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boxes.
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Accelerated Protection

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1 About this Booklet

TAL regularly introduces improvements to Accelerated Protection to provide the best protection we can offer to you, your family or your business.

As part of our Guarantee of Upgrade, as outlined in the Policy Document, we pass these improvements to existing Accelerated Protection policy holders wherever possible.

This document outlines what improvements have been introduced to Accelerated Protection over time that may now apply to your policy.

What does this booklet contain?

In this booklet you will find a summary of improvements that have been made to various Accelerated Protection benefits and definitions since 10 August 2009, as well as the most recent benefit and definition wording.

You will still retain your existing terms and conditions, and continue to pay the premium rates for your existing plan(s). Any upgrades and/or changes to your plan definitions will always be reviewed at claim time to ensure you are assessed using the definitions which benefit you the 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. You should refer to the Policy Document for the full terms and conditions and to the extent that there are any inconsistencies, the Policy Document will always prevail.

Accelerated Protection is made up of a range of insurance covers - Life insurance, Critical Illness insurance (Standard and Premier), Income Protection (Super, Standard, Premier and Optimal) and Business Expense insurance.

To determine which changes relate to your policy, please refer to your Policy Schedule you received when you bought your insurance. This will provide you with details of covers and options selected by you to form part of your customised policy.

When did the changes take effect?

Accelerated Protection was initially launched on 10 August 2009.

Improvements to your policy came into effect on

- 28 April 2010,
- 28 October 2010,
- 31 March 2011,
- 24 October 2011,
- 22 March 2012,
- 1 November 2012,
- 12 December 2014
- 18 December 2015, and
- 1 April 2017

depending on when you purchased your policy.

Please note these improvements apply to claims for events which occur on or after the release date as listed above. They do not apply to current claims or claims for events which occurred before these dates.

What do I need to do?

While you do not need to do anything to receive these changes to your policy, we do recommend that you read the information included in this document, so that you understand the new features of your plan, and also file this information with your plan document.

Should you need to make a claim, our Claims team will have details of all the policy conditions relevant to your cover.

2 Summary of Product Enhancements

28 April 2010

The following changes were made to Accelerated Protection in the 28 April 2010 product upgrade. If you purchased your Accelerated Protection policy between 10 August 2009 and 27 April 2010, these improvements are available to you.

Insurance Plan	Policy Definition	Enhancement	Page No
Life, Critical Illness and TPD insurance	Premium Freeze Benefit	We have reduced the minimum age that your Premium Freeze Benefit can be activated from 45 to 30.	8
	Business Insurance Option*	If you exercise an increase in cover following a business event, your increase in cover is no longer restricted to accident only for the first 6 months. <i>(This definition has been further improved in subsequent upgrade: 28 October 2010.)</i>	8
Life insurance	Advanced Payment Benefit	With rising funeral costs we have increased the automatic amount payable from \$10,000 to 10% of the sum insured up to a maximum payment of \$25,000.	11
Critical Illness insurance	Loss of Sight Definition	The Loss of Sight definition has been improved to include additional criteria.	12
	Critical Illness Events	If the Life Insured suffers the loss of a single limb, you will now qualify for a payment under the Critical Illness Benefit. Previously this had to be a loss of 2 limbs.	12
	Cancer Definition	This definition has now been expanded to include Carcinoma In Situ of the testicle. <i>(This definition has been further improved or updated in subsequent upgrades: 31 March 2011, 24 October 2011, 1 November 2012 and 1 April 2017.)</i>	14
Critical Illness insurance Premier	Advancement Benefit – Carcinoma In Situ Definition	Carcinoma In Situ of the testicle has now been included to the list of sites covered. <i>(This definition has been further improved in subsequent upgrades: 28 October 2010 and 24 October 2011.)</i>	16
Income Protection Standard	Partial Disability Definition	We have amended a clause in our Partial Disability Benefit to provide clarity around how we assess your capability to work.	18
	Scheduled Injury Benefit*	This benefit provides you with an advanced payment for certain injuries without requiring the waiting period. This is a new benefit for Income Protection Standard.	19
	Scheduled Injury Benefit*	We have added 3 new events to this benefit: fractures of the wrist, vertebrae and skull. <i>(This definition has been further improved in subsequent upgrade: 28 October 2010.)</i>	19
Income Protection Premier	Child's Critical Illness Benefit	If you have a child that suffers a listed Critical Illness event, you will receive a lump sum payment of up to \$20,000. <i>(This definition has been further improved in subsequent upgrade: 28 October 2010.)</i>	20
Income Protection Standard and Business Expense insurance	Total Disability Definition	We now classify the Life Insured as totally disabled if he or she is not capable of 'performing one important income producing duty', instead of an 80% reduction in income producing duties. <i>(This definition has been updated in subsequent upgrade: 1 April 2017.)</i>	22
Business Expense insurance	Business Expense Definition	We have now included non-revenue generating immediate family members to our list of eligible business expenses.	21

* Not available under the TAL Superannuation and Insurance Fund

2 Summary of Product Enhancements *continued*

28 October 2010

The following changes were made to Accelerated Protection in the 28 October 2010 product upgrade. If you purchased your Accelerated Protection policy between 10 August 2009 and 27 October 2010, these improvements are available to you.

Insurance Plan	Benefit or Definition	Enhancement	Page No
Life, Critical Illness and TPD insurance	Financial Planning Benefit*	We have increased the Financial Planning Benefit payable from \$1,000 to \$5,000.	9
	Accommodation Benefit*	We have increased the Accommodation Benefit payable from \$150 to \$250 per day.	9
	Grief Counselling Benefit*	This new benefit pays up to \$1,000 for grief counselling in the event the benefit amount is paid.	10
	Guaranteed Future Insurability Benefit	We have added 2 new events: the Life Insured becoming a carer; and a change in the tax dependency status of the Life Insured.	10
Life insurance	Repatriation Benefit	The Advanced Payment benefit has increased to a maximum of \$35,000 payable if the Life Insured dies overseas, limited to 10% of the Benefit Amount.	11
Critical Illness insurance	Alzheimer's Disease Definition	The definition has been improved by amending the requirement for 'Significant Cognitive Impairment' to cognitive impairment. <i>(This definition has been combined with Dementia in subsequent upgrade: 1 April 2017.)</i>	12
	Dementia Definition	The definition has been improved by amending the requirement for 'Significant Cognitive Impairment' to cognitive impairment. <i>(This definition has been updated in subsequent upgrade: 1 April 2017.)</i>	12
Critical Illness insurance Premier	Advancement Benefit – Carcinoma In Situ Definition	We have added 4 new Carcinoma in Situ sites to the list of sites covered under Critical Illness; Ovary, Penis, Prostate and Perineum. <i>(This definition has been further improved in subsequent upgrade: 24 October 2011.)</i>	16
	Advancement Benefit	The maximum partial payment for loss of hearing in 1 ear, and loss of sight in 1 eye has increased from \$50,000 to \$100,000. <i>(This benefit has been further improved in subsequent upgrade: 22 March 2012.)</i>	16
	Advancement Benefit	A payment for Severe Ulcerative Colitis has been added to the Advancement Benefit. The benefit payable is 20% of the Benefit Amount to a maximum \$100,000.	16
	Advancement Benefit	A payment for Severe Crohn's Disease has been added to the Advancement Benefit. The benefit payable is 20% of the Benefit Amount to a maximum \$100,000.	16
	Severe Diabetes Definition	A full Critical Illness benefit is now payable for a new condition, Severe Diabetes.	17
TPD insurance	Own Occupation TPD Definition	The definition has been improved by removing the requirement for the Life Insured to not be in 'Any Occupation' during the waiting period. Instead you only need to prove your inability to work in your own occupation during the 3 month waiting period. <i>(This definition has been further improved in subsequent upgrade: 22 March 2012.)</i>	17
	Business Insurance Option*	We have increased the cap from \$3M to \$5M for white collar workers for future TPD increases.	8
Income Protection	Total Disability Benefit	The requirement for 14 days of continuous Total Disability during the Waiting Period for Blue Collar workers (excluding SRA occupation classes) has been removed.	19
	Partial Disability Benefit	The requirement for 14 days of continuous Partial Disability during the Waiting Period for Blue Collar workers (excluding SRA occupation classes) has been removed.	20
	Scheduled Injury Benefit*	The payment for fracture of skull has increased from 1 to 2 months.	19
Income Protection Premier	Child's Critical Illness benefit	The maximum benefit payable limit has increased from \$20,000 to \$25,000.	20
Business Expense insurance	Eligible Business Expenses	Business Loan and Mortgage Principal repayments are now included in the list of eligible business expenses.	21

* Not available under the TAL Superannuation and Insurance Fund

31 March 2011

The following changes were made to Accelerated Protection in the 31 March 2011 product upgrade. If you purchased your Accelerated Protection policy between 10 August 2009 and 30 March 2011, these improvements are available to you.

Insurance Plan	Benefit or Definition	Enhancement	Page No
Life, Critical Illness and TPD insurance	Child's Critical Illness Benefit*	We have included a new Child's Critical Illness benefit of \$10,000, payable when a financially dependent child suffers a Child's Critical Illness event.	11
Critical Illness insurance	Cancer Definition	The cancer definition criteria has been improved for prostate cancer and melanoma. <i>(This definition has been further improved or updated in subsequent update 24 October 2011, 1 November 2012 and 1 April 2017.)</i>	14
	Reinstatement Option	Where this option applies, you may now reinstate your Critical Illness sum insured after a partial payment. Previously this was only able to be exercised after a full payment. <i>(This definition has been further improved in subsequent upgrade: 24 October 2011.)</i>	13
	Occupationally Acquired HIV Definition	The period in which we must be notified of a claim for Occupationally Acquired HIV has been extended from 7 to 30 days.	15
Critical Illness insurance Premier	Needlestick Benefit	Medical professionals, identified as being occupation class AA+ in their policy schedule, are now provided with Needlestick cover for up to a maximum of \$1,000,000, for Occupationally Acquired Hepatitis B & C.	16
Income Protection Standard	Needlestick Benefit	Medical professionals, identified as being occupation class AA+ in their policy schedule, are now provided with Needlestick cover for up to a maximum of \$1,000,000, for Occupationally Acquired Hepatitis B or C, and Occupationally Acquired HIV.	18
	Waiting Period Definition	The number of days the Life Insured can return to work before the Waiting Period recommences has been increased from 5 to 10 days, for Waiting Periods of 8, 13, 26, 52 and 104 weeks.	18
Business Expense insurance	Partial and Total Disability Benefits	The requirement for 14 days of continuous Total Disability during the Waiting Period for occupation class A or BBB has been removed.	22

* Not available under the TAL Superannuation and Insurance Fund

2 Summary of Product Enhancements *continued*

24 October 2011

The following changes were made to Accelerated Protection in the 24 October 2011 product upgrade. If you purchased your Accelerated Protection policy between 10 August 2009 and 23 October 2011, these improvements are available to you.

