and/or sleeplessness
2. Did you see a doctor or other health professional for this condition(s)? ☐ No ☐ Yes
3. Were you diagnosed with anxiety, depression or any other mental health disorder? ☐ No ☐ Yes
- If yes > go to the mental health questionnaire on section 29c.
- If no, please continue to complete this questionnaire.
4. Did this condition(s) affect you to the point where you experienced any of the following (select all that apply):
- ☐ physical symptoms such as headache, dizziness, soreness or irritability
- ☐ you found it difficult to go to work or were unable to go to work
- ☐ it had an impact on your relationships
- ☐ your ability to sleep, eat, or think clearly
- ☐ problems with concentration, memory or tiredness during the day
- ☐ it caused you to use alcohol or drugs that were not prescribed for you by a doctor

If you have answered **yes** to any of the above, please provide full details including how much time you had away from work:

5. What do you think caused your symptoms?
-

6. When did you first experience symptoms and how long did they last?
-

7. When was the last time you experienced symptoms?
-

8. How many episodes of this condition have you experienced? For example, if you were stressed and recovered twice in three years we would say you had two episodes of stress.
-

9. Have you ever been treated for this condition(s)? ☐ No ☐ Yes
- If yes, please provide full details including type of treatment, name of medication (if applicable) and dates the treatment started and ceased:
-
-

10. Please advise how often you see or saw your treating health professional for this condition and provide their name(s) and address(es):
-
-
-
-

Health questionnaires (continued)

29. Detailed health questionnaires (continued)

e. High blood pressure or raised cholesterol questionnaire

1. Please indicate which of the following have been raised/high: ☐ Blood pressure ☐ Cholesterol ☐ Both
2. a. When did you first find that your readings/levels were raised or were you advised to have your reading/levels monitored or noted?

- b. What was your reading/level at the time noted in 2a?

Blood pressure / Cholesterol

3. a. What was the last blood pressure/cholesterol reading, and when was this taken?

Blood pressure / Date

Cholesterol reading Date

- b. Is the reading above consistent with others when checked? ☐ No ☐ Yes

If no, what is a typical reading?

4. How often are you required to see your doctor for reviews/check-ups?

☐ Monthly ☐ Quarterly ☐ Twice-yearly ☐ Annually ☐ Other—details:

5. When is your next check-up due?

6. Are you currently taking any medication for your blood pressure/cholesterol levels?

☐ No, go to question 8 ☐ Yes, please provide the name of any medication you take and the daily dosage

Condition	Medication	Daily dosage
Blood pressure		
Cholesterol		

7. Has your treatment type or dosage changed within the last 12 months?

☐ No > go to question 9 ☐ Yes, please provide the details below and continue to question 9

When was it changed?	What was changed?	Why was it changed?

8. Have you ever been prescribed medication for blood pressure/cholesterol? ☐ No ☐ Yes

If no, how has the condition been managed?

If yes, when and why have you ceased taking this medication?

9. Have you undergone or been referred for any other investigations (eg resting or exercise ECG, 24hr holter monitor, urinalysis, echocardiogram)? ☐ No ☐ Yes

If yes, please provide details:

10. Has any underlying cause been found for your raised blood pressure/cholesterol? ☐ No ☐ Yes

If yes, please provide details:

Health questionnaires (continued)

29. Detailed health questionnaires (continued)

f. Asthma questionnaire

1. When was your asthma diagnosed?

D

D

M

M

Y

Y

Y

Y
2. When did you **first** have symptoms?

D

D

M

M

Y

Y

Y

Y
3. When did you **last** have symptoms?

D

D

M

M

Y

Y

Y

Y
4. Approximately how many times per year do you or did you get symptoms?
5. Does the environment in which you work or perform your normal daily duties, exacerbate or cause your symptoms of asthma (eg dust, sawdust, pollen, grass)?

☐ No

☐ Yes

If yes, please provide details:
6. In the last 12 months have you taken time off work or been unable to perform your normal daily activities because of your asthma?

☐ No

☐ Yes

If yes, please provide details including the number of times and days:
7. Please provide details of the treatment for your asthma, including dosage of drugs taken and frequency (eg aerosol spray, tablets or injections, amounts and number of times per day):
8. Have you ever been treated for your asthma with steroids (eg Prednisone)?

