

# Elevate Insurance

Your insurance updates  
Effective from 16 December 2024

Resolution Life

## This update document is applicable to:

- **Elevate Insurance** - on sale from 17 August 2009
- **AMP Elevate Insurance** - formerly AXA/AC&L Insurance, on sale from 25 July 2005 to 16 August 2009

We've recently upgraded the Elevate Insurance product. Upgrades provide enhancements to the product which may include additional benefits, and/or updates to existing features and definitions.

The changes that are relevant to your policy will automatically apply from 16 December 2024 and are provided under the 'Upgrade of benefits' feature of your policy. **You will still retain your existing terms, conditions** and premium rates for your policy.

Any upgrades and/or changes to your plan definitions will always 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

If 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).

These enhancements will only apply to claims where the medical condition, sickness or injury occurred, or symptoms first become apparent on or after the date these enhancements came into effect.

If you are on claim at the time of the upgrade, it will not apply until after the claim has ended.

## Your updated terms and conditions

### 1. Changes to current medical definitions

We've reviewed the medical definitions to ensure they are fair and transparent and introduced some changes that may benefit you. These definitions apply to medical procedures covered under trauma insurance and total and permanent disability insurance.

This table lists the medical conditions have been updated and for what cover types. More detail for each of these conditions is provided immediately below the table.

Medical condition	Trauma insurance	Trauma insurance plus	Child Trauma Insurance Option	TPD insurance	Day 1 TPD Benefit
Angioplasty	✓	✓			
Benign brain tumour	✓	✓	✓		
Deafness (permanent)	✓	✓	✓		✓
Deafness in one ear (permanent)	✓	✓			
Loss of use of limbs and sight (permanent)	✓	✓	✓	✓	✓

Severe burns to a specified body surface area	✓	✓	✓		
Suffers a specific loss				✓	

## 1.1 Angioplasty

Current wording (Elevate PDS, 19 December 2022)	Updated wording (Elevate PDS, 16 December 2024)
<p><b>Angioplasty</b></p> <p>The <b>treatment</b> of a coronary artery obstruction by balloon angioplasty, other catheter-based techniques, or endoscopic surgery, where at least one of the following criteria have been met:</p> <ul style="list-style-type: none"> <li>• the obstruction is giving rise to impairment of ventricular function</li> <li>• the obstruction is giving rise to disabling symptoms, or</li> <li>• the obstruction is associated with unstable angina pectoris or myocardial infarction.</li> </ul> <p>We'll pay a benefit for angioplasty on more than one occasion provided that the procedures occur at least six months apart.</p>	<p><b>Angioplasty</b></p> <p>The <b>treatment</b> of a coronary artery obstruction by balloon angioplasty, other catheter-based techniques, or endoscopic surgery, where at least one of the following criteria have been met:</p> <ul style="list-style-type: none"> <li>• the obstruction is giving rise to impairment of ventricular function</li> <li>• the obstruction is giving rise to disabling symptoms, or</li> <li>• the obstruction is associated with unstable angina pectoris or myocardial infarction.</li> </ul> <p>We'll pay a benefit for angioplasty on more than one occasion. Angioplasties that are the result of the same investigation which identified the need for the angioplasty will be considered to be one angioplasty and the benefit will only be paid once.</p>

### What we've changed

We've removed the limitation for angioplasties to be at least six months apart, to be considered for multiple benefit payments.

## 1.2 Benign brain tumour

Current wording	Updated wording
<p><b>Benign brain tumour</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• there is at least 25% permanent impairment of whole body function, or</li> <li>• cranial surgery is required for its treatment.</li> </ul> <p>The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging).</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• cysts</li> <li>• granulomas</li> <li>• malformations in or of the arteries or veins of the brain</li> <li>• haematomas, and</li> <li>• tumours in the pituitary gland or spine.</li> </ul>	<p><b>Benign tumour</b></p> <p>A non-cancerous tumour in the brain, cranial nerve, meninges, spinal cord or an acoustic neuroma. This must give rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment. The tumour must result in a permanent neurological deficit, where:</p> <ul style="list-style-type: none"> <li>• you are totally and permanently unable to perform at least one of the <b>activities of daily living</b>; or</li> <li>• surgical removal of the tumour to treat the symptoms.</li> </ul> <p>The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging) and diagnosed by an appropriate medical specialist.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• cysts</li> <li>• granulomas</li> <li>• malformations in or of the arteries or veins of the brain</li> <li>• hamartoma, and</li> <li>• tumours in the pituitary gland</li> </ul>

### What we've changed

We've renamed this medical condition to reflect that additional benign tumour sites are covered, and named those new sites that are covered.