Insurance Plan	Benefit or Definition	Enhancement	Page No
Critical Illness insurance	Death Buy-Back Benefit	This benefit is now exercisable from the 12-month anniversary of receipt of a claim by us.	12
	Reinstatement Option	This option is now exercisable from the 12-month anniversary of receipt of a claim by us.	13
	Cancer Definition	Gleason scores of 6 and 7 for male prostatic cancers are now included in the definition. <i>(This definition has been further improved or updated in subsequent upgrades: 1 November 2012 and 1 April 2017.)</i>	14
Critical Illness insurance Premier	Advancement Benefit - Carcinoma In Situ Definition	Corpus Uteri has been added to the list of sites covered by the Advancement Benefit event - Carcinoma In Situ.	16
TPD insurance	Death Buy-Back Option	This option is now exercisable from the 12-month anniversary of receipt of a claim by us.	17
Income Protection Premier	Accommodation Benefit	We have added a transport costs payment of \$500 to the Benefit, now called the Accommodation and Transport Benefit.	21
Income Protection and Business Expense insurance	Total Disability Definition	The total disability definitions for Income Protection Premier, Standard and Business Expense insurance are now combined. For Income Protection Premier the definitions include the 10 hour rule and no requirement for the Life Insured to not be working. <i>(This definition has been further improved in subsequent upgrade: 1 April 2017.)</i>	22
Business Expense insurance	Total Disability Benefit	Financial evidence of business expenses incurred is no longer required within the first 3 months after the waiting period.	22

22 March 2012

The following changes were made to Accelerated Protection in the 22 March 2012 product upgrade. If you purchased your Accelerated Protection policy between 10 August 2009 and 21 March 2012, these improvements are available to you.

Insurance Plan	Benefit or Definition	Enhancement	Page No
Critical Illness insurance	Child's Critical Illness Option	The maximum sum insured for the Child's Critical Illness option has been increased from \$50,000 to \$200,000 with a maximum payout to a child limited to \$250,000.	14
Critical Illness insurance Premier	Advancement Benefit	A new illness has been added to the Advancement Benefit under Critical Illness (Premier): Diagnosed Benign Brain Tumour.	16
	Advancement Benefit - Carcinoma in Situ of the Cervix Uteri	The definition for Carcinoma in Situ of the Cervix Uteri has been improved under the Advancement Benefit for Critical Illness (Premier) to include CIN-3.	16
TPD insurance	Any & Own Occupation TPD Definitions	A new domestic duties tier has been added to the Any and Own Occupation TPD definition.	17

1 November 2012

The following changes were made to Accelerated Protection in the 1 November product upgrade. If you purchased your Accelerated Protection policy between 10 August 2009 and 31 October 2012, these improvements are available to you.

Insurance Plan	Benefit or Definition	Enhancement	Page No
Income Protection	Waiting Period	The definition has been improved so that full time days worked does not restart or increase the waiting period.	18
	Family Support Benefit	Increase in benefit amount payable for Family Support Benefit.	18
	Housekeeper Benefit	Increase in benefit amount payable for Housekeeper Benefit.	19
Income Protection Premier	Child Care Benefit	Increase in benefit amount payable for Child Care Benefit.	20
Critical Illness insurance	Cancer Definition	The definition for Carcinoma in Situ of the Breast has been improved. Full payment for Carcinoma In Situ of the Breast treated by breast conserving surgery and chemotherapy or radiotherapy. <i>(This definition has been updated in subsequent upgrade: 1 April 2017.)</i>	14
Critical Illness Premier	Early Stage Melanoma	The definition for Early Stage Melanoma has been improved. The thickness for melanoma reduces from 1.5mm to 1.0mm. <i>(This definition has been updated in subsequent upgrade: 1 April 2017.)</i>	17
Life	SMSF Benefit	Introduction of a new benefit where policy is owned by a self-managed superannuation fund.	11

12 December 2014

The following changes were made to Accelerated Protection in the 12 December product upgrade. If you purchased your Accelerated Protection policy between 10 August 2009 and 11 December 2014, these improvements are available to you.

Insurance Plan	Benefit or Definition	Enhancement	Page No
Critical Illness insurance	Minor Heart Attack	Introduced a new event which recognises level of severity from a physical and financial impact. The benefit payable is 25% of the Benefit Amount to a maximum of \$50,000. <i>(This definition has been further improved and replaced with Heart Attack with subsequent upgrade: 1 April 2017.)</i>	15
	Out of Hospital Cardiac Arrest	Introduced a new event where a full benefit is payable when a cardiac arrest occurs. For eligibility this must occur outside the hospital.	16
	Open Heart Surgery	Introduced a new event where a full benefit is payable when significant chest surgery to the heart is required to fix severe defects or cardiac tumour.	16
	Triple Vessel Angioplasty	The definition has been improved to reflect current surgical practice.	16
	Stillbirth	The definition has been improved by removing the requirement for a Death Certificate. Instead you only need a Medical Practitioner to confirm.	16
Income Protection & Income Protection Optimal	Out of Hospital Cardiac Arrest	Introduced a new event for the Critical Illness option. A full benefit is payable where a cardiac arrest occurs. For eligibility this must occur outside the hospital.	16
	Open Heart Surgery	Introduced a new event for the Critical Illness option. A full benefit is payable where significant chest surgery to the heart is required to fix severe defects or cardiac tumour.	16

18 December 2015

The following changes were made to Accelerated Protection in the 18 December product upgrade. If you purchased your Accelerated Protection policy between 10 August 2009 and 17 December 2015, these improvements are available to you.

Insurance Plan	Benefit or Definition	Enhancement	Page No
Life	Terminal Illness	The definition has been improved with enhancements to the survival period.	11

2 Summary of Product Enhancements *continued*

1 April 2017

The following changes were made to Accelerated Protection in the 1 April 2017 product upgrade. If you purchased your Accelerated Protection policy between 10 August 2009 and 31 March 2017, these improvements and updates are available to you.

Insurance Plan	Benefit or Definition	Enhancement	Page No
Critical Illness insurance	Heart Attack	The Heart Attack definition has been improved with enhancements to the coverage. Full payment is now available for Minor Heart Attacks.	17
Critical Illness insurance	Coma (of specified severity)	Eligibility criteria improved with Glasgow Coma scale increasing from 6 to 8.	17
Critical Illness Premier	Severe Rheumatoid Arthritis (with significant impairment)	The definition has been improved to include Whole Person Function eligibility measure.	19
Critical Illness insurance	Cancer (excluding early stage cancers)	The definition has been updated for improved customer clarity and incorporated current medical diagnostics and terminology.	15
Critical Illness insurance	Cardiomyopathy (permanent and irreversible)	The definition has been updated for improved customer clarity.	15
Critical Illness insurance	Chronic Lung Failure (requiring permanent oxygen therapy)	The definition has been updated with a current diagnostic measure – DLCO.	17
Critical Illness insurance	Dementia including Alzheimer's Disease (permanent and irreversible)	Alzheimer's has been combined with Dementia definition.	13
Critical Illness insurance	Early Stage Melanoma (excluding Melanoma In Situ)	This definition has been updated for improved customer clarity.	19
Critical Illness insurance	Eclampsia of pregnancy	The definition has been improved for customer clarity.	17
Critical Illness insurance	Multiple Sclerosis (with multiple episodes of neurological deficit and persisting neurological abnormalities)	The definition has been improved for customer clarity.	17
Critical Illness insurance	Severe Osteoporosis	The definition has been updated for improved customer clarity and incorporated current medical diagnostics and terminology.	19
Critical Illness insurance	Stroke (resulting in neurological deficit)	The definition has been updated for improved customer clarity.	18
Income Protection	Benefit Limitations	Policy wording has been improved to align with the intent.	24
Income Protection	Sickness	Definition has been updated to clarify the intent.	23
Income Protection	Injury	'Accidental' has been removed from the definition in order to clarify intent.	23
Income Protection and Business Expense insurance	Total Disability	SIS definition of permanent incapacity has been added.	21, 25

The following amendment applies if you purchased your Accelerated Protection policy on or after 1 April 2017.

Insurance Plan	Description	Amendment	Page No
Critical Illness insurance	Open Chest Coronary Artery Bypass Surgery - references	Replace all references to 'Open Chest Coronary Artery Bypass Surgery' with 'Coronary Artery Bypass Surgery'	Policy Document – 11, 14, 29, 33 and 40
Critical Illness insurance	Open Chest Coronary Artery Bypass Surgery - definition	Replace 'Open Chest Coronary Artery Bypass Surgery' definition as follows: Coronary Artery Bypass Surgery means bypass grafting performed to correct or treat coronary artery disease.	Policy Document – 60

3 Policy Terms and Conditions

Below are the policy wordings relating to each of the benefit improvements (where appropriate). Any term or condition which is not referred to in this document remains unchanged.

Life, Critical Illness and TPD insurance

Premium Freeze Benefit

Under the Premium Freeze Benefit, the Benefit Amount will be set to the level that can be purchased by that amount of fixed premium as determined by us from year to year. It is important to note, while premiums remain fixed under the Premium Freeze Benefit there will be a reduction in the Benefit Amount on a yearly basis as insurance generally will be more expensive as age increases.

If you notify us that you wish to apply the Premium Freeze Benefit, the Inflation Protection Benefit will not apply. If you notify us that the Premium Freeze Benefit is to cease within 3 years of it starting, the Inflation Protection Benefit will then recommence but only if it was applicable prior to the Premium Freeze Benefit being activated.

The Premium Freeze Benefit can be activated if we are charging premiums on a stepped premium basis and the Life Insured is older than age 30. You may elect to activate the Premium Freeze Benefit by notifying us in writing.

Business Insurance Option

(not available when structured through the TAL Superannuation and Insurance Fund)

The Business Insurance Option is available under Life insurance and is only applicable for Critical Illness and/or TPD insurances when they are Attached to Life insurance.

Under the Business Insurance Option you can apply to increase the Benefit Amount without the need for further evidence of health, or pastimes, subject to acceptable financial evidence being provided.

The Business Insurance Option is available upon the occurrence of one of the following business events:

- business value:
 - an increase in the Life Insured's share or value of the business entity for which this cover was originally established;
- key-person value (arms-length employee with no ownership or financial interest in the business entity):
 - an increase in the value of the Life Insured key person to the business entity for which the cover was originally established; or
- loan guarantee:
 - an increase in the level of a business loan for which the Life Insured is a guarantor.

Any increase under the Business Insurance Option must be for the same business event for which the Policy was originally established as determined by us.

If the amount at the Plan start date is less than 100% of the value associated with the purpose of the business insurance, we will limit any future increases made under this option such that the amount insured, as a proportion of the value associated with the business insurance purpose, does not increase above that which applied at the Plan start date.