☐ No

☐ Yes

If yes, please provide details, including dates:
9. Have you ever attended a hospital emergency room or been admitted to hospital because of your asthma?

☐ No

☐ Yes

If yes, please provide details:
10. In the last three years, have you had or been advised to have a chest X-ray or respiratory function test?

☐ No

☐ Yes

If yes, please provide dates and results:
11. Have you ever had any complications or other conditions related to your asthma (eg cardiac or respiratory arrest, heart disease, chest deformities)?

☐ No

☐ Yes

If yes, please provide details:
12. a. Please provide details of the doctor who you consult for your asthma:
- b. When did you **last** consult this doctor for asthma?

D

D

M

M

Y

Y

Y

Y

Health questionnaires (continued)

29. Detailed health questionnaires (continued)

g. Cyst, mole, skin lesion questionnaire

1. Please indicate in the appropriate box(es) the condition(s) you have had, or received treatment for:

☐ Mole or naevi

☐ Basal Cell Carcinoma (BCC)

☐ Hyperkeratosis or solar keratosis Squamous Cell Carcinoma (SCC)

☐ Sebaceous cyst/ lipoma/ fatty cyst just under the skin

☐ Melanoma

☐ Other lesions (please describe below):

2. Please advise the location(s) of the skin lesion(s):

3. Has the lesion been fully removed?

☐ No ☐ Yes

If yes, please advise the method and date(s) of removal (eg frozen, 'burnt', lasered off or surgically removed):

If surgically removed please also advise the pathology results?

If no, please advise the reason why it has not been removed?

4. Are any follow ups required?

☐ No ☐ Yes

If yes, please advise details including frequency

5. Give details of your most recent visit to a doctor or hospital relating to this condition:

Date	Medical provider	Address
/ /		
/ /		
/ /		

S

Super

NS

Non-super

SMSF

SMSF

25 of 36

Health questionnaires (continued)

29. Detailed health questionnaires (continued)

h. Diabetes questionnaire

1. Which of the following best describes your condition: (select all that apply)

- ☐ Type 2 Diabetes
- ☐ Glucose Intolerance
- ☐ Type 1 Diabetes
- ☐ Diabetes Insipidus
- ☐ Gestational Diabetes
- ☐ Insulin Resistant
- ☐ Not sure

2. How long ago were you diagnosed with this condition?

3. How is this condition treated? (select all that apply)

- ☐ Diet
- ☐ Oral medication
- ☐ Insulin
- ☐ Other:

Please advise details including name of medication, dosage used per day:

4. Do you have any complications as a result of your diabetes (eg eye, kidney or nerve problems, high blood pressure or vascular disease etc)? ☐ No ☐ Yes

If yes, please provide details:

5. Have you ever suffered from a diabetic or insulin coma, or required hospitalisation due to your diabetes or any related condition? ☐ No ☐ Yes

If yes, please provide details:

6. When did you last have this condition checked by a medical practitioner?

D

D

M

M

Y

Y

Y

Y

7. What was the date and the result of your last Glycosylated Haemoglobin test?

8. For gestational diabetes – What was the date and result of your last Glucose Tolerance test?

9. Please provide your doctor’s details, including name and address:

Date	Doctor	Address
/ /		
/ /		
/ /		

Occupation details

! If you have not applied for plans listed in the top right box, go to the Authorities section.

‘You’ refers to the Person to be insured (unless otherwise indicated).

30. Please give details of your current and previous occupation or jobs over the last five years. If you have a second occupation, please give details in question 40.

	From	To	Occupation	Employer
Current principal occupation	/ /	Present		
		Cross which is applicable	☐ Employed by own company ☐ Partnership ☐ Employee	☐ Self-employed ☐ Contractor
Previous occupation	/ /	/ /	☐ Employed by own company ☐ Partnership ☐ Employee	☐ Self-employed ☐ Contractor
Previous occupation	/ /	/ /	☐ Employed by own company ☐ Partnership ☐ Employee	☐ Self-employed ☐ Contractor
Previous occupation	/ /	/ /	☐ Employed by own company ☐ Partnership ☐ Employee	☐ Self-employed ☐ Contractor

! If you work in the mining or oil and gas industry, please ensure you complete 43.

