



Effective from 19 November 2016



An update to your insurance

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This insurance update document is applicable to:

Trauma insurance benefits on the following products:

- Flexible Security Plan
- Progressive Life Plan
- Whole of Life Plan
- Endowment Plan
- Permanent Life Plan
- Open Ended Lifestyle Protection Plan
- Open Ended Premier Lifestyle Protection Plan
- Defined Period Lifestyle Protection Plan
- Premier Plus Lifestyle Protection Plan
- Open Ended Premier Plus Lifestyle Protection Plan
- Defined Period Premier Lifestyle Protection Plan
- Goldline Savings and Protection Plan
- Provider Protection and Savings Plan
- Provider Special Purpose Plan

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 insurance definition changes

We have recently reviewed trauma insurance benefits, 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:

- Alzheimer's disease and other dementias
- Aplastic anaemia
- Benign brain tumour
- Cancer
- Heart attack
- Heart attack (Other)
- Major organ transplant
- Motor neurone disease
- Multiple sclerosis
- Triple vessel angioplasty

For the **Heart attack (Other)** definition, you will be covered for the condition even if your current Trauma insurance plan 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 further detail.

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 insurance benefits pay a lump sum benefit if the insured person experiences a specified medical 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.

Alzheimer's disease and other dementias

Alzheimer's disease and other dementias means an unequivocal clinical diagnosis of dementia (including Alzheimer's disease) by an appropriate medical specialist resulting in significant cognitive impairment.

Significant cognitive impairment means a deterioration in the Life Insured's Mini-Mental State Examination scores to 24 or less.

What we have changed

We have clarified that the diagnosis of dementia is provided by an appropriate medical specialist.

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.

Benign brain tumour

A non-cancerous tumour in the brain that gives rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment. The tumour must result in neurological deficit, where:

- There is at least 25% permanent impairment of whole body function, or
- Cranial surgery is required for its treatment.

The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. The following are excluded:

- Cysts
- Granulomas
- Malformations in or of the arteries or veins of the brain
- Haematomas, and
- Tumours in the pituitary gland or spine.

What we have changed

We previously paid a benefit where the tumour was not treatable through surgery or other available techniques, and must have caused the inability to perform two activities of daily living.

We will now pay a full benefit where cranial surgery is required for treatment, or there is at least 25% impairment to whole body function. The tumour must also result in neurological deficit and give rise to characteristic symptoms of increased intracranial pressure.

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.

Major organ transplant

Major organ transplant means:

- The receipt of a transplant, from someone else, of human stem cells from blood or bone marrow, or of whole human organs, or
- Upon specialist medical advice and proof of being placed on an official Australian acute care hospital waiting list to undergo necessary organ transplant, or
- Undergoing permanent mechanical replacement for one or more of the following human organs: heart, lung, liver, kidney, pancreas or small bowel.

What we have changed

We have clarified the intention of the treatment listed within the definition, which is the transplant of human stem cells from blood or bone marrow, from someone else.

We have also removed the requirement for AMP to approve the hospital waiting list that you may be placed on in order to claim a benefit under this condition.

Triple vessel angioplasty

Triple vessel angioplasty means the actual undergoing for the first time of coronary artery angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure or via two procedures no more than two months apart. Angiographic evidence, indicating obstruction of three or more coronary arteries, is required to confirm the need for this procedure.

Coronary arteries refer to the right coronary, circumflex, left main stem and left anterior descending arteries.

What we have changed

We no longer require triple vessel coronary artery angioplasty to be completed within one procedure. We will now pay a full benefit where the angioplasty has been completed across two procedures, no more than two months apart.

We have also clarified the coronary arteries involved in this procedure.

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.

Multiple sclerosis

Multiple sclerosis means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist where there has been more than one episode of neurological deficit with persisting neurological abnormalities.

What we have changed

We have removed the requirement for the disease to have neurological deficit resulting in impacts to both motor and sensory function. We will now pay a full benefit where the disease has resulted in more than one episode of neurological deficit with persisting neurological abnormalities.

3. Summary of updated definitions for your insurance plan

	Alzheimer's disease and other dementias	Aplastic anaemia	Benign brain tumour	Cancer	Heart attack	Heart attack (Other)	Major organ transplant	Motor neurone disease	Multiple sclerosis	Triple vessel angioplasty
Progressive Life Plan					✓	✓				
Major Trauma Benefit from:					✓	✓				
– Flexible Security Plan										
– Defined Period Lifestyle Protection Plan										
– Open Ended Lifestyle Protection Plan										
– Open Ended Premier Lifestyle Protection Plan										
– Premier Plus Lifestyle Protection Plan										
– Endowment Plan										
– Defined Period Premier Lifestyle Protection Plan										
– Open Ended Premier Plus Lifestyle Protection Plan										
– Whole of Life Plan										
Trauma Recovery Benefit, on sale from 19 August 2002:	✓	✓		✓			✓		✓	✓
– Whole of Life Plan										
– Endowment Plan										
– Open Ended Lifestyle Protection Plan										
– Open Ended Premier Lifestyle Protection Plan										
– Defined Period Lifestyle Protection Plan										
– Premier Plus Lifestyle Protection Plan										
– Open Ended Premier Plus Lifestyle Protection Plan										
– Defined Period Premier Lifestyle Protection Plan										

	Alzheimer's disease and other dementias	Aplastic anaemia	Benign brain tumour	Cancer	Heart attack	Heart attack (Other)	Major organ transplant	Motor neurone disease	Multiple sclerosis	Triple vessel angioplasty
Trauma Recovery Benefit, on sale from 16 October 1987 to 18 August 2002	✓			✓	✓	✓		✓		
– Whole of Life Plan										
– Endowment Plan										
– Open Ended Lifestyle Protection Plan										
– Open Ended Premier Lifestyle Protection Plan										
– Defined Period Lifestyle Protection Plan										
– Premier Plus Lifestyle Protection Plan										
– Open Ended Premier Plus Lifestyle Protection Plan										
– Defined Period Premier Lifestyle Protection Plan										
Permanent Life Plan	✓		✓		✓	✓		✓		
Goldline Savings and Protection Plan	✓				✓	✓			✓	
Provider Protection & Savings Plan and Provider Special Purpose Plan	✓				✓	✓		✓		

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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