



Effective from 19 November 2016



An update to your insurance

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This definition update document is applicable to:

Trauma insurance and Crisis benefits on the following products:

- Conventional
- Whole of Life Plan
- Endowment Plan
- AMPAK

Note: There are instances where an upgrade is restricted to certain products and will not apply to the full range above. This has been specified under **Summary of updated definitions for your plan.**

1. Your definition changes

We have recently reviewed crisis benefits and plans, and **introduced some changes that may benefit you.**

When we update or improve the features of our product range, we may pass some or all of those changes onto existing plan holders. **The updates are automatic – there is nothing you need to do.**

The changes to your plan will automatically be available to you. **You will still retain your existing terms and conditions,** and continue to pay the premium rates for your existing plan.

The most recent updates to your plan definitions will be reviewed at claim time, along with the original definition, to ensure you are assessed using the definitions that benefit you most. This means that if a definition or benefit from your original plan is more beneficial to you, you will still be eligible to claim under your original plan definitions.

Exclusions and special rules

If an exclusion(s) or deletion(s) apply to your plan, the upgrade will not apply when assessing any claim affected by that exclusion(s) or deletion(s).

What do I need to do?

While you do not need to do anything to receive these updates to your plan, we do recommend that you read the information included in this document, so that you understand the updates. We also suggest you file this information with your plan document for future reference.



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Overview of the changes to your plan

These changes will automatically apply to your plan from **19 November 2016**. For details of specific changes to definitions, please see relevant sections throughout this booklet.

Crisis benefits will benefit from:

Updated crisis definitions including:

- Aplastic anaemia
- Heart attack – myocardial infarction
- Heart attack – partial payment
- Motor neurone disease

For the **Heart attack – partial payment** definition, you will be covered for the condition even if your current Crisis benefit does not include it.

How to read this booklet

Refer to the **Summary of updated definitions for your insurance plan** section to see which definitions apply to your plan.

Please note that where we refer to 'you' or 'your' we are referring to the person who is insured as detailed in the plan schedule.

Some words in this document have a particular meaning. These 'defined terms' are shown in inverted commas and their meaning is explained in the Glossary of terms section.

2. Crisis benefit

A Crisis benefit pays a lump sum benefit if the insured person experiences a specified crisis condition, or undergoes a specified medical procedure.

For the crisis benefit within:

- **Conventional**
- **Whole of Life Plan**
- **Endowment Plan**
- **AMPAK**

Refer to the **Summary of updated definitions for your insurance plan** section for detail about which definitions apply to your plan.

Aplastic anaemia

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

What we have changed

We have moved from a requirement of total aplasia of bone marrow, to severe aplasia of bone marrow.

Heart attack – myocardial infarction

The 'insured person' suffers a heart attack resulting in the death of an area of heart muscle due to lack of adequate blood supply where:

- there are diagnostic changes in relevant cardiac enzymes or biomarkers in the days following the heart attack, and
- there are typical new ischemic changes in the electrocardiograph (ECG): new ST-T changes or new left bundle branch block (LBBB).

If the above criteria are not met, we will pay a claim based on satisfactory evidence that the 'insured person' has unequivocally been diagnosed as having suffered a heart attack resulting in:

- a permanent reduction in the Left Ventricular Ejection Fraction to less than 50 per cent measured in the three months or more after the event, or
- new pathological Q waves.

We won't pay for other acute coronary syndromes including, but not limited to, angina pectoris.

What we have changed

The criteria to meet the definition has been changed to better reflect current medical techniques and extended to provide cover where the heart attack is diagnosed using different methods, including where a permanent reduction in the left ventricular ejection fraction to less than 50% is measured in the three months or more after the event, or new pathological Q waves are seen.

Heart attack – partial payment

The 'insured person' suffers a heart attack resulting in the death of an area of the heart muscle due to a lack of adequate blood supply where, together with symptoms of ischaemia there are diagnostic changes in the relevant cardiac enzymes or biomarkers in the days following the heart attack.

A heart attack must be confirmed by diagnostic changes in relevant cardiac enzymes or biomarkers and there will be no need for typical new ischaemic changes (new ST-T) or new left bundle branch block (LBBB) in the electrocardiograph (ECG)

We won't pay for:

- non heart attack related causes of elevated cardiac enzymes or biomarkers, and
- other acute coronary syndromes including, but not limited to, angina pectoris.

Specific rules for Heart attack – partial payment

For Heart Attack – partial payment, a limited benefit payment amount applies. The amount we pay for a Heart Attack – partial payment is 25% of the Trauma cover 'insured amount' up to a maximum of \$50,000.

We will not pay more than once for a claim under this trauma condition.

If a benefit is payable for Heart attack – partial payment:

- the Trauma cover 'insured amount' for the 'insured person', and
- the 'insured amount(s)' under any linked Death cover and/or TPD cover,

will be reduced by the benefit payable, and your premium will be reduced having regard to the reduced 'insured amount(s)'.

We will not pay a claim under this trauma condition where the insured amount reduces to less than \$40,000.

What we have changed

We will now pay a partial payment for less severe Heart Attacks on all plans with trauma insurance and Crisis benefits.

Motor neurone disease

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

What we have changed

We have removed the requirement for significant neurological deficit. We will also no longer require that you must be unable to perform an 'activity of daily living'.

3. Summary of updated definitions for your insurance plan

	Aplastic anaemia	Heart attack – myocardial infarction	Heart attack – partial payment	Motor neurone disease
Conventional – Crisis benefit	✓	✓	✓	✓
Whole of Life Insurance Plan – Crisis benefit	✓	✓	✓	✓
Endowment Plan – Crisis benefit	✓	✓	✓	✓
AMPAK – Crisis benefit		✓	✓	

4. Glossary of terms

Activities of daily living:

- Washing: the ‘insured person’ can wash themselves by some means.
- Dressing: the ‘insured person’ can put clothing on or take clothing off.
- Feeding: the ‘insured person’ can get food from a plate into their mouth.
- Continence: the ‘insured person’ can control both their bowel and bladder function.
- Mobility: the ‘insured person’ can:
 - get in and out of a bed;
 - get on or off a chair/toilet; and
 - move from place to place without using a wheelchair.

Contact us

If you would like any more information on these updates or anything to do with your insurance plan, talk to your financial adviser or contact an AMP Customer Service Officer.

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What you need to know

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