31. In the last five years have you ceased or do you intend to cease working for reasons other than holidays (eg unemployment or end of contract)?

☐ No ☐ Yes

If yes, please provide details:

32. How many hours per week do you spend working in your main occupation?

hours

33. How many weeks per year do you spend working in your main occupation?

weeks per year

34. In your **main** occupation, what percentage of time do you spend performing the following types of duties:

Describe details of specific duties performed		(%)
Sedentary/Administrative		
Supervising manual work		
Light manual		
Heavy manual		
Home duties (include details of dependants including ages and any other relevant information)		
Other (including hazardous duties, eg handling dangerous substances, working at heights/underground/offshore, refinery)		
Total duties		100%

35. a. What qualifications do you hold in relation to your main occupation (eg trade certificate, degree)?

b. When did you qualify/graduate?

D

D

M

M

Y

Y

Y

Y

c. Please give details of any other qualifications you hold:

Occupation details (continued)

36. Do you ever work from home? ☐ No ☐ Yes

If yes, provide details of actual work you perform at home, your work set-up (eg separate office) and frequency and type of contact with clients:

37. Do you intend to change your occupation or employment status? ☐ No ☐ Yes

If yes, please provide details below:

38. Have you ever been bankrupt or entered into a personal insolvency arrangement? ☐ No ☐ Yes

If yes, please provide details including when, cause, date of discharge, and if there are any pending legal proceedings, if applicable.

39. Has any business that you have, or have had ownership of, ever been liquidated or been placed under administration? ☐ No ☐ Yes

If yes, please provide details including when, cause, date of discharge, and if there are any pending legal proceedings, if applicable.

40. Do you have any other occupations or jobs? ☐ No ☐ Yes

If yes, please provide details below including specific duties:

41. Number of hours per week worked and annual income derived from your other occupations or jobs.

hours

\$

Income details

42. Insurable income

What is Insurable income? This is income earned by your personal exertion (less expenses incurred in earning that income) before tax, which will stop if you are unable to work. It does not include investment or interest income.

Please disclose all income figures that accurately reflect your financial position for the periods indicated below. In the event of a claim, we may call for evidence of your income and business expenses.

Complete this section if you are applying for Total and Permanent Disability Insurance only

a. Please provide details of your total income or salary package for the last two financial years, including any additional benefits, eg pre-tax superannuation contributions, regular bonuses and commissions, fringe benefits:

Last financial year \$

Previous financial year \$

b. If you are self-employed

i. Has your business had a net operating loss over either of the last two financial years? ☐ No ☐ Yes

ii. So far this financial year, is your business trading profitably? If no, please provide details in the space below: ☐ No ☐ Yes

Income details (continued)

42. Insurable income (continued)

Complete this section if you are applying for Total and Permanent Disability and Income Insurances or Business Expenses insurance

!

If you are self-employed, in a partnership or an employee of your own company (or contractor), please complete the 'For self-employed' section below.

OR

If you are an employee, please complete the 'For employees' section on page 30.

For self-employed (sole trader, partnership, employee of own company or trust)

!

Only complete this section if you are self-employed. This includes sole traders, partners, contractors or if you are an employee in your own company.

c. Please provide your company's business income details in the table below for the last two financial years for which tax returns, assessment notices and accounts are available. Do not include any amounts paid to you that are paid from past profits, capital or loans.

Tax year ending	Gross income for entire business (\$)	Less all expenses incurred in earning that income (\$)	Equals net business income before tax (\$)	Wages/Salary (\$)	Drawings/ Director's fees paid to you (\$)	Your total income (\$)
30 / 06 /						
30 / 06 /						

d. Did your business contribute to a complying superannuation fund on your behalf? ☐ No ☐ Yes

If yes, how much or what percentage?

e. What percentage of the business do you own? % If not 100% owner, please provide percentage ownership and roles/duties of the other owners. Please include details of any income splitting arrangements:

f. How many people do you employ?

g. What proportion of total business income is from your personal exertion? %

h. Do you receive or do you expect to receive any income from any other sources (eg rental income, dividends)? ☐ No ☐ Yes
If yes, please advise the source(s) and amount(s) per year:

