

UPDATED LIFE INSURANCE MEDICAL DEFINITIONS

Preparation Date: 30 September 2023

This document is a summary that outlines the improvements that **we** have made available to **you** on your existing Allianz Life Plan, Allianz LifeCover Plus, TIO LifeCover Plus or HSBC Easy Life Insurance Product Disclosure Statement (PDS) with a Preparation Date from 1 August 2007 to 5 March 2021. It is important to read this document together with your existing Product Disclosure Statement and Policy Document, and any relevant Supplementary PDS. This document does not update your PDS.

In the event of a claim, you can elect whether to have the claim assessed against the updated medical terms or the existing medical terms in respect of any benefit amounts in force before the insured event effective date(s) indicated below.

These Life Insurance products are issued and underwritten by the insurer Allianz Australia Life Insurance Limited ABN 27 076 033 782 AFS Licence No. 296559.

We have **bolded** words that are defined terms the first time that they appear. Take a look at the Glossary section below to see these definitions.

Where your Policy Schedule indicates you have Critical Illness cover, the following Critical Illness cover conditions are updated and apply where you are originally diagnosed or you have undergone surgery for the defined condition on or after 5 March 2021:

When a Critical Illness benefit will be payable

Condition	We will pay a benefit on the:
Vascular Disease	
• Heart Attack of specified severity	Definite diagnosis of a heart attack (myocardial infarction) as a result of inadequate blood supply, resulting in the death of a portion of the heart muscle. This event must require hospitalisation and investigation in a coronary care or similar unit (unless such a unit is geographically inaccessible), within 72 hours of the heart attack.
• Stroke of specified severity	Definite diagnosis of an acute stroke requiring hospitalisation under specialist care and causing permanent neurological damage. Permanent neurological damage means an MRI, CT or other reliable imaging evidence shows infarction of brain tissue, or intracerebral or subarachnoid haemorrhage, that a Specialist confirms is consistent with a stroke.
Cardiac Surgery	
• Coronary Artery Bypass Surgery	Medically necessary undergoing of open chest surgery for the purposes of coronary artery bypass grafting.
• Open Chest Surgery	Medically necessary undergoing of open chest surgery to correct or repair a defect or damage to the heart or its arteries or to remove a cardiac tumour.
• Triple Vessel Angioplasty	Triple vessel angioplasty performed as a single procedure or via multiple procedures within a two month period to correct significant blockage to the arteries.
Cancer of specified severity	
	Definite diagnosis of cancer, including leukaemia, lymphoma and Hodgkin's Disease; where there is uncontrollable growth and spread of malignant cells and invasion and destruction of normal tissue. The cancer must require appropriate medical treatment or intervention by a Specialist to stop the spread of the disease unless the cancer is: <ul style="list-style-type: none"> • Chronic lymphocytic leukaemia classified as Rai stage 1; and • Prostate cancer with a Gleason score of 7 or above. No benefit will be payable for: <ul style="list-style-type: none"> • All cancers described as being 'non-invasive' or 'carcinoma in situ'; with the exception of ductal carcinoma in situ of the breast that results in the removal of the entire breast; and • All skin cancers other than invasive melanoma and metastatic squamous cell carcinoma.
Degenerative Diseases	
• Multiple Sclerosis • Parkinson's Disease and Parkinson's Plus (atypical parkinsonian) Syndromes* • Motor Neurone Disease • Muscular Dystrophy	Definite diagnosis of the relevant condition, as confirmed by a neurologist. *Parkinson Plus (atypical parkinsonian) Syndromes include: Multiple System Atrophy (MSA); Progressive Supranuclear Palsy (PSP); Cortical Basal Degeneration (CBD); and Dementia with Lewy bodies (DLB).

Major Organ Failure

<ul style="list-style-type: none"> • Lung • Kidney • Liver 	Definite diagnosis of: <ul style="list-style-type: none"> • End stage lung failure requiring specialist prescribed permanent oxygen therapy or a persistent FEV1 that is less than 30% of the predicated value; or • End stage kidney failure requiring permanent dialysis; or • End stage liver failure resulting in permanent jaundice and excess fluid in the space between the tissues lining the abdomen and abdominal organs (ascites).
<ul style="list-style-type: none"> • Major Organ Transplant 	The placement on an official Australian waiting list to undergo organ transplant or receipt of a transplant of one or more of the following organs: kidney; heart; lung; liver; pancreas; small bowel; or bone marrow from a human donor.