The maximum increase is the lesser of up to three times the Benefit Amount (including cover with TAL and any other organisation) at the Plan start date and, for:

- Life insurance – \$15,000,000
- Critical Illness insurance – \$2,000,000
 - TPD insurance
 - \$5,000,000 (where the Life Insured applies for the increase prior to their 60th birthday and the occupation class of the Life Insured is AAA, AA+ or AA); or
 - \$5,000,000 (with a maximum of \$3,000,000 under an Any or Own Occupation definition, with the balance under an Activities of Daily Living (ADL) definition)

The following conditions also apply:

- the increase must not exceed the increase in value of the business events, using the same valuation basis used in the application for the Business Insurance Option;
- if the Business Insurance Option is being increased due to an increase in the level of Loan Guarantee, the increased Benefit Amount cannot exceed the amount by which the Loan Guarantee has been increased; and
- if either the TPD insurance Benefit Amount or Critical Illness insurance Benefit Amount is being increased, the Benefit Amount for Life insurance must be increased by the same amount[#].

[#] The premium will increase to reflect the increase in cover. The increased cover does not apply until we have confirmed it in writing and you have paid the additional premium.

If you wish to increase the Benefit Amount you must apply in writing within 30 days of the business event or within 30 days of the Policy anniversary following the business event. The Business Insurance Option can only be exercised once in any 12-month period.

No increase is available if at the time of applying for the increase, you or anyone else has made, is entitled to make or is receiving payment of a claim in relation to the Life Insured under this Policy or any other policy providing cover for death, terminal illness, total and permanent disability or critical illness.

To obtain the requested increase you need to apply to us in writing and provide us with:

- confirmation the Life Insured is actively at work in their usual occupation at the time you apply for the increase;
- a current valuation of the business provided by a qualified accountant or business valuer (who is the same person or firm who provided to us financial evidence of the value associated with the business insurance purpose for the purposes of our assessment of the original application for this option or such other person or firm agreed to by us, using the same methodology); and
- any other financial or occupational evidence we may request to assess the application.

The Business Insurance Option will expire on the earlier of the following:

- the option is cancelled by the Policy owner;
- the maximum increase limit for the Benefit Amount has been reached (see above);
- you are entitled to make a claim or you have accrued an entitlement to claim under this Policy;
- the anniversary of the Plan start date being three years after the later of:
 - the Plan start date; and
 - the last increase under the option we approved, unless you can provide financial evidence acceptable to us that you were unable to apply for an increase in that three years because no increase conditions were met. Should this occur, we will extend the eligibility period for a further three years from the date we accept the financial evidence;
- the anniversary of the Plan start date immediately prior to the Life Insured attaining age 65; or
- the death of the Life Insured.

If the Business Insurance Option is indicated in the Policy Schedule the following benefits will not apply:

- Inflation Protection Benefit (but will apply on the first anniversary after expiry or cancellation of the Business Insurance Option);
- Guaranteed Future Insurability Benefit;
- Death Buy-Back Benefit on Critical Illness insurance;
- Death Buy-Back Option on TPD insurance;
- Premium Relief Option;
- Double Critical Illness Option; and
- Double TPD Option.

Financial Planning Benefit

(not available when structured through the TAL Superannuation and Insurance Fund)

If we pay 100% of the Benefit Amount under Life insurance, Critical Illness insurance or TPD insurance, we will reimburse the costs associated with the preparation of a financial plan by a financial adviser for the person(s) to whom we paid 100% of the Benefit Amount.

The following conditions apply to the Financial Planning Benefit:

- the maximum amount payable is \$5,000;
- the Financial Planning Benefit is only payable for the reimbursement of fees actually paid to the financial adviser for the preparation of the financial plan where the fees were paid by the person(s) to whom we paid 100% of the Benefit Amount;
- we must receive evidence, acceptable to us, of the financial planning advice received and the financial plan must be received within 12 months of the payment of 100% of the Benefit Amount;
- the Financial Planning Benefit will only be paid once per Life Insured across all policies issued by us in respect of that Life Insured; and
- the financial adviser who provides the financial plan must be an Australian Financial Services Licensee or an Authorised Representative of an Australian Financial Services Licensee.

Accommodation Benefit

(not available when structured through the TAL Superannuation and Insurance Fund)

If we pay 100% of any one of the Terminal Illness Benefit, TPD Benefit or Critical Illness Benefit, and a Medical Practitioner certifies that the Life Insured must remain Bed Confined due to the reason for which we paid 100% of the Terminal Illness, TPD or Critical Illness Benefit, and:

- the Life Insured is more than 100 kilometres from their home; and
- an Immediate Family Member is required to travel more than 100 kilometres from their home to be with the Life Insured,

then we will reimburse the accommodation costs of the Life Insured's Immediate Family Member up to a maximum of \$250 per day for each day the Life Insured remains Bed Confined and their Immediate Family Member remains away from their home, for a maximum of 14 days.

The reimbursement of accommodation costs must be claimed within 6 weeks of 100% of any 1 of the Terminal Illness Benefit, TPD Benefit or Critical Illness Benefit being paid.

We must receive evidence, acceptable to us, of the Life Insured's Bed Confinement and of the payment of the accommodation costs before we pay the Accommodation Benefit.

The maximum total amount we will pay under the Accommodation Benefit when the Life Insured is concurrently eligible across Plans is \$250 per day.

Grief Counselling Benefit

(not available when structured through the TAL Superannuation and Insurance Fund)

If we pay 100% of the Benefit Amount under Life insurance, Critical Illness insurance, or TPD insurance, we will reimburse the costs of up to 3 grief counselling sessions for the Life Insured, and/or an immediate family member with a counsellor approved by us.

The maximum total amount we will reimburse under the Grief Counselling Benefit for the Life Insured is \$1,000.

Guaranteed Future Insurability Benefit

Under the Guaranteed Future Insurability Benefit, you can increase your Benefit Amount for Life insurance, TPD insurance and Critical Illness insurance for the Life Insured without evidence of the health or pastimes of the Life Insured.

The Guaranteed Future Insurability Benefit is subject to the following conditions:

- an application in writing by you for an increase being made within 30 days of an Allowable Event (as described in the Allowable Events table) or within 30 days of the Policy anniversary following an Allowable Event;
- our receipt of acceptable supporting evidence (for Allowable Events);
- the Life Insured being under age 55 at the time of an Allowable Event;

- the increase being up to the lesser of:
 - 25% of the original Benefit Amount (which applies to the insurance under which the Guaranteed Future Insurability Benefit is sought);
 - \$200,000;
 - 5 times the annual amount of salary increase (if applicable); and
 - the amount of mortgage being taken out or increased (if applicable);
- total Life insurance on the Life Insured not exceeding \$3,000,000;
- total TPD insurance on the Life Insured not exceeding \$3,000,000;
- total Critical Illness insurance on the Life Insured not exceeding \$2,000,000; and
- evidence, satisfactory to us, of the Allowable Event, being provided.

For all increases applied for under the Guaranteed Future Insurability Benefit, the maximum amount you can increase the Benefit Amount (including cover with TAL and any other organisation) by is the lesser of:

- the original Benefit Amount; and
- \$1,000,000

subject to total cover (including cover with TAL and any other organisation) not exceeding:

- \$3,000,000 for Life insurance;
- \$3,000,000 for TPD insurance; and
- \$2,000,000 for Critical Illness insurance.

If TPD insurance and/or Critical Illness insurance are Attached or Linked to Life insurance, the TPD insurance Benefit Amount and/or Critical Illness insurance Benefit Amount cannot exceed the Life insurance Benefit Amount.

The Guaranteed Future Insurability Benefit (either Personal or Business) may be exercised once only in any 12-month period.

The premium for the new Benefit Amount will be calculated in line with the Plan conditions and will take into account any extra premiums charged and special provisions that may apply.

During the first 6 months after exercising the Guaranteed Future Insurability Benefit, the increased portion of the Benefit Amount will only be paid in the event of the Life Insured suffering:

- Accidental death;
- TPD caused by Accident; or
- any of the listed Critical Illness Events (See Part 4 of your Policy Document) caused by Accident.

You cannot exercise the Guaranteed Future Insurability Benefit if:

- premiums are being waived under the Premium Relief Option;
- a medical loading or medical exclusion is applicable to the Life Insured;

- cover under Life insurance has resulted from applying the Death Buy-Back Option under TPD insurance; or
- cover under Life insurance has resulted from applying the Death Buy-Back Benefit under Critical Illness insurance; or
- cover under Critical Illness insurance has resulted from applying the Critical Illness Reinstatement Option; or
- You, or the Life Insured, is entitled to make, or is receiving or seeking payment of, a claim under any Life Insurance policy with TAL or another insurer.

Allowable Events

Personal

- the birth of a child where the Life Insured is the parent;
- the adoption of a child by the Life Insured;
- a dependent child of the Life Insured starts secondary school;
- marriage of the Life Insured;
- divorce of the Life Insured;
- a change in employment status of the Life Insured where the Life Insured's yearly salary increases by at least \$10,000;
- the Life Insured completes a post graduate degree;
- taking out or increasing, a mortgage by the Life Insured (either alone or jointly with another person) on a home which is the primary residence of the Life Insured;
- the Life Insured becoming a Carer; or
- the Life Insured has a change in tax dependency status as a result of the Life Insured ceasing to have any tax dependents as defined by current law.

Business

- an increase in the Life Insured's value to the business, where the Life Insured is a key person in that business;
- an increase in the Life Insured's financial interest in the business, whether as a partner, shareholder or unit holder, and the Policy forms part of a buy-sell, share purchase or business succession agreement; or
- an increase in the loan liability of the business for which the Life Insured is the primary guarantor.

Child's Critical Illness Benefit

(not available when structured through the TAL Superannuation and Insurance Fund)

A benefit payment of \$10,000 will be payable under the Child's Critical Illness Benefit when a child who is financially dependent on the Life insured suffers a Critical Illness Event as listed on page 12.

The Child Critical Illness Benefit is available where the child is aged between 2 and 19 next birthday.

The Child's Critical Illness Benefit will only be paid once for an individual child across all Life, Critical Illness and TPD insurance policies issued by us, and is only ever payable once under a Plan.

The Child's Critical Illness Benefit is not payable on a Critical Illness Event which occurred or was diagnosed, or the signs or symptoms leading to diagnosis became apparent before the Plan or Policy start date.

Life Insurance

Terminal Illness Definition

Terminally Ill and Terminal Illness means an illness or condition where, after having regard to the current treatment or such treatment as the Life Insured may reasonably be expected to receive, the Life Insured has a life expectancy of less than 12 months.

When cover is structured through superannuation, the Life Insured must also satisfy the SIS definition of Terminal Medical Condition.

Advanced Payment Benefit

The Advanced Payment Benefit is an advance payment of 10% of the Benefit Amount, up to a maximum \$25,000. This Benefit will be paid when the death certificate or a medical certificate confirming death of the Life Insured is provided to us.