Source	Net income per year after expenses but before tax (\$)

i. If you were to become disabled, would any of your income (eg investment income and trail/renewal commission) continue? If yes, please provide the following details: ☐ No ☐ Yes

i. What type and amount of income would continue if you were not working and if this is for an investment property, please advise if the property is positively or negatively geared?

ii. Is there an agreement in place (written or otherwise) in relation to this entitlement and when it may cease? ☐ No ☐ Yes
If yes, please provide further details:

j. Has your business had a net operating loss over either of the last two financial years? ☐ No ☐ Yes
If yes, please provide copies of your full company accounts for the last two financial years, including any associated entities.

k. So far this financial year, is your business trading profitably? If no, please provide details in the space below: ☐ No ☐ Yes

Income details (continued)

42. Insurable income (continued)

!

If you are **self-employed, in a partnership or an employee of your own company (or contractor)**, please complete the ‘For self-employed’ section on page 29.

OR

If you are **an employee**, please complete the ‘For employees’ section below.

For employees

!

Only complete this section if you are an employee and do not have any ownership in your employer’s business.

l. Please indicate your current employment status:

☐ Permanent full-time

☐ Permanent part-time

☐ Casual or non-permanent

☐ Not currently employed

☐ Other, please specify:

m. Please give details of your total remuneration package from all sources currently and for the last two financial years.

	Current (\$)	Last financial year (\$)	Year immediately prior to last (\$)
Salary			
Bonuses			
Commissions			
Regular overtime			
Superannuation			
Total	\$	\$	\$

n. What rate of superannuation guarantee is your employer contributing on your behalf? %

o. Do you receive or do you expect to receive any income from any other sources (eg rental income, dividends)? ☐ No ☐ Yes

If yes, please advise the source(s) and amount(s) per year:

Source	Net income per year after expenses but before tax (\$)

p. If you were to become disabled, would any of your income (including investment income) continue? ☐ No ☐ Yes

If yes, please answer i and ii:

i What is the income amount that would continue, for how long, and the source (eg salary, sick pay in excess of 100 days, company profits, investments, rental) and if this is for an investment property, please advise if the property is positively or negatively geared?

ii Is there an agreement in place (written or otherwise) that determines when this entitlement will cease? ☐ No ☐ Yes

If yes, please provide details:

Income details (continued)

43. Questions to be completed by individuals working in the mining, oil and gas industries:

a. Please advise the type of resource mined/extracted/refined at the mine/plant/platform:

Metal

Coal

Oil

Gas

Other

b. Please select from the list below the closest regional centre you are employed at:

☐ NSW—Hunter Valley, Broken Hill

☐ TAS—Queenstown, Beaconsfield

☐ WA—Kalgoorlie, Port Hedland, Karratha

☐ QLD—Townsville, Gladstone, Rockhampton, Toowoomba, Mackay, Mount Isa

☐ Other:

c. How do you travel to and from your work location?

☐ Commute to your work location daily from home

☐ Fly in fly out to your work location

☐ Other, please provide details:

d. How long have you been working in the mining or oil and gas industry?

e. Please complete the table below regarding your salary and any allowances paid for the last two financial years:

	Last financial year (\$)	Year immediately prior to last (\$)
Salary (including super)		
Bonus		
Allowances (eg site allowance, living away from home allowance, travel allowance)		
Other		

To be completed by the Person to be insured only
if applying for Business Expenses Insurance.

Business expense details

! If you have not applied for plans listed in the box above go to the Authorities section.