If you the **Life Insured**, make a claim under Critical Illness cover because you are diagnosed with cancer, a heart attack, or a stroke, we will assess your claim against:

- the applicable medical definition above; and
- if different, the corresponding minimum standard medical definition in the Life Insurance Code of Practice that is current at the time of the insured event,

and we will apply whichever definition is the most beneficial to you.

The Life Insurance Code of Practice can be found on the Life Code Compliance Committee website at <https://lifeccc.org.au/>.



Where your Policy Schedule indicates you have Permanently Unable to Work cover, the following Permanently Unable to Work cover conditions are updated and apply where the defined condition is originally diagnosed on or after 30 June 2019:

When a Permanently Unable to Work benefit will be payable

Major Physical Impairment	We will pay a benefit on:
Loss of Limbs or paralysis	Your total and permanent loss of use of: <ul style="list-style-type: none"> • two or more Limbs; or • one or more Limbs and sight in one eye, due to Sickness or Injury.
Loss of Sight	Permanent Legal Blindness in both eyes due to Sickness or Injury.
Loss of Hearing	Permanent loss of hearing in both ears due to profound and irrecoverable loss of hearing, both natural and assisted (other than by cochlear implant), with an average hearing threshold in both ears of 91dB or more as measured at 500, 1000 and 5000 Hz due to Sickness or Injury.

Where your Policy Schedule indicates you have Life cover, the Terminal Illness cover is updated and applies where the terminal illness diagnosis occurs on or after 5 March 2021:

A Terminal Illness means a Sickness which is likely to result in your death within 24 months. This requires the written opinion of a Specialist supported by reasonable medical evidence in relation to your life expectancy.

Glossary

Injury means a bodily injury caused by accidental, violent, external and visible means after the start of the policy and while the policy is current.

Legal Blindness is permanent blindness as defined in Australia by the Social Security Guide for the Assessment of Blindness for Disability Support Pension (DSP), as amended or replaced, at the time of the onset of Sickness or Injury.

Life Insured means the person whose circumstances we assess and accept as a life insured and who is named as such in the Policy Schedule.

Limb means an arm, hand, leg or foot.

Policy Owner means the person who applies and is accepted for this policy and who is so named in the Policy Schedule. The policy owner is the person who is entitled to receive benefits under the policy and is the only person who may extend, vary, cancel or otherwise exercise any rights under the policy.

Policy Schedule means the document we send you titled 'Policy Schedule' which sets out the details of your particular policy including who is the **Policy Owner**, who is the Life Insured, which benefits you have applied and been accepted for, any special terms we have agreed with you, and the Commencement Date and Expiry Dates of your cover.

Sickness means an illness or disease that first becomes apparent after the start of the policy and while the policy is current.

Specialist means a registered medical practitioner as recognised by Australian Health Practitioner Regulation Authority (or the equivalent body in the jurisdiction where the Life Insured is being treated overseas) that has the relevant specialist qualifications relating to your medical condition(s) for which you are making a claim.

Terminal Illness means a Sickness which is likely to result in your death within 24 months. This requires the written opinion of a Specialist supported by reasonable medical evidence in relation to your life expectancy.

'We', 'us', and 'our' are references to Allianz.

'You' and 'your' are references to the Policy Owner or the Life Insured, as the context requires.

- The Policy Owner is responsible for paying the premium and will receive any insurance benefits.
- A maximum of one benefit type for which a Life Insured has cover is payable to a Policy Owner per Life Insured, even if there is more than one Policy Owner. The Policy Schedule will indicate which cover applies to a Life Insured.
- The premium amount will depend on the circumstances of the Life Insured such as age, gender, occupation and smoking status.
- The insured benefit is only payable if an insured event occurs to the Life Insured while the policy is current.