The Advanced Payment Benefit will not apply in the first three years where the Life Insured's death was not the result of an Accident, thereafter, the Advanced Payment Benefit will apply regardless of the cause of death.

Payment of the Advanced Payment Benefit does not mean any admission or acceptance of any claim or liability regarding current or future payments under Life insurance.

Should our claims assessment find that the Death Benefit will not be paid due to a breach of the Duty of Disclosure or a misrepresentation, you will be required to repay the Advanced Payment Benefit.

Repatriation Benefit

If the Life Insured dies whilst outside Australia, we will increase the Advanced Payment Benefit to 10% of the Benefit Amount up to a maximum of \$35,000. This benefit will be paid when the death certificate or a certified medical certificate by a Medical Practitioner confirming death of the Life Insured whilst outside Australia is provided to us. The terms and conditions applicable to the Advanced Payment Benefit otherwise apply.

Self-Managed Super Fund Benefit

(not available when structured through the TAL Superannuation and Insurance Fund)

If this Policy is owned by a self-managed superannuation fund and we pay 100% of the Benefit Amount under Life insurance on the death of the Life Insured, we will reimburse the costs associated with the amendment of the self-managed superannuation fund trust deed by a lawyer to the trustee(s) of the self-managed superannuation fund to whom we paid 100% of the Benefit Amount.

The following conditions apply to the Self-Managed Super Fund Benefit:

- the maximum amount payable across both the Financial Planning Benefit and the Self-Managed Super Fund Benefit is \$5,000 and will only be paid once per Life Insured across all policies issued by us in respect of that Life Insured;
- the Self-Managed Super Fund Benefit is only payable for the reimbursement of legal costs actually paid to the lawyer for the amendment of the self-managed superannuation fund trust deed as a direct result of the death of the Life Insured, where the legal costs were paid by the trustee(s) of the self-managed superannuation fund to whom we paid 100% of the Benefit Amount;
- we must receive evidence, acceptable to us, of the legal advice received and the amendment of the self-managed superannuation fund trust deed must be received within 12 months of the payment of 100% of the Benefit Amount; and
- the lawyer who provides the legal advice must be a registered Australian Lawyer.

Critical Illness Insurance

Loss of Sight Definition

Loss of Sight means the total and irrecoverable loss of sight (whether aided or unaided) in an eye, as a result of Sickness or Injury to the extent that visual acuity in the eye, on a Snellen Scale after correction by a suitable lens is less than 6/60, or to the extent that the visual field is reduced to 10 degrees or less of arc.

Critical Illness events

Heart conditions	Neurological conditions	Permanent conditions	Organ disorders
<ul style="list-style-type: none"> • Angioplasty^{2,3} • Aortic Surgery • Cardiomyopathy • Coronary Artery Bypass Surgery² • Heart Attack² • Heart Valve Surgery² • Open Heart Surgery² • Out of Hospital Cardiac Arrest² • Primary Pulmonary Hypertension • Triple Vessel Angioplasty² 	<ul style="list-style-type: none"> • Alzheimer's Disease • Coma • Dementia • Encephalitis and Meningitis • Major Head Trauma • Meningococcal Disease • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Paralysis • Parkinson's Disease • Stroke² 	<ul style="list-style-type: none"> • Blindness • Loss of Hearing • Loss of Independent Existence • Loss of a Single Limb • Loss of Speech 	<ul style="list-style-type: none"> • Chronic Kidney Failure • Chronic Liver Failure • Chronic Lung Failure • Major Organ Transplant • Pneumonectomy • Severe Burns • Severe Diabetes¹
Blood disorders	Cancer	Other events	
<ul style="list-style-type: none"> • Aplastic Anaemia • Medically-Acquired HIV • Occupationally-Acquired HIV • Occupationally-Acquired Hepatitis B or C^{1,4} 	<ul style="list-style-type: none"> • Benign Brain Tumour • Cancer² 	<ul style="list-style-type: none"> • Intensive Care • Severe Rheumatoid Arthritis¹ 	

1 Not applicable when 'Standard' Critical Illness insurance is shown in your Policy Schedule.

2 Some restrictions apply to these conditions. See section 9.2, Exclusions, of the Policy Document for more information.

3 In the case of Angioplasty, the amount to be paid is reduced to 25% of the Benefit Amount to a maximum payment of \$50,000 per occurrence, unless a benefit is payable under Triple Vessel Angioplasty.

4 A benefit is only payable for these conditions under the Needlestick Benefit.

If the Life Insured suffers more than one Critical Illness Event, the Benefit Amount is only payable for the first occurring Critical Illness Event (unless the first to occur is Angioplasty or Minor Heart Attack). If Angioplasty or Minor Heart Attack is the first Critical Illness Event to occur, the remaining Benefit Amount will be the basis used to determine payment in accordance with the Critical Illness insurance terms and conditions if the Life Insured suffers another Critical Illness Event.

More than one payment can be made for Angioplasty, subject to:

- the first Angioplasty procedure ever undergone by the Life Insured occurring after the Plan start date;
- each subsequent Angioplasty procedure occurring at least six months after the previous Angioplasty procedure; and
- a maximum of three payments.

If as a result of a Minor Heart Attack the Life Insured undergoes Angioplasty within six months of the Minor Heart Attack we will not pay any amount for that Angioplasty.

Alzheimer's Disease Definition

Alzheimer's Disease means the unequivocal diagnosis of Alzheimer's Disease by a consultant neurologist or geriatrician. The diagnosis must confirm dementia due to failure of brain function with cognitive impairment for which no other recognisable cause has been identified. A Mini-Mental State Examination score of 24 or less is required.

Dementia including Alzheimer's Disease (permanent and irreversible) Definition

Dementia including Alzheimer's Disease (permanent and irreversible) means the unequivocal diagnosis of dementia by a consultant neurologist or geriatrician. The diagnosis must confirm dementia or Alzheimer's Disease due to permanent and irreversible failure of brain function with associated cognitive impairment. A Mini-Mental State Examination score of 24 or less out of 30 or evidence from another neuropsychometric test that is acceptable to us is required.

Death Buy-Back Benefit

If we pay 100% of the Critical Illness Benefit, Paralysis Support Benefit or TPD Benefit, Critical Illness insurance will end. Under the Death Buy-Back Benefit, you can repurchase Life insurance on the Life Insured. The amount of cover you may repurchase is the amount of the Critical Illness insurance paid. If Accelerated Protection is no longer sold, continued cover will be available under the TAL life insurance product that replaces it. The Death Buy-Back Benefit can be exercised without having to provide evidence of health, occupation, income or pursuits.

You must notify us in writing of your intention to exercise the Death Buy-Back Benefit during the 30 days after the 12-month anniversary of the date we were notified formally of a claim in accordance with our claim requirements (see section 10.2 Claims of the Policy Document) in relation to a claim which was subsequently paid. If payment of the claim occurs more than 12 months after the formal notification was made to us, reinstatement will be available for 30 days from the date of payment.

The Death Buy-Back Option will expire if not exercised before the Policy anniversary prior to the Life Insured's 70th birthday.

The premium for the repurchased Life insurance will be calculated using our standard premium rates for the age of the Life Insured at the time the option is exercised and will take into account any extra premiums charged and special provisions that apply to the Life insurance Plan for the Life Insured.

The repurchased Life insurance will not be eligible for increases under the Inflation Protection Benefit, Guaranteed Future Insurability Benefit, or Business Insurance Option (if applicable).

The Death Buy-Back Benefit does not apply:

- unless Critical Illness insurance is Attached or Linked to Life insurance; or
- when 'Double Critical Illness' or 'Double TPD' is shown in your Policy Schedule.

Critical Illness Reinstatement Option

If we pay a Critical Illness Benefit, Advancement Benefit, Needlestick Benefit, or Female Critical Illness Benefit, the Critical Illness Benefit Amount will reduce by the amount paid. The Critical Illness Reinstatement Option allows you to repurchase this amount of Critical Illness cover on the Life Insured.

The Critical Illness Reinstatement Option can be exercised without having to provide evidence of health, occupation, pursuits or income.

You must notify us in writing of your intention to exercise the Critical Illness Reinstatement Option during the 30 days after the 12-month anniversary of the date we were notified formally of a claim in accordance with our claim requirements (see section 10.2 Claims of the Policy Document) in relation to a claim which was subsequently paid. If payment of the claim occurs more than 12 months after the formal notification was made to us, reinstatement will be available for 30 days from the date of payment.

The Critical Illness Reinstatement Option will expire if not exercised before the Policy anniversary prior to the Life Insured's 65th birthday.

The premium for the reinstated Critical Illness Benefit will be calculated using our standard premium rates for the age of the Life Insured at the time the option is exercised and will take into account any extra premiums charged for, and special provisions that apply to, the Life Insured under Critical Illness insurance.

Those extra premiums and special conditions will be maintained under the reinstated cover.

If your Policy includes this option, we will allow you to repurchase the Critical Illness insurance cover on the following basis:

- the repurchased Critical Illness insurance Benefit Amount will be the same as the Critical Illness Benefit, Advancement Benefit, Needlestick Benefit, or Female Critical Illness Benefit paid;
- the repurchased cover will not be eligible for any of the optional benefits available under Critical Illness insurance, including the Critical Illness Reinstatement Option; and
- the repurchased cover will not be eligible for increases under the Inflation Protection Benefit or the Guaranteed Future Insurability Benefit or the Business Insurance Option (if applicable).

If the Life Insured is subsequently diagnosed with a Critical Illness Event, Advancement Benefit Event, Needlestick Benefit or Female Critical Illness Event, we will pay a claim under the repurchased cover provided the Critical Illness Event, Advancement Benefit Event, Needlestick Benefit or Female Critical Illness Event occurred or was diagnosed, or the signs or symptoms leading to diagnosis became apparent to the Life Insured or would have become apparent to a reasonable person in the position of the Life Insured, after the Critical Illness insurance cover was repurchased, subject to the conditions following.

We will not pay a claim under the bought back cover if the Critical Illness Event, Advancement Benefit Event, Needlestick Benefit or Female Critical Illness Event is:

- the same as the original Critical Illness Event, Advancement Benefit Event, Needlestick Benefit or Female Critical Illness Event for which we have paid a benefit; or
- directly or indirectly caused by or related to the original Critical Illness Event, Advancement Benefit Event, Needlestick Benefit or Female Critical Illness Event, or symptom(s) or condition(s) which caused the occurrence of the original Critical Illness Event, Advancement Benefit Event, Needlestick Benefit or Female Critical Illness Event; or
- a Loss of Independent Existence; or
- a Heart Condition and the original Critical Illness Event was also a Heart Condition; or
- a Cancer Condition and the original Critical Illness Event or Advancement Benefit Event was also a Cancer Condition; or
- a Stroke or Paralysis (directly or indirectly resulting from a Stroke) and the original Critical Illness Event was a Heart Condition.