### 1.3 Deafness (permanent) full payment

Current wording	Updated wording
<p><b>Deafness (permanent) - full payment</b></p> <p>Deafness means the total and permanent loss of hearing in both ears, resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000, 1500 and 3000 hertz, both natural and assisted, as a result of <b>injury</b> or <b>sickness</b>.</p> <p>The diagnosis needs to be confirmed by an appropriate specialist <b>medical practitioner</b>.</p>	<p><b>Deafness (permanent)</b></p> <p>Deafness means the total and permanent loss of hearing in both ears, resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000, 1500 and 3000 hertz, both natural and assisted (other than by cochlear implant), because of <b>injury</b> or <b>sickness</b>.</p> <p>The diagnosis needs to be confirmed by an appropriate specialist <b>medical practitioner</b>.</p>

### 1.4 Deafness (permanent) partial payment

Current wording	Updated wording
<p><b>Deafness (permanent) - partial payment</b></p> <p>Deafness means the total and permanent loss of hearing in both ears, resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000, 1500 and 3000 hertz, both natural and assisted, as a result of <b>injury</b> or <b>sickness</b>.</p> <p>The diagnosis needs to be confirmed by an appropriate specialist <b>medical practitioner</b>.</p>	<p><b>Deafness in one ear (permanent)</b></p> <p>We will make a partial payment, once only, if deafness (permanent) occurs in one ear resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000, 1500 and 3000 hertz, both natural and assisted (other than by cochlear implant), because of <b>injury</b> or <b>sickness</b>.</p> <p>The diagnosis needs to be confirmed by an appropriate specialist <b>medical practitioner</b>.</p>

#### What we've changed

We've clarified that assisted hearing does not include cochlear implants.

### 1.5 Loss of the use of limbs and sight (permanent)

Current wording	Updated wording
<p><b>Loss of the use of limbs and sight (permanent)</b></p> <p>The total and permanent loss of the use of:</p> <ul style="list-style-type: none"> <li>• one hand and the sight in one eye, or</li> <li>• one foot and the sight in one eye.</li> </ul>	<p><b>Loss of the use of limbs and sight (permanent)</b></p> <p>The total and permanent loss of the use of one hand or foot, and permanent blindness in one eye.</p> <p>Where permanent blindness in one eye means you have visual acuity that is 6/60 or less, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity in one eye.</p>

#### What we've changed

We've replaced the requirement for '*total and permanent loss of sight in one eye*' with '*permanent blindness in one eye*'. This removes the requirement for total loss of sight.

## 1.6 Severe burns to a specified body surface area

Current wording	Updated wording
<p><b>Severe Burns to a specified body surface area</b></p> <p>Severe burns to specified body surface area means full thickness burns to:</p> <ul style="list-style-type: none"> <li>• 20% or more of the body surface as measured by the Lund and Browder Body Surface chart (or equivalent classification)</li> <li>• 50% or more of the face requiring surgical debridement and/or grafting, or</li> <li>• 50% of both hands or both feet requiring surgical debridement and/or grafting.</li> </ul>	<p><b>Severe Burns to a specified body surface area</b></p> <p>Severe burns to specified body surface area means full thickness burns to:</p> <ul style="list-style-type: none"> <li>• 20% or more of the body surface as measured by the Lund and Browder Body Surface chart (or equivalent classification)</li> <li>• 50% or more of the face requiring surgical debridement and/or grafting,</li> <li>• 50% of both hands or both feet requiring surgical debridement and/or grafting, or</li> <li>• the whole of the skin of the genitalia, requiring surgical debridement and/or grafting.</li> </ul>

### What we've changed

We've expanded the definition to include the whole of skin of the genitalia that requires surgical debridement and/or grafting.

## 1.7 Suffers a specific loss

Current wording	Updated wording
<p><b>Suffers a specific loss</b></p> <p>The <b>insured person</b> has suffered the total and permanent loss of the use of:</p> <ul style="list-style-type: none"> <li>• both hands</li> <li>• both feet</li> <li>• one hand and one foot</li> <li>• the entire sight in both eyes</li> <li>• one hand and the entire sight in one eye, or</li> <li>• one foot and the entire sight in one eye.</li> </ul>	<p><b>Suffers a specific loss</b></p> <p>You have suffered a specific loss if you satisfy a.) or b.)</p> <p>a.) You have suffered the total and permanent loss of use of:</p> <ul style="list-style-type: none"> <li>• both hands</li> <li>• both feet, or</li> <li>• one hand and one foot</li> </ul> <p>OR</p> <p>b.) You have suffered:</p> <ul style="list-style-type: none"> <li>• permanent blindness in both eyes</li> <li>• total and permanent loss of use of one hand and permanent blindness in one eye, or</li> <li>• total and permanent loss of use of one foot and permanent blindness in one eye.</li> </ul> <p>Where:</p> <ul style="list-style-type: none"> <li>• permanent blindness in one eye means you have visual acuity that is 6/60 or less, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity in one eye</li> <li>• permanent blindness in both eyes means you have visual acuity that is 6/60 or less, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity in both eyes</li> </ul>

### What we've changed

We've replaced the requirement for 'entire sight in one eye' and 'entire sight in both eyes' and replaced that with 'permanent blindness in one eye' and 'permanent blindness in both eyes'.

