



AMP Insurance and ex-AXA insurance plans
Effective from 19 November 2016



Your insurance update

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This update document is applicable to:

Trauma and Recovery products from:

- **AMP Insurance (formerly Australian Casualty & Life, Living Security Program)**
 - Trauma Insurance Option, on sale from 1 November 1989
 - Recovery Protection Plan, on sale from 1 April 1992 to 31 July 1994
 - Recovery Protection Plan (Standard), on sale from 1 August 1994 to 30 September 1995
 - Recovery Protection Plan (Executive), on sale from 1 August 1994 to 30 September 1995
 - Major Trauma Insurance Plan, on sale from 1 August 1994 to 30 September 1995
- **Stand Alone Trauma Plan**
 - on sale from 15 March 1993 to 27 October 1994
- **Term Life Insurance Plan, Annual Renewable Term Plan**
 - Major Trauma Benefit, on sale from 1 June 1987 to 27 October 1994
- **Annual Renewable Term Plan, Level Life Insurance Plan, Stepped Life Insurance Plan**
 - Trauma Recovery Benefit, on sale from 16 October 1987 to 27 October 1994

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 Trauma 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.

Any upgrades and/or changes 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.

Pre-existing condition and exclusions

You may have a 'pre-existing condition' clause that applies to your plan for automatic enhancements. If applicable and you are suffering from a pre-existing condition at the time the upgrade is provided, the upgrade will not apply when assessing any claim affected by that pre-existing condition. If an exclusion(s) applies to your plan, the upgrade will not apply when assessing any claim affected by that exclusion(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.

Trauma insurance plans and options will receive:

Updated medical definitions including:

- Aplastic anaemia
- Cancer
- Heart attack
- Heart attack (Other)
- Motor neurone disease

For the **Heart attack (Other)** definition, you will be covered for the condition even if your current Trauma insurance plan or option does not include it.

How to read this booklet

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

Trauma cover pays a lump sum benefit if the insured person experiences a specified trauma condition, or undergoes a specified medical procedure.

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 as diagnosed by an appropriate medical specialist and requiring treatment with at least one of the following:

- Blood product support of red cell or platelet transfusion, or
- Bone marrow transplantation, or
- Immunosuppressive agents.

What we have changed

The requirement for permanent bone marrow failure has been replaced and we will now pay a full benefit where the insured has been diagnosed with severe aplasia.

We have also updated the treatments available for the disease, in order to ensure consistency with current medical practice.

Cancer

[The exclusion for carcinoma in situ of the breast is updated with the following]

The following are excluded:

- Carcinoma in situ of the breast where the tumour is classified as TNM stage Tis unless requiring surgery that results in the removal of the entire breast or requiring breast conserving surgery and radiotherapy

[The other exclusions will continue to apply]

What we have changed

We previously paid a full benefit for carcinoma in situ of the breast when it resulted in removal of the entire breast.

We will now also pay a full benefit for carcinoma in situ of the breast that requires breast conserving surgery plus radiotherapy, or removal of the whole breast.

Heart attack

Subject to a 90 day qualifying period

Heart attack means 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 ischaemic 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 person insured 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% measured in the three months or more after the event, or
- New pathological Q waves.

Other acute coronary syndromes including, but not limited to, angina pectoris are excluded.

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 (other)

Partial payment only

Subject to a 90 day qualifying period

Not available for Children's trauma option

Heart attack (Other) means the death of an area of heart muscle due to a lack of adequate blood supply where, together with symptoms of ischaemia, there are diagnostic changes in relevant cardiac enzymes or biomarkers in the days following the heart attack.

The heart attack (Other) 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).

Excluded:

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

In the case of a Heart attack (Other), we will pay you the lowest of:

- 20% of the benefit, or
- \$100,000.

What we have changed

We will now pay a partial payment for less severe heart attacks on all plans with trauma insurance.

Motor neurone disease

Motor neurone disease means unequivocal diagnosis of motor neurone disease by a consultant neurologist and confirmed by neurological investigations.

What we have changed

Where there was a requirement for two neurologists to diagnose the disease, this has been replaced with only one neurologist. We have also removed the requirement for the insured person to be unable to perform 'activities of daily living'. We will now pay a full benefit where the insured is unequivocally diagnosed with motor neurone disease by an appropriate medical specialist.

3. Summary of updated definitions for your insurance plan

	Aplastic anaemia	Cancer	Heart attack	Heart attack (Other)	Motor neurone disease
AMP Insurance (formerly Australian Casualty & Life, Living Security Program)					
Trauma Insurance Option (on sale from 1 November 1989)			✓	✓	
Recovery Protection Plan (on sale from 1 April 1992 to 31 July 1994)			✓	✓	
Recovery Protection Plan (Standard) (on sale from 1 August 1994 to 30 September 1995)		✓	✓	✓	
Recovery Protection Plan (Executive) (on sale from 1 August 1994 to 30 September 1995)	✓	✓	✓	✓	✓
Count Major Trauma Insurance Plan (on sale from 1 May 1995)	✓	✓	✓	✓	✓
Stand Alone Trauma Plan					
On sale from 15 March 1993 to 27 October 1994	✓	✓	✓	✓	✓
Term Life Insurance Plan, Annual Renewable Term Plan					
Major Trauma benefit (on sale from 1 June 1987 to 27 October 1994)		✓	✓	✓	
Annual Renewable Term Plan, Level Life Insurance Plan, Stepped Life Insurance Plan					
Trauma Recovery Benefit (on sale from 16 October 1987 to 27 October 1994)	✓	✓	✓	✓	✓

4. Glossary

Activities of daily living are the following:

- Bathing/showering
- Dressing/undressing
- Eating/drinking
- Using the toilet to maintain personal hygiene
- Getting in and out of bed, chair or wheelchair, or moving from place to place by walking, or a wheelchair or with a walking aid.

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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