In the above paragraph,

- Heart Condition means: Angioplasty, Aortic Surgery, Coronary Artery Bypass Surgery, Heart Attack, Heart Valve Surgery, Cardiomyopathy, Triple Vessel Angioplasty, Primary Pulmonary Hypertension, and any other condition we include in the meaning of Heart Condition at the time the Critical Illness insurance is reinstated.
- Cancer Condition means: Cancer, Carcinoma in Situ; Early Stage Chronic Lymphocytic Leukaemia; Early Stage Melanoma; or Early Stage Prostate Cancer, and any other condition we include in the meaning of Cancer Condition at the time the Critical Illness insurance is reinstated.

The Critical Illness Reinstatement Option cannot be exercised when an Attached TPD Benefit or Terminal Illness Benefit is paid.

Cancer (excluding early stage cancers) Definition

Cancer (excluding early stage cancers) means the presence of one or more malignant tumours, including lymphoma (including Hodgkin's and non-Hodgkin's disease), leukaemia, multiple myeloma and malignant bone marrow disorders that are characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue beyond the basement membrane.

The following cancers are excluded:

- tumours which are histologically described as premalignant or show the malignant changes of carcinoma in situ (including cervical dysplasia, HSIL, LSIL, CIN III and lower).
- Carcinoma in situ of the breast, unless a procedure is required for:
 - the removal of the entire breast; or
 - there is breast conserving surgery together with radiotherapy or chemotherapy.

These procedures must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment.

- Carcinoma in situ of the testicle, unless a procedure is required for the removal of the entire testicle. The procedure must be performed specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment.
- melanomas unless:
 - there is evidence of metastases; or
 - the melanoma is at least Clark level 3; or
 - the melanoma is showing signs of ulceration; or
 - the melanoma is greater than 1.0mm maximum thickness as determined by examination using the Breslow method.
- all hyperkeratosis, intraepidermal carcinomas, basal cell carcinomas and squamous cell carcinomas of skin unless it has spread to other organs,
- chronic lymphocytic leukaemia less than Rai stage 1, and
- prostatic cancers which are TNM Classification T1a, T1b or less and have a Gleason score of 5 or less.

Prostatic cancer which is TNM classification T1a, T1b or less and which has a Gleason score of 5 or less are covered if major interventionist therapy including radiotherapy, chemotherapy, biological response modifiers or any other major treatment has been required to arrest the spread of malignancy.

Cardiomyopathy (permanent and irreversible) Definition

Cardiomyopathy means a disease of heart muscle causing the heart muscle to enlarge and become weaker, resulting in significant permanent and irreversible cardiac impairment to the degree of at least Class 3 of the New York Heart Association functional classification system.

Child's Critical Illness Option

The Benefit Amount under the Child's Critical Illness Option will be paid if an insured child suffers a Critical Illness Event as listed below after the Plan or Policy start date. The sum of all payments per child under the Child's Critical Illness Option and Child's Critical Illness Benefit (where applicable), including cover with TAL and any other organisation will be limited to \$250,000.

If an insured child suffers more than 1 Critical Illness Event, the Benefit Amount is only paid for the Critical Illness Event that occurs first.

Critical Illness Events under the Child's Critical Illness Option are:

Heart conditions	Neurological conditions	Permanent conditions
Cardiomyopathy	Coma	Blindness
Heart Attack*	Encephalitis and Meningitis	Loss of Hearing
	Major Head Trauma	Loss of Limbs
	Meningococcal Disease	Loss of Limbs and Sight
	Paralysis (the Paralysis Support Benefit will not apply)	Loss of Speech
	Stroke*	
	Subacute Sclerosing Panencephalitis	
Organ disorders	Cancer	Other events
Chronic Kidney Failure	Benign Brain Tumour	Aplastic Anaemia
Major Organ Transplant	Cancer*	Death
Severe Burns		Terminal Illness

* In the case of these events, no benefit would be paid if the condition occurred or was diagnosed, or the signs or symptoms leading to diagnosis became apparent:
 • within 3 months after the Child's Critical Illness Option start date; and
 • within 3 months after the most recent date we agreed to reinstate either the Plan or Policy.

No benefit is payable on a Critical Illness Event which occurred or was diagnosed, or the signs or symptoms leading to diagnosis became apparent before the Plan or Policy start date.

The Child's Critical Illness Option is available where the child is financially dependent on the Policy owner and is aged between 2 and 15 at the Plan start date.

Grief Counselling is available to the immediate family members of the insured child. This counselling is provided to assist family members come to terms with their reaction to the grief that arises from the death of, or other Critical Illness Event occurring to, the child. We will reimburse the costs of the initial consultation up to a maximum of \$500. The consultation must be with an independent, qualified counselling organisation.

On expiry of the Critical Illness insurance, all cover provided under the Child's Critical Illness Option will cease.

Cover will expire on the Policy anniversary prior to the insured child's 19th birthday. Where no benefit has been paid under the Child's Critical Illness Option you can, within 30 days of this anniversary, elect to continue the Critical Illness cover for the insured child by applying to us in writing for a new Critical Illness insurance Standard policy to issue for the insured child. If Critical Illness insurance Standard is not available we will provide a policy we believe is most like Critical Illness insurance Standard.

If the Benefit Amount under the new Critical Illness insurance Standard (or other replacement Policy) is \$50,000 or less, the insured child will not be Underwritten but we will require details of smoking status and occupation for the purposes of a premium calculation. If the Benefit Amount under the new Critical Illness insurance Standard is greater than \$50,000, we will require details of smoking status, occupation and pursuits and the insured child's health will be Underwritten to cover critical illness events (or events of a similar type or intent) which were not covered under the original policy.

However, any increase to the Benefit Amount for such a Policy or selection of Optional Benefits will be subject to full Underwriting. This applies in all circumstances including (but not limited to):

- if the Benefit Amount is increased at the time of continuing cover under Critical Illness insurance Standard (or replacement Policy); or
- the Benefit Amount is increased during the lifetime of that new Policy, regardless of whether the terms and conditions of the new Policy allow a guaranteed increase of the Benefit Amount without Underwriting; or
- any of the Optional Benefits available under the Critical Illness insurance Standard are applied for at the time of continuing cover or during the lifetime of that new policy.

These conditions override the terms of any new or continued Policy arising from the exercising of the continuation option under the Child's Critical Illness Option.

The premium rate under the new Critical Illness insurance Standard (or other replacement Policy) will be the standard rate for that Policy applicable to sex, smoking status and any other premium rating factors that apply at the time the continuation option is exercised. Any special conditions, loadings or exclusions applied to the original Child's Critical Illness Option will continue to apply under the new policy.

Chronic Lung Failure (requiring permanent oxygen therapy) Definition

Chronic Lung Failure means end-stage lung disease with a consistent pulmonary function test result of:

- FEV1 less than 40% predicted; or
- a DLCO less than 40% predicted; and

requiring permanent oxygen therapy.

Coma (of specified severity) Definition

Coma (of specified severity) means a state of unconsciousness with no reaction to external stimuli or internal needs, resulting in a documented Glasgow Coma Scale of 8 or less, for a continuous period of at least 72 hours.

Coronary Artery Bypass Surgery Definition

Coronary Artery Bypass Surgery means bypass grafting performed to correct or treat coronary artery disease.

Eclampsia of pregnancy Definition

Eclampsia of pregnancy means the occurrence of high blood pressure during pregnancy resulting in coma or grand mal seizures and delivery of the foetus regardless of the gestational age.

Heart Attack Definition

Heart Attack means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis must be supported by diagnostic rise and/or fall of cardiac biomarkers with at least one value above

the 99th percentile of the upper reference limit and at least one of the following:

- signs and symptoms of ischaemia consistent with myocardial infarction;
- ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block [LBBB]);
- development of pathological Q waves in the ECG; or
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests are inconclusive, other appropriate and medically recognised tests will be considered.

What circumstances are not covered under the definition?

The following are not covered:

- a rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease
- other acute coronary syndromes including but not limited to angina pectoris.

Multiple Sclerosis (with multiple episodes of neurological deficit and persisting neurological abnormalities) means

a disease characterised by demyelination in the brain and/or spinal cord. Multiple Sclerosis must be unequivocally diagnosed. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities. Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, or evoked auditory responses are required to confirm diagnosis.

Occupationally Acquired HIV Definition

Occupationally Acquired HIV means infection with the human immunodeficiency virus (HIV) where such infection arose from an Accident relating to the occupation of the Life Insured, subject to the following conditions:

- the Accident must have occurred after the inception of the Policy;
- within 30 days of the Accident, proof of its occurrence must be registered with TAL including:
 - tests taken by a Medical Practitioner within 7 days after the Accident which resulted in a sero-negative HIV result; and
 - documents confirming any relevant authority was notified within 7 days of the Accident.

The infection must manifest itself as a sero-positive HIV test result within 6 months of the reported occurrence. The infection must not have arisen from a deliberately, self-inflicted or induced cause or from sexual activity (whether as part of normal occupational duties or otherwise), or from the use of drugs not medically prescribed for the Life Insured.

We reserve the right to obtain independent tests and investigations, including the taking of blood samples from the Life Insured.

This Critical Illness Event will not apply and no payment will be made where a cure has become available or where the infected person does not take any vaccine available prior to the Critical Illness Event. 'Cure' means an Australian Government-approved treatment which renders the HIV inactive and non-infectious, or results in there being little or no impact on life expectancy.

'Vaccine' means a preparation approved by the Australian Government and recommended for use by the Government authority to produce immunity to the HIV.

Out of Hospital Cardiac Arrest Definition

Out of Hospital Cardiac Arrest means a loss of cardiac output that is not associated with any medical procedure and is due to:

- cardiac asystole; or
- ventricular fibrillation with or without ventricular tachycardia.

The cardiac arrest must occur outside of a hospital and be documented by electrocardiogram.

Open Heart Surgery Definition

Open Heart Surgery means the undergoing of open chest surgery for the surgical treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour.

Severe Ulcerative Colitis Definition

Severe Ulcerative Colitis means the unequivocal diagnosis of ulcerative colitis that has failed to be controlled by standard therapy including cortisone treatment, which requires permanent immunosuppressive medication.

Stillbirth Definition

Stillbirth means the foetal death in utero after at least 20 weeks gestation and confirmed by a Medical Practitioner. Elective pregnancy termination is excluded.

Stroke (resulting in neurological deficit) Definition

Stroke (resulting in neurological deficit) means a cerebrovascular event producing neurological deficit. This requires clear evidence on a CT, MRI or similar, appropriate scan or investigation that a stroke has occurred and of infarction of brain tissue, intracranial and/or subarachnoid haemorrhage. Transient ischaemic attacks, non-stroke related reversible neurological deficit, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Triple Vessel Angioplasty Definition

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. In the event that not all coronary arteries can be corrected in a single procedure and a second procedure is required, a benefit will be payable provided the second procedure occurs no more than one month after the first.