This removes the requirement for total loss of sight.

## 2. New trauma conditions covered under trauma insurance

This table lists the new trauma conditions we have added and which trauma insurance cover they apply to.

More detail for each of these conditions is provided immediately below the table.

Medical condition	Trauma insurance	Trauma insurance plus
Early stage benign brain tumour or spinal cord tumour		✓
Heart valve surgery other than via open heart		✓
Pituitary tumour addressed by surgical removal		✓
Pituitary tumour with impairment	✓	✓

### 2.1 Early stage benign brain tumour or spinal cord tumour

#### Early stage benign brain tumour or spinal cord tumour

A non-cancerous tumour in the brain, cranial nerve, meninges or spinal cord or acoustic neuroma. This must give rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment.

The tumour must result in a permanent neurological deficit.

The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging) and diagnosed by an appropriate medical specialist.

The following are excluded:

- cysts
- granulomas
- malformations in or of the arteries or veins of the brain
- hamartoma, and
- tumours in the pituitary gland.

#### Benefit payment

This new trauma condition pays a partial benefit of 25% of the trauma insurance sum insured, up to a maximum of \$100,000.

### 2.2 Heart valve surgery (other than by open heart)

#### Heart valve surgery (other than by open heart)

The undergoing of a procedure other than by open heart surgery to replace or repair a heart valve as a consequence of a heart valve defect or abnormalities.

#### Benefit payment

This new trauma condition pays a partial benefit of 25% of the trauma insurance sum insured, up to a maximum of \$100,000.

## 2.3 Pituitary tumour addressed by surgical removal

### Pituitary tumour addressed by surgical removal

A malignant tumour in the pituitary gland. This must give rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment.

The tumour must be treated by undergoing surgery, other than by a non-transsphenoidal technique.

The presence of the underlying tumour must be confirmed by histology and imaging studies such as CT scan or MRI (Magnetic Resonance Imaging) and diagnosed by an appropriate medical specialist.

The following are excluded:

- cysts
- granulomas
- malformations in or of the arteries or veins of the brain, and
- hamartoma.

### Benefit payment

This new trauma condition pays a partial benefit of 25% of the trauma insurance sum insured, up to a maximum of \$100,000.

## 2.4 Pituitary tumour with impairment

### Pituitary tumour with impairment

A malignant tumour in the pituitary gland. This must give rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment.

The presence of the underlying tumour must be confirmed by histology and imaging studies such as CT scan or MRI (Magnetic Resonance Imaging) and diagnosed by an appropriate medical specialist.

The tumour must result in you being totally and permanently unable to perform at least one of the **activities of daily living**.

The following are excluded:

- cysts
- granulomas
- malformations in or of the arteries or veins of the brain, and
- hamartoma.

### Benefit payment

This new trauma condition pays 100% of the trauma insurance sum insured.

### 3. Other changes

This table provides a summary of the changes and new features available for each cover type. More detail for each of these changes is provided immediately below the table.

Feature	Life insurance	TPD insurance	Trauma insurance	Income insurance	Business expenses insurance
<b>NEW Premium and Cover Pause Benefit</b>	✓	✓	✓	✓	✓
<b>Binding (non-lapsing nomination)</b>	✓ Life Insurance Superannuation Plan only				
<b>Future Insurability Benefit</b> Increase to lifetime maximum total	✓	✓	✓		
<b>Future Insurability Benefit</b> <b>NEW</b> event added You cease to have any financial dependants	✓ Life Insurance Superannuation Plan and Life Insurance SMSF Plan only				
<b>Accommodation Benefit</b> Daily limit increased from \$150 to \$250	✓	✓	✓		
<b>Death Benefit</b> Limited death benefit now available on TPD plans outside of superannuation		✓			
<b>Income Insurance Senior Plan</b> Entry age reduced to 60				All income insurance plans	

### 3.1 Premium and Cover Pause Benefit

This new benefit allows you to suspend your cover and premiums for up to 12 months. Refer to the policy wording below for full details.

#### Premium and Cover Pause Benefit

You may suspend all benefits under your policy and premiums associated with them for 3, 6 or 12 months.

During this period and in the future, you will be unable to claim under your policy in respect of any medical condition, **injury** or **sickness** that occurs during the premium and cover pause period or for which you had symptoms of during that period, unless you were not aware of, and a reasonable person in the circumstances could not have expected to have been aware of the medical condition, **injury**, or **sickness** at the time.