44. Business structure

☐ Company

☐ Partnership

☐ Trust

☐ Sole proprietor

Date the business was purchased/started

45. Business details

Business name

Business address

Suburb

State

Postcode

46. Employees

Number of income producing employees:

Full-time

Part-time

Number of non-income producing employees:

Full-time

Part-time

47. If a partnership/company, number of partners/directors

48. Percentage of business income derived from your personal exertion %

49. If you were to become totally disabled, what would be the reduction in business income? %

Please provide a brief explanation of what would happen to the business if you were to become disabled:

Business expense details (continued)

50. Monthly expenses of the business over the last 12 months:

		Monthly expenses (\$)
(i)	Rent or mortgage interest payments	
(ii)	Electricity, gas, water, heating	
(iii)	General insurance premiums	
(iv)	Cleaning	
(v)	Telephone	
(vi)	Leasing of equipment or motor vehicles	
(vii)	Property rates and taxes	
(viii)	Dues to professional bodies	
(ix)	Accountant's fees	
(x)	Salaries and associated costs (eg superannuation contributions) for employees who do not generate revenue	
(xi)	Other fixed expenses (please provide details below) ¹	
(xii)	Total monthly expenses (Total of (i) to (xi) above)	\$
(xiii)	Percentage of expenses in (xii) above that you are responsible for	%

1 Details of other expenses.

For qualified registered medical practitioners or dentists classified as MP or AA only.

51. Net Locum Cost²

\$

2 Net Locum Cost is the estimated cost of engaging a locum to replace you while you are totally disabled and unable to work due to sickness or injury, less any income this person generates. Only complete this question if you estimate locum expense will exceed income generated by the locum.



Authorities

Medical authorities

S

NS

SMSF

!

Please complete ALL medical authorities below because some health professionals prefer an original signature. Before you complete this page please read ‘Privacy – use and disclosure of personal information’ section of the product disclosure statement.

Authority to release medical information to AMP

Family name

Given name(s)

Date of birth

I,

D

D

M

M

Y

Y

Y

Y

 authorise any medical practitioner, doctor, health professional, hospital or clinic to disclose to the insurer (AMP Life Limited ABN 84 079 300 379 (AMP Life) and to any other person or company acting on AMP Life’s behalf), or representatives appointed to collect, the full details of my health and medical history. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of person insured

Date signed

X

D

D

M

M

Y

Y

Y

Y

Authority for AMP to release medical information to usual doctor

!

Only complete this section if you authorise AMP to release medical information to your doctor upon an adverse assessment of your application.

Family name

Given name(s)

Date of birth

I,

D

D

M

M

Y

Y

Y

Y

 authorise AMP Life to advise Doctor of the reason(s) behind any adverse assessment of my application if it was based on health evidence obtained during the assessment of this application. I also authorise AMP to provide copies of the relevant health evidence to the doctor noted above.

Signature of person insured

Date signed

X

D

D

M

M

Y

Y

Y

Y

Financial authority

S

NS

SMSF

!

Only complete this section if you want your accountant or financial adviser to release information to AMP.

Family name

Given name(s)

Date of birth

I,

D

D

M

M

Y

Y

Y

Y

 authorise my accountant/financial adviser to release to the insurer (AMP Life Limited ABN 84 079 300 379 (AMP Life) and to any other person or company acting on AMP Life’s behalf), all information that the insurer requests for the purpose of assessing my application for insurance. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of person insured

Date signed

X

D

D

M

M

Y

Y

Y

Y

Accountant/financial adviser name

Accountant/financial adviser contact number

(

)

Accountant/financial adviser address

Declarations and consent for non-superannuation or SMSF application

To be completed if you are applying for a non-superannuation or SMSF plan, Flexilink plan or PremierLink option, including plans where the insurance will be paid from a MyNorth, North, Summit, Generations or iAccess investment account. ☐

 Must complete

Non-superannuation or SMSF insurance application and signatures (Declarations and consent) NS SMSF

Plan number

This Personal statement is dated 10 June 2017.

 Before you sign this personal statement, you should:

- be aware that your financial adviser or AMP is obliged to have provided you with the product disclosure statement and other information relevant to special offers and/or member discounts for the product(s) you are applying for
- **read the product disclosure statement** because it contains important information to help you understand the product and to decide whether it is appropriate to your needs, and
- **read the Your duty of disclosure and the Declarations and consent sections** (including the ‘Privacy – use and disclosure of personal information’) in the product disclosure statement and understand the terms outlined.

Access to information

I authorise any medical practitioner, health professional, hospital or clinic, or any insurer (including companies related to AMP Life), to disclose to AMP Life, and for AMP Life to collect, any information they have on my health, medical history, pastimes, work history, or anything else that AMP Life considers to be relevant to assessing or underwriting this cover or assessing any claim under it.