Critical Illness Premier Insurance

Needlestick Benefit

If the occupation class of the Life Insured is AA+ as specified in the Policy Schedule, the Needlestick Benefit will be payable when the Life Insured suffers Occupationally Acquired HIV or Occupationally Acquired Hepatitis B or C.

We will increase the amount we will pay under the Critical Illness Option to fifty times the Benefit Amount, to a maximum of \$1 million, and the Critical Illness Option will end.

If you choose Critical Illness Option under Income Protection in conjunction with Critical Illness Premier, you will be limited to a maximum benefit of \$1 million across all policies issued by TAL in the event of Occupationally Acquired Hepatitis B or C.

In the event of cover being held simultaneously through the Critical Illness Option under Income Protection and Critical Illness Premier, the Needlestick Benefit for Occupationally Acquired Hepatitis B or C will be paid through the Income Protection plan first.

Advancement Benefit

If the Life Insured suffers an Advancement Benefit Event, the Advancement Benefit will be payable. The amount payable is shown in the following table.

The Advancement Benefit is payable only once for each of these Events. The total Benefit Amount will be reduced by the amount paid for each of these Events. The Advancement Benefit will only be paid if the condition or the circumstances leading to the claim first occurs after the Plan start date.

Advancement Benefit Events	Maximum Payment
<ul style="list-style-type: none"> • Loss of Hearing in 1 ear; or • Loss of Sight in 1 eye 	<ul style="list-style-type: none"> • 10% of the Benefit Amount to a maximum of \$100,000
<ul style="list-style-type: none"> • Carcinoma In Situ*^, • Diagnosed Benign Brain Tumour*, • Early Stage Chronic Lymphocytic Leukaemia*; • Early Stage Melanoma*; • Early Stage Prostate Cancer* 	<ul style="list-style-type: none"> • 25% of the Benefit Amount to a maximum of \$100,000
<ul style="list-style-type: none"> • Adult onset insulin dependent diabetes mellitus*; • Severe Ulcerative Colitis; or • Severe Crohn's Disease 	<ul style="list-style-type: none"> • 20% of the Benefit Amount to a maximum of \$100,000
<ul style="list-style-type: none"> • Partial Dementia which is paid if the Life Insured is unequivocally diagnosed with Dementia including Alzheimer's disease, as confirmed by a specialist Medical Practitioner, and if the meaning defined in Part 11 of this Policy Document is not met. 	<ul style="list-style-type: none"> • 25% of the Benefit Amount to a maximum of \$50,000

* Some restrictions apply to these conditions. See section 9.2, Exclusions of the Policy Document, for more information.

^ If the Life Insured is diagnosed with Carcinoma In Situ of the Cervix Uteri classified as Cervical Intraepithelial Neoplasia grade 3 (CIN-3), we will pay a portion of the Advancement Benefit of 10% of the Benefit Amount to a maximum of \$100,000. If the Life Insured is subsequently diagnosed with a grading higher than CIN-3, we will pay the Advancement Benefit less any portion already paid subject to the maximum for Carcinoma In Situ in the above table.

Advancement Benefit – Carcinoma in Situ of the Cervix Uteri Definition

Refer advancement benefit above.

Advancement Benefit – Carcinoma In Situ Definition

Carcinoma In Situ means the Life Insured has a carcinoma in situ, characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be classified as Tis according to the TNM staging method or FIGO Stage 0.

Only Carcinoma In Situ of the following sites is covered:

- Breast
- Cervix Uteri (Excluded are Cervical Intraepithelial Neoplasia (CIN) classifications including CIN-1, CIN-2, and CIN-3).
- Corpus Uteri
- Fallopian Tube (the tumour must be limited to the tubal mucosa)
- Ovary
- Penis
- Perineum
- Prostate
- Testicle
- Vagina
- Vulva

Note: FIGO refers to the staging method of the Fédération Internationale de Gynécologie et d'Obstétrique

Early Stage Melanoma (excluding Melanoma In Situ) Definition

Early Stage Melanoma (excluding Melanoma In Situ) means the presence of one or more malignant melanomas of 1.0mm or less maximum thickness with no evidence of ulceration as determined by histological examination using the Breslow method, or with Clark Level 2 depth of invasion as determined by histological examination. Melanoma In Situ is excluded.

Severe Crohn's Disease Definition

Severe Crohn's Disease means the unequivocal diagnosis of Crohn's disease, that has failed to be controlled by standard therapy including cortisone treatment, which requires permanent immunosuppressive medication.

Severe Diabetes Definition

Severe Diabetes means that a certified consultant endocrinologist has confirmed that at least 2 of the following complications have occurred as a direct result of diabetes:

- severe diabetic retinopathy resulting in visual acuity (whether aided or unaided) 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 less than 28ml/min (CKD stage 4, International Chronic Kidney Disease classification).

Severe Osteoporosis Definition

Severe Osteoporosis means, where the bone mineral density has a T-score of less than -2.5 (ie 2.5 standard deviations below the adult mean for bone density) measured in at least two sites by dual-energy x-ray densitometry (DEXA) or quantitative CT scanning is consistent with severe osteoporosis with:

- at least two vertebral body fractures occurring before the age of 65; or
- Fracture of the neck of the femur.

Severe Rheumatoid Arthritis (with significant impairment) Definition

Severe Rheumatoid Arthritis (with significant impairment) means diagnosis of rheumatoid arthritis, confirmed by appropriate radiology and blood tests, that has failed to respond to all treatment regimens including, but not limited to immunosuppressive and biological agents, causing permanent reduction to Whole Person Function of at least 25%; or

The unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist, supported and evidenced by all of the following criteria:

- at least a six week history of Severe Rheumatoid Arthritis, which involves three or more of the following joint areas:
 - proximal interphalangeal joints in the hands;
 - metacarpophalangeal joints in the hands; and
 - metatarsophalangeal joints in the foot, wrist, elbow, knee, or ankle;
- simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone);
- typical rheumatoid joint deformity; and
- at least two of the following criteria:
 - morning stiffness;
 - rheumatoid nodules;
 - erosions seen on x-ray imaging;
 - the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of Severe Rheumatoid Arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

TPD Insurance

Death Buy-Back Option

If we pay 100% of the TPD insurance Benefit Amount, TPD insurance will end. Under the Death Buy-Back Option, you can buy-back Life insurance on the Life Insured. The amount of cover you may repurchase is the amount of the TPD insurance Benefit Amount paid. The Death Buy-Back Option can be exercised without having to provide evidence of health, occupation, income or pursuits.

You must notify us in writing of your intention to exercise the Death Buy-Back Option during the 30 days after the 12-month anniversary of the date we were notified formally of a claim in accordance with our claim requirements (see section 10.2 Claims) in relation to a claim which was subsequently paid. If payment of the claim occurs more than 12 months after the formal notification was made to us, reinstatement will be available for 30 days from the date of payment.

The Death Buy-Back Option will expire if not exercised before the Policy anniversary prior to the Life Insured's 65th birthday.

The premium for the repurchased Life insurance will be calculated using our standard premium rates for the age of the Life Insured at the time the option is exercised and will take into account any extra premiums charged and special provisions that apply to the Life insurance Plan for the Life Insured.

The repurchased Life insurance will not be eligible for increases under the:

- Inflation Protection Benefit,
- Guaranteed Future Insurability Benefit, or
- Business Insurance Option (if applicable).

The Death Buy-Back Option is not available unless TPD insurance is Attached or Linked to Life insurance.

The Death Buy-Back Option does not apply where 'Double TPD' or 'Double Critical Illness' is shown in your Policy Schedule.

Any and Own Occupation TPD Definitions Total and Permanent Disability and Totally and Permanently Disabled

when Any Occupation is shown on your schedule mean that:

- solely because of a Sickness or Injury, the Life Insured has not been working in any occupation for 3 consecutive months and, in our opinion, after consideration of medical and any other evidence, is incapacitated to such an extent as to render the Life Insured unlikely ever to be able to work in any occupation for which they are reasonably suited by training, education or experience which would pay remuneration at a rate greater than 25% of the Life Insured's earnings during their last 12 months of work; or
- solely because of a Sickness or Injury, the Life Insured has suffered at least 25% impairment of Whole Person Function and has not been working in any occupation, and, in our opinion, after consideration of medical and any other evidence, is incapacitated to such an extent as to render the Life Insured unlikely ever to be able to work in any occupation for which they are reasonably suited by training, education or experience which would pay remuneration at a rate greater than 25% of the Life Insured's earnings during their last 12 months of work; or
- the Life Insured suffers:
 - Blindness; or
 - Loss of Limbs; or
 - Loss of a Single Limb and Loss of Sight; or
- the Life Insured is totally and permanently unable to perform at least 2 of the 5 Activities of Daily Living without the physical assistance of another person; or
- where the Life Insured has been solely performing Normal Domestic Duties for more than 12 consecutive months immediately prior to the Sickness or Injury that gives rise to the claimable event:
 - the Life Insured has not been able to perform the Normal Domestic Duties for 3 consecutive months; and
 - in our opinion, after consideration of medical and any other evidence, is incapacitated to such an extent as to render the Life Insured unlikely ever to be able to perform all of the Normal Domestic Duties.

From the Policy anniversary prior to the Life Insured's 65th birthday, 'Total and Permanent Disability', and 'Totally and Permanently Disabled' mean that the Life Insured suffers:

- Loss of Independent Existence; or
- Loss of Limbs; or
- Blindness.

Total and Permanent Disability and **Totally and Permanently Disabled** when Own Occupation is shown in your Policy Schedule mean that:

- solely because of a Sickness or Injury, the Life Insured has not been working in their Own Occupation for 3 consecutive months and in our opinion, after consideration of medical and any other evidence, is incapacitated to such an extent as to render the Life Insured unlikely ever to be able to work in their Own Occupation; or
- solely because of a Sickness or Injury, the Life Insured has suffered at least 25% impairment of Whole Person Function and has not been working in any occupation, and, in our opinion, after consideration of medical and any other evidence, is incapacitated to such an extent as to render the Life Insured unlikely ever to be able to work in any occupation for which they are reasonably suited by training, education or experience which would pay remuneration at a rate greater than 25% of the Life Insured's earnings during their last 12 months of work; or
- the Life Insured suffers:
 - Blindness; or
 - Loss of Limbs; or
 - Loss of a Single Limb and Loss of Sight; or
- the Life Insured is totally and permanently unable to perform at least 2 of the 5 Activities of Daily Living without the physical assistance of another person ; or
- where the Life Insured has been solely performing Normal Domestic Duties for more than 12 consecutive months immediately prior to the Sickness or Injury that gives rise to the claimable event:
 - the Life Insured has not been able to perform the Normal Domestic Duties for 3 consecutive months; and
 - in our opinion, after consideration of medical and any other evidence, is incapacitated to such an extent as to render the Life Insured unlikely ever to be able to perform all of the Normal Domestic Duties.