To exercise this benefit, you must notify us at least 30 days prior to the relevant premium due date for which you wish to suspend your cover. Cover will then be suspended from your next premium due date.

At the end of the premium and cover pause period, we will continue your cover and your premium payments will resume.

#### Limitations

Your policy must have been in place for at least 12 consecutive months before you can exercise the Premium and Cover Pause Benefit. If the paused cover is linked or flexi-linked to other cover, that other cover must also be paused at the same time.

Your premiums must be paid up to date at the time you request this benefit to apply.

Cover may be paused under this benefit for a maximum of 12 months in total over the life of the policy.

You cannot cancel the Premium and Cover Pause Benefit once it has been exercised. For example, if you have requested to pause your premium and cover for six months, you cannot cancel the pause within that six month period.

### 3.2 Future Insurability Benefit

The total increases you can make to your sum insured under this benefit, has been increased from \$1,000,000 to \$2,000,000.

New personal event added which allows you to increase your sum insured without having to provide any health evidence – If you cease to have any financial dependants. This event is only available for life or TPD Insurance held through superannuation.

Current wording	Updated wording
<p>For all increases under the Future Insurability Benefit, the maximum amount you can increase the sum insured over the life of the plan and/or option for each cover type is the lesser of:</p> <ul style="list-style-type: none"> <li>• the original sum insured at plan commencement, and</li> <li>• \$1,000,000.</li> </ul> <p>The premium for the increased sum insured will be based on your age at the time of the increase.</p>	<p>For all increases under the Future Insurability Benefit, the maximum amount you can increase the sum insured over the life of the plan and/or option for each cover type is the lesser of:</p> <ul style="list-style-type: none"> <li>• the original sum insured at plan commencement, and</li> <li>• \$2,000,000</li> </ul> <p>The premium for the increased sum insured will be based on your age at the time of the increase.</p>

### 3.3 Accommodation Benefit

The daily maximum has been increased from \$150 per day to \$250 under this benefit.

Current wording	Updated wording
<p>We'll pay up to a maximum of \$150 per day for each day that you remain confined to bed and your immediate family member remains away from their home, for a maximum of 14 days.</p>	<p>We'll pay up to a maximum of \$250 per day for each day that you remain confined to bed and your immediate family member remains away from their home, for a maximum of 14 days.</p>



### 3.4 Death Benefit

#### Death Benefit

This benefit only applies if you have a standalone TPD Insurance Plan. If you die, while this cover is in place, and no TPD Benefit has been paid or is payable, we'll pay a benefit of \$10,000.

#### Limitations

The Death Benefit is only available if you do not have life insurance cover under any other plan where Resolution Life is the insurer.

### 3.5 Income Insurance Senior Plan – reduced entry age

Income Insurance Senior Plan – reduced entry age.

If immediately prior to the expiry of this plan, or after you turn 60 you are still gainfully employed, you can apply for an Income Insurance Senior Plan, without having to provide us with any health or other evidence.

## Contact us

If you would like any more information on these enhancements or anything to do with your policy, please speak to your financial adviser (if applicable) or contact us.

**Phone** 133 731

**Email** [askus@resolutionlife.com.au](mailto:askus@resolutionlife.com.au)

**Address** Resolution Life Customer Service  
GPO Box 5441  
Sydney NSW 2001

### What you should know

Any insurance cover for this product is issued by Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life). This product is issued by either Resolution Life, Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL No. 229757, RSE Licence No. L0001458 (Trustee) as trustee of either the National Mutual Retirement Fund ABN 76 746 741 299, RSE 1056310 or the Super Retirement Fund ABN 40 328 908 469, RSE 1067361 (each a 'Fund') or N.M. Superannuation Proprietary Limited ABN 31 008 428 322, AFSL No. 234654, RSE Licence No. L0002523 (Trustee) as trustee of either the AMP Super Fund ABN 78 421 957 449, RSE 1056433 or the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598, RSE 1071481 (each a 'Fund'). If Resolution Life is the issuer of the insurance policies to the Trustee for this product, the Trustee will receive the benefit from Resolution Life and provide the benefit to eligible Fund members.

If the information in this document is factual information only, it does not contain any financial product advice or make any recommendations about a financial product or service being right for you. Any advice is provided by Resolution Life, is general advice and does not take into account your objectives, financial situation or needs. Before acting on this advice, you should consider the appropriateness of the advice having regard to your objectives, financial situation and needs, as well as the product disclosure statement and policy document for your product. Any guarantee offered in your product is only provided by Resolution Life. Any Target Market Determinations for your product can be found at [resolutionlife.com.au/target-market-determinations](http://resolutionlife.com.au/target-market-determinations).

Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) is part of the Resolution Life Group and can be contacted via [resolutionlife.com.au/contact-us](http://resolutionlife.com.au/contact-us) or by calling 133 731.