If you have applied for a Life Insurance SMSF Plan, TPD Insurance SMSF Plan or Income Insurance SMSF Plan SMSF

Are the premiums being paid by your employer? ☐ No ☐ Yes

If yes, has your employer agreed to pay for premium increases due to indexation? ☐ No ☐ Yes

Signature of Person to be insured NS SMSF

If the Person to be insured is the same person as the Plan owner, go to ‘Signature of Plan owner(s) – only for individuals’.

Print full name of Person to be insured	Signature	Date signed	Date of birth

Signature of Plan owner(s) – only for individuals (including individual trustees of SMSF) NS SMSF

Print full name of SMSF or Trust (if applicable)

For Plan owner(s) (must be aged 16 years or over)

Print full name of Plan owner/Trustee	Signature	Date signed	Date of birth

Plan owner/Trustee (delete one)

Print full name of Plan owner/Trustee	Signature	Date signed	Date of birth

Plan owner/Trustee (delete one)

– For SMSFs, if there are more than two trustees required as signatories, please cross here ☐ and provide their full name(s) and signature(s) in the adviser notes section.

Signatures of Plan owners – only for companies (including company trustees of an SMSF) NS SMSF

Company seal	Print full name of company

Signature 1	Signature 2	Date signed

Director/Sole Director and Secretary (delete one) Director/Secretary (delete one)

Print full name of person signing for and on behalf of the above company

----------------------	----------------------

To be signed by:

- For any company, either two directors of the company or a director and company secretary, or
- For a proprietary company, one signature as ‘sole director and secretary’ where the company has only one director who is also the sole company secretary.

Note: If the company constitution mandates the use of a company seal then it must be provided along with the relevant signatures outlined above.

AMP Life Limited ABN 84 079 300 379 AFS Licence No. 233671

Declarations and consent for superannuation application

Superannuation insurance application and signatures (Declarations and consent)

Plan number

This Personal statement is dated 10 June 2017.



Before you sign this personal statement, you should:

- be aware that your financial adviser is obliged to have provided you with the product disclosure statement and other information relevant to special offers and/or member discounts for the product(s) you are applying for
- **read the product disclosure statement** because it contains important information to help you understand the product and to decide whether it is appropriate to your needs, and
- **read the Your duty of disclosure** and the **Declarations and consent sections** (including the ‘Privacy – use and disclosure of personal information’) in the product disclosure statement and understand the terms outlined.

Access to information

I authorise any medical practitioner, health professional, hospital or clinic, or any insurer (including companies related to AMP Life), to disclose to AMP Life, and for AMP Life to collect, any information they have on my health, medical history, pastimes, work history, or anything else that AMP Life considers to be relevant to assessing or underwriting this cover or assessing any claim under it.

Superannuation membership

Are you applying for insurance through? ☐ MyNorth ☐ North ☐ Summit ☐ Generations ☐ iAccess

If through MyNorth, North, Summit, Generations
or iAccess please provide your existing account number

Are you applying for insurance through superannuation that is not attached to MyNorth, North, Summit, Generations or iAccess? This will be through the Super Directions Fund. ☐ No ☐ Yes

If yes, please complete questions 1 to 3

1. Current employment status

- ☐ Employee, go to question 2
- ☐ Self employed (sole trader, partnership)
- ☐ Employed by own company, go to question 3

2. Does your employer contribute to an existing superannuation fund on your behalf? ☐ No ☐ Yes

3. Have you selected an employer supported plan (ie your employer pays part or all of your premiums)? ☐ No ☐ Yes

If yes, please complete employer details below and question 4.

Company name

Company address

4. Please confirm that your employer has agreed to pay for premium increases due to indexation. ☐ No ☐ Yes

To be completed by the Person to be insured

Print full name of Person to be insured	Signature	Date signed	Date of birth

This Personal statement is dated 10 June 2017

The issuer of the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFSL No 234654, Trustee of the Super Directions Fund ABN 78 421 957 449 and the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598

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Contact us

phone 131 267
fax 1800 674 684
web amp.com.au
email askamp@amp.com.au
mail AMP Customer Service
PO Box 14330
MELBOURNE VIC 8001