Income Protection

Partial Disability Definition

Partial Disability and Partially Disabled under Income Protection Standard and Business Expense insurance mean that, solely because of a Sickness or Injury the Life Insured:

- is working or capable of working; and
- is following the advice of a Medical Practitioner; and
- has suffered a reduction of 20% or more, in the ability to:
 - generate Monthly Earnings; or
 - perform the income-producing duties; or
 - maintain the same number of hours worked, in the Life Insured's Own Occupation.

Total Disability Definition

Total Disability and Totally Disabled under Income Protection (Super, Standard and Premier) and Business Expense Insurance means that, solely because of a Sickness or Injury, the Life Insured is following the advice of a Medical Practitioner and:

- is not working in any Gainful Occupation and is unable to perform one or more of the important income producing duties in the Life Insured's Own Occupation; or
- is not working in any Gainful Occupation and has suffered a reduction of 80% or more in the ability to generate Monthly Earnings in the Life Insured's Own Occupation; or
- is unable to perform their important income producing duties for more than 10 hours per week and;
 - for Income Protection Super and Standard, and Business Expense insurance, is not in any Gainful Occupation; or
 - for Income Protection Premier, his or her Monthly Earnings are less than their Pre-Disability Earnings.

Where Income Protection Super has been selected (as indicated in the Policy Schedule), the Life Insured must also satisfy the SIS definition of Temporary Incapacity or Permanent Incapacity.

Needlestick Benefit

If the occupation class of the Life Insured is AA+ as specified in the Policy Schedule, the Needlestick Benefit will be payable under the Critical Illness Option when the Life Insured suffers Occupationally Acquired HIV or Occupationally Acquired Hepatitis B or C.

We will increase the amount we will pay under the Critical Illness Option to fifty times the Benefit Amount to a maximum of \$1 million, and the Critical Illness Option will end.

If you choose the Critical Illness Option under Income Protection in conjunction with Critical Illness Premier, you will be limited to a maximum benefit of \$1 million across all policies issued by TAL in the event of Occupationally Acquired Hepatitis B or C.

In the event of cover being held simultaneously through the Critical Illness Option under Income Protection and Critical Illness Premier, the Needlestick Benefit for Occupationally Acquired Hepatitis B or C will be paid through the Income Protection plan first.

Waiting Period Definition

Waiting Period means the period of time between the Life Insured suffering disability and disability benefits starting to accrue.

If the Life Insured does not consult a Medical Practitioner concerning the Sickness or Injury causing disability within seven days of the Sickness starting or the Injury occurring, the Waiting Period will start when the Life Insured consults a Medical Practitioner.

Family Support Benefit

If the Family Support Benefit applies, the monthly amount paid will be the lesser of the following:

- \$5,000 (increased annually by the Indexation Factor from 1 November 2012);
- the Benefit Amount; or
- the loss of earnings suffered by the Immediate Family Member, or the cost incurred of the Registered Nurse deemed necessary, less amounts reimbursed from elsewhere.

Housekeeper Benefit

If the Housekeeper Benefit applies, the monthly amount paid is the lesser of the following:

- \$5,000 (increased annually by the Indexation Factor from 1 November 2012);
- the Benefit Amount; or
- the cost of the housekeeper, less amounts reimbursed from elsewhere.

Scheduled Injury Benefit

(not available when structured through the TAL Superannuation and Insurance Fund)

If the Life Insured suffers a Scheduled Injury listed in the following table, we will deem the Life Insured to be Totally Disabled, and the Benefit Amount will be payable for the lesser of:

- the Payment Period shown; and
- the Benefit Period.

The Waiting Period does not apply to the Scheduled Injury Benefit.

Should you have the Retirement Protection and/or Disability Plus Options, payment will be made if the Plan conditions for these options are met.

You have the choice of having benefits paid in advance for the first six months of any Payment Period, and monthly in arrears thereafter, or monthly in arrears for the entire Payment Period.

The Scheduled Injury Benefit will stop on the earlier of the following events:

- the expiry of the Payment Period shown;
- the end of the Benefit Period; or
- the Plan end date.

At the expiry of the Payment Period, the Life Insured may be eligible for other benefits based on the appropriate Plan conditions being satisfied.

If the Life Insured is eligible for payment under the Accident Benefit Option, Critical Illness Option or the Scheduled Injury Benefit, the greater of these benefit payments will be paid.

Scheduled Injury	Payment Period (in months)
Paralysis	60
Loss of:	
Both feet or hands or sight in both eyes	24
Any combination of two of a hand, a foot and sight in one eye	24
One leg or arm	18
One foot or hand or sight in one eye	12
The thumb and index finger of the same hand	6
Fracture of the:	
Thigh or pelvis	3
Leg (between the knee and foot), knee cap, upper arm, shoulder bone or jaw	2
Forearm (above the wrist), collarbone or heel	1
Wrist	1
Vertebrae	1
Skull (excluding bones of the nose and face)	2

Loss means the total and permanent loss of:

- the use of the hand or foot from the wrist or ankle joint;
- the use of the arm or leg from the elbow or knee joint;
- the use of the thumb and index finger from the first phalange joint; or
- sight, to the extent that visual acuity in the eye, on a Snellen Scale after correction by a suitable lens, is less than 6/60 or to the extent that the visual field is reduced to 10 degrees or less of arc.

Fracture means a bone fracture requiring the application of a plaster cast or a similar immobilising device by a Medical Practitioner.

Total Disability Benefit

If the occupation class of the Life Insured is AAA, AA+, AA, A, BBB, BB or B, as specified in the Policy Schedule, the Total Disability Benefit will be paid when:

- the Life Insured has been either Totally or Partially Disabled for the Waiting Period; and
- at the end of the Waiting Period the Life Insured remains Totally Disabled.

If the occupation class of the Life Insured is SRA as specified in the Policy Schedule, the Total Disability Benefit will be paid when:

- the Life Insured has been Totally Disabled for 14 consecutive days during the Waiting Period;
- the Life Insured is Totally or Partially Disabled for the balance of the Waiting Period; and
- at the end of the Waiting Period the Life Insured remains Totally Disabled.

The amount paid will be the Benefit Amount, subject to any Income Protection Adjustments (set out in Part 9 of the Policy Document).

The Total Disability Benefit:

- starts to accrue after the Waiting Period ends;
- is paid monthly in arrears; and
- will stop on the earlier of the following events:
 - the Life Insured no longer being Totally Disabled;
 - the end of the Benefit Period; or
 - the Plan end date.

If the Benefit Period selected is 'to age 70' and the Life Insured's Total Disability starts after the Life Insured's 65th birthday, the Benefit Amount payable for the duration of the claim will be reduced based on the Life Insured's age at the start of the Waiting Period according to the following table:

Age Attained	% of Benefit Amount
66	80%
67	60%
68	40%
69	20%

Partial Disability Benefit

If the occupation class of the Life Insured is AAA, AA+, AA, A, BBB, BB or B, as specified in the Policy Schedule, the Partial Disability Benefit will be paid when:

- the Life Insured has been either Totally or Partially Disabled for the Waiting Period; and
- at the conclusion of the Waiting Period the Life Insured remains Partially Disabled.

If the occupation class of the Life Insured is SRA the Partial Disability Benefit will be paid when:

- the Life Insured has been Totally Disabled for 14 consecutive days during the Waiting Period;
- the Life Insured is either Totally or Partially Disabled for the balance of the Waiting Period; and
- at the conclusion of the Waiting Period the Life Insured remains Partially Disabled.

The Benefit Amount paid will be:

$A - B \times$ the Benefit Amount A
 subject to any adjustments, where
 A = the Life Insured's Pre-Disability Earnings; and
 B = the Life Insured's Monthly Earnings in respect of the month to be paid.

If Income Protection 'Standard' is shown in your Policy Schedule, and the Life Insured is not working solely because of Sickness or Injury, but is able to perform an important income producing duty of his or her Own Occupation to earn income, 'B' will be calculated on the Monthly Earnings for which it would be reasonable for the Life Insured to earn if working. We will take into account all medical and other appropriate evidence.

If Income Protection 'Premier' is shown in your Policy Schedule, we will deem the loss to be 100% if the Life Insured is unable to work more than 10 hours per week in his or her Own Occupation or any Gainful Occupation and his or her Monthly Earnings are less than their Pre-Disability Earnings.

The Partial Disability Benefit:

- starts to accrue after the Waiting Period ends;
- is paid monthly in arrears; and
- will stop on the earlier of the following events:
 - the Life Insured no longer being Partially Disabled;
 - the end of the Benefit Period; or
 - the Plan end date.

If Partial Disability from the same cause immediately follows a period of Total Disability (extending beyond the Waiting Period), the Waiting Period will not start again.

Injury Definition

Injury means a bodily Injury suffered by the Life Insured.

Sickness Definition

Sickness means an illness or disease suffered by the Life Insured, as confirmed by a Medical Practitioner.

Income Protection Premier

Child Care Benefit

If the Child Care Benefit applies, the amount paid in addition to the Total Disability Benefit will be the lesser of:

- five per cent of the Monthly Benefit;
- \$500 per month; or
- the child care costs, less amounts reimbursed from elsewhere.

Child's Critical Illness Benefit

If the Life Insured's child suffers a Critical Illness Event after the Plan or Policy start date, we will pay the Child's Critical Illness Benefit (in addition to the Total Disability or Partial Disability Benefit).

The amount we pay under the Child's Critical Illness Benefit is 3 times the Benefit Amount to a maximum of \$25,000.

The Child's Critical Illness Benefit is paid as a lump sum and is only ever payable once under this Plan.

The Child's Critical Illness Benefit ends on the Policy anniversary immediately prior to the Life Insured's youngest child's 19th birthday.

The Child's Critical Illness Benefit is payable only if the child is financially dependent on the Life Insured and is aged between 2 and 19.

The Critical Illness conditions covered are:

Heart conditions	Neurological conditions	Permanent conditions
<ul style="list-style-type: none"> • Cardiomyopathy 	<ul style="list-style-type: none"> • Coma 	<ul style="list-style-type: none"> • Blindness
<ul style="list-style-type: none"> • Heart Attack* 	<ul style="list-style-type: none"> • Encephalitis and Meningitis 	<ul style="list-style-type: none"> • Loss of Hearing
	<ul style="list-style-type: none"> • Major Head Trauma 	<ul style="list-style-type: none"> • Loss of Limbs
	<ul style="list-style-type: none"> • Meningococcal Disease 	<ul style="list-style-type: none"> • Loss of Limbs and Sight
	<ul style="list-style-type: none"> • Paralysis 	<ul style="list-style-type: none"> • Loss of Speech
	<ul style="list-style-type: none"> • Stroke* 	
	<ul style="list-style-type: none"> • Subacute Sclerosing Panencephalitis 	

Organ disorders	Cancer	Other events
<ul style="list-style-type: none"> • Chronic Kidney Failure 	<ul style="list-style-type: none"> • Benign Brain Tumour 	<ul style="list-style-type: none"> • Aplastic Anaemia
<ul style="list-style-type: none"> • Major Organ Transplant 	<ul style="list-style-type: none"> • Cancer* 	<ul style="list-style-type: none"> • Death
<ul style="list-style-type: none"> • Severe Burns 		<ul style="list-style-type: none"> • Terminal Illness

* In the case of these events, no benefit would be paid if the condition occurred or was diagnosed, or the signs or symptoms leading to diagnosis became apparent:

- within 3 months after the Plan's start date;
- within 3 months after the date of an applied-for increase but only in respect of the increase; and
- within 3 months after the most recent date we agreed to reinstate either the Plan or Policy.

No benefit is payable on a Critical Illness Event which occurred or was diagnosed, or the signs or symptoms leading to diagnosis became apparent before the Plan or Policy start date.

Accommodation and Transport Benefit

The Accommodation and Transport Benefit will be payable if the Life Insured is Totally Disabled more than 100 kilometres from the Life Insured's usual place of residence, or the Life Insured is Totally Disabled and, on the advice of a Medical Practitioner for reasons associated with the Total Disability, travels to a place more than 100 kilometres from the Life Insured's usual place of residence, and:

- the Life Insured is Bed Confined; and
- an Immediate Family Member of the Life Insured is accommodated more than 100 kilometres from their usual place of residence but near where the Life Insured is Bed Confined.

If the benefit applies, the amount payable for accommodation costs will be a reimbursement of the cost of accommodation of the Immediate Family Member of the Life Insured, to a daily maximum of \$250 (increased by the Indexation Factor from 28 October 2010), less amounts reimbursed from elsewhere.

The amount payable for accommodation:

- starts to accrue when the expenditure is incurred;
- is paid monthly in arrears; and
- will stop on the earlier of the following events:
 - the Life Insured no longer being Bed Confined;
 - the end of the Benefit Period;
 - the Plan end date;
 - the Immediate Family Member no longer needing accommodation near the Life Insured; or
 - 30 days Accommodation Benefit being paid for any one Total Disability.

If the benefit applies, the amount payable for transport costs will be a reimbursement of the costs directly incurred in transport of the Life Insured, up to a maximum of \$500 in any 12-month period (excluding ambulance costs and the amounts reimbursed from elsewhere).

Benefit Limitations

The person in relation to whom a claim has been made has an obligation to mitigate his or her loss. This means that person must not knowingly contribute to the severity or longevity of the disability being claimed, otherwise the claim, or a part of the claim, may not be accepted.

The Life Insured must follow the reasonable advice of a Medical Practitioner. This includes following and actively participating in a recommended course of treatment and rehabilitation for any conditions on which the claim is being made.

Business Expense Insurance

Business Expense Definition

Business Expenses means the normal day-to-day fixed expenses in running the Life Insured's business and generally includes accounting fees, advertising, audit fees, business insurance premiums, cleaning, costs ordinarily incurred in the employment of non-revenue generating employees, gas, heating, interest payments, leasing costs, net costs of a locum (a person sourced external to the Life Insured's business and is a direct replacement for the Life Insured. The 'net cost of a locum' arises when the gross sales, income or billings generated by the locum are less the fees incurred for that locum), professional dues, rates, rent and telephone charges.

When the Life Insured directly or indirectly owns all or part of the business in which the Own Occupation of the Life Insured is performed, a claimable Business Expense is all or part of any payment which:

- is a payment or expense properly incurred by the business in its normal running as an ongoing concern;
- is not a cost of setting up or winding down the business;
- is not a payment of salary, wages or otherwise, paid directly or indirectly to an Immediate Family Member to the extent that the Immediate Family Member does not actively work in the business. Where the Immediate Family Member actively works in the business they must have been employed for more than 30 days before the date of the Life Insured's disability;
- is not a payment of a private or domestic nature; and
- is not a payment of capital of any kind except a payment of capital can be a claimable Business Expense where it is for the reduction of on-going principal under a loan or security relevant to the Life Insured's Business and:
 - a) the loan or security was in place for at least 6 months prior to the date of the Life Insured's disability and is directly related to an identifiable business asset or assets; and
 - b) a repayment of on-going principal which is no greater and not dissimilar to the payments which had been incurred under the loan or security for a least 6 months prior to the date of the Life Insured's disability.

If the Life Insured is not the sole owner of the business, Business Expenses refers to the percentage of the payments, of the kind set out above, which is fairly and reasonably apportionable to the Life Insured. This will be determined in line with the usual manner that the profits and/or losses of the business are divided between the Life Insured and any co-owners of the business.

The phrase 'the Life Insured directly or indirectly owns all or part of the business' will include:

- a professional practice; and
- the Life Insured owning all or part of the business through another legal entity.

Unless provided above, the acquisition costs of the following are generally not claimable as Business Expenses: equipment, fittings, fixtures, implements, merchandise, products or wares. Personal remuneration, salaries of revenue-generating employees are also generally not claimable.

If at the time of a claim, business expenses are included that were not incurred, or were not incurred to the same extent or at the equivalent time in the 12 months prior to the disability starting, those expenses will only be payable if they are necessary to generate profit to the business during the period of the claim.

Total Disability Definition

Total Disability and Totally Disabled under Income Protection (Standard and Premier) and Business Expense Insurance means that, solely because of a Sickness or Injury, the Life Insured is following the advice of a Medical Practitioner and:

- is not working in any Gainful Occupation and is unable to perform one or more of the important income-producing duties in the Life Insured's Own Occupation,

Or;

- is not working in any Gainful Occupation and has suffered a reduction of 80% or more in the ability to generate Monthly Earnings in the Life Insured's Own Occupation,

Or;

- is unable to perform their important income-producing duties for more than 10 hours per week and;
 - for Income Protection Standard and Business Expense Insurance, is not in any Gainful Occupation; or
 - for Income Protection Premier, his or her Monthly Earnings are less than their Pre-Disability Earnings.

Where Income Protection Super has been selected (as indicated in the Policy Schedule), the Life Insured must also satisfy the SIS definition of Temporary Incapacity or Permanent Incapacity.

Total Disability Benefit

The Total Disability Benefit will be paid:

- when the Life Insured has been either Totally or Partially Disabled for the Waiting Period; and
- then at the conclusion of the Waiting Period the Life Insured remains Totally Disabled.

The benefit paid will be the lesser of the following amounts:

- the Business Expense insurance Benefit Amount; or
- Business Expenses that relate to the month to be paid less Business Expenses reimbursed from elsewhere.

Business Expense Total Disability Benefit claims

The Benefit Amount payable for the Total Disability Benefit can be payable without requiring immediate financial evidence of Business Expenses incurred during the first three months after the Waiting Period of a Business Expense Total Disability Benefit claim.

After the first three months, Benefit Amount payments will be payable subject to our receipt of evidence, satisfactory to us, of Business Expenses for those first three months and any continuing Business Expenses for additional months. If upon our review the Benefit Amount payments in the first three months exceeded the actual Business Expenses incurred, we will reduce future Benefit Amount payments by the amount of the overpayment.

If you subsequently submit a claim for the Recurrent Disability Benefit evidence satisfactory to us of Business Expenses incurred will be required prior to further benefits being payable.

Note: If the Life insured has any other policy with us for which we are provided with any financial information in relation to a claim, we will use that financial information to determine actual Business Expenses incurred during either the first three months or any following period. We will reduce future Benefit Amount payments by the amount of the overpayment.

The Total Disability Benefit:

- starts to accrue after the Waiting Period ends;
- is paid monthly in arrears; and
- will stop on the earlier of the following events:
 - the Life Insured no longer being Totally Disabled;
 - the end of the Benefit Period; or
 - the Plan end date.

Partial Disability Benefit

The Partial Disability Benefit will be paid:

- when the Life Insured has been either Totally or Partially Disabled for the Waiting Period; and
- then at the conclusion of the Waiting Period the Life Insured remains Totally Disabled.

The benefit paid will be the lesser of the following amounts:

- the Business Expense insurance Benefit Amount; or
- Business Expenses that relate to the month to be paid less Business Expenses reimbursed from elsewhere.

The Partial Disability Benefit:

- starts to accrue after the Waiting Period ends;
- is paid monthly in arrears; and
- will stop on the earlier of the following events:
 - the Life Insured no longer being Partially Disabled;
 - the end of the Benefit Period; or
 - the Plan end date.

4 Who to call for more information

If you have any questions about anything you have read in this booklet or require more information about your policy, please contact your adviser. If you don't have an adviser, you can call us directly on 1300 286 937 Monday to Friday 8.00am to 7.00pm (AEST) or visit us at www.tal.com.au.

This booklet provides a general summary of policy enhancements. You should refer to the Policy Document for the full terms and conditions and to the extent that there are any inconsistencies, the Policy Document will always prevail.

HOW TAL COMPARES

2014

Money Magazine

Best Featured Income Protection Insurance

SMSF Adviser

SMSF Insurance Provider

Core Data

SMSF Insurance Provider

2015

Asia Pacific Banking and Finance Insurance Awards

Life Insurance Company of the Year

AFR Smart Investor Blue Ribbon Award

Best Featured Income Protection

Money Management Adviser Choice Risk Award

Adviser Choice Risk Disability Income Product

2016

Core Data

SMSF Insurance Provider

Money Management Adviser Choice Risk Award

Adviser Choice Risk Disability Income Product

AFA and Beddoes Institute Consumer Choice Award

Best New Customer Experience Value for Money

WHERE TAL COMES FROM

1869

New Zealand's Government Life Insurance Office is created and builds its reputation as a life insurer committed to ordinary people.

1990

Government Life is renamed TOWER and enters Australia with the purchase of Adriatic Life Insurance.

1993

TOWER purchases Friends Provident Life Assurance.

1999

TOWER purchases FAI Life, and TOWER joins the top tier of Australian insurers.

2006

TOWER purchases PrefSure Life Limited. The business is separated from TOWER New Zealand and TOWER Australia is born.

2008

TOWER Australia purchases InsuranceLine

2011

TOWER Australia becomes a wholly owned subsidiary of the Dai-ichi Life Group. It is now TAL, Australia's life insurance specialist.

WHERE TAL IS NOW



Australia's **leading specialist** life insurer.



Over 3.5 million Australians protected by TAL.



Over \$2.6 billion in in-force premiums.



Over 1,500 people employed by TAL in Australia.



Over \$3.7 million on average paid in claims every working day.

TAL Life